



**GREATER
CINCINNATI
HEALTH
COUNCIL**

Creating connections. Improving care.

For more than 50 years, the Health Council has served as a trusted voice for hospitals and the health care community. The Council helps its members to improve the value, quality and accessibility of regional health care. The many action-oriented committees come together to share best practices, promote group collaboration and focus on ways to improve efficiency. The Council has achieved regional and national recognition for its results.



Current participating organizations represented on the task force are:

Atrium Medical Center, Brown County General Hospital, Brown County Home Care, Cincinnati Children's Hospital Medical Center, The Christ Hospital, Greater Cincinnati Rapid Response Symposium, Hospice of Cincinnati, McCullough-Hyde Memorial Hospital, Mercy Franciscan at Schroder, Mercy Hospital Anderson, Mercy Hospital Fairfield, Mercy Hospital Western Hills, Select Specialty Hospital, Shriners Hospitals for Children-Cincinnati, St Elizabeth Healthcare, TriHealth--Bethesda North Hospital, Good Samaritan Hospital, UC Health--West Chester Hospital, Veterans Affairs Medical Center.

Greater Cincinnati Patient- and Family- Centered Care

What is Patient-and Family Centered Care?

Patient- and Family-Centered Care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care.

Institute for Patient- and Family-Centered Care

Purpose of the Regional PFCC Initiative

Greater Cincinnati Health Council participants will together discover and learn the value of a patient- and family-centered culture that ensures patients and families can participate in their care and decision making to promote high patient satisfaction and safety. Participating health care facilities will be supported by this task force to maximize regional resources, share best regional and national practices and measure the engagement of the region.

Greater Cincinnati PFCC Objectives/Goals 2011-2012

1. Engage the support of leadership of the PFCC Health Council participating members
 - a. Participating members will engage their leaders as a task force representative shares the principles of PFCC and the regional goals and objectives.
 - b. Participating CEOs will support a dedicated PFCC task force member at their facility who will attend task force meetings and potentially attend a PFCC formal training program.
2. Ensure patient and family participation within the PFCC Health Council initiative.
 - a. Patient/family representatives will be selected and will join the PFCC initiative through quarterly participation in regional meetings.
3. Share regional, national and international best practices among participants.
 - a. Best practices will be shared at all regional meetings.
4. Develop regional organizational measurable behaviors that satisfy the core principles of PFCC: dignity and respect, sharing information, participation and collaboration.
 - a. Participating organizations will support cultural competence education for all employees and staff and share best practices.
 - b. Participating organizations will support and participate in the provision of language interpretative services for non-English speaking patients through a regional awareness campaign.
 - c. Organizations will support and participate in the regional "IT'S OK TO ASK" program through a regional renewed commitment campaign.
 - d. Participants will encourage the formation or the continued utilization of a facility Rapid Response Team.
 - e. Participating organizations will discover the value of a Patient and Family Advisory Council within their organization.
5. Provide organizational and community education regarding PFCC principles and benefits.
 - a. The Health Council will facilitate the marketing of the regional PFCC task force initiative.
6. Develop regional assessment tools to ensure measurable outcomes of success.
 - a. The Health Council will collect regional participation data and provide a report demonstrating the outcomes of the regional PFCC task force initiative.



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Greater Cincinnati Patient-and Family-Centered Care

Meeting Summaries

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|--------------------|---|
| May 31, 2011 | Introductory meeting; 18 attended; attendees shared where they are on the PFCC journey; discussed mission, goals, objectives, meetings monthly on Tuesdays; best practices will be shared each meeting |
| ▲ June 28, 2011 | 14 attended; BP-Patient Journals at Christ; discussed baseline data; seek 7-8 pt/fam reps for group from hospitals; measure outcomes |
| July 19, 2011 | 19 attended; BP-forming advisory councils in hospitals; patient journal examples shared; baseline data reviewed from 8 orgs;; further developed objectives; suggest to go to CEOs for commitment letter signature |
| August 16, 2011 | 13 attended; BP-THE Magee-Womens Hospital PFCC Methodology and PFCC practice; D Anim presented on ITS OK TO ASK program-this group to develop a video; discussed measurement of success and decided to measure engagement only in PFCC process; decided to have 3 patient and family reps to join in January 2012; encourage Nov IPFCC conference |
| September 22, 2011 | 13 attended; BP-John Hopkins PFCC Communication flyer; Maurie Hanauer discussed Limited English Proficiency Program and use of visual language tools. Attendees to hand out these tools in their orgs; over 200 distributed to attendees |

▲ Indicates a change of direction for the project

Patient -and Family-Centered Care

2011

