

Patient and Family Advisory Council (PFAC)

Tahoe Forest Hospital District - Truckee, CA & Incline Village, NV

Tahoe Forest
Hospital
Truckee, CA



Incline Village
Community
Hospital
Incline Village, NV



About Tahoe Forest Hospital District



- Not-for-profit, rural health care facility and designated Critical Access Hospital
- 2 Hospital Locations – Truckee, CA and Incline Village, NV
 - Covers 6 rural counties, 2 states and approximately 3,500 square miles
- Tahoe Forest Hospital:
 - 24-hour emergency care
 - 25 acute care beds and 36 long-term care beds
- Incline Village Community Hospital:
 - 24-hour emergency care
 - 4 beds
- Approximately 1500 employees and largest employer in the town of Truckee

Our Community

- Located in the Sierra Nevada mountain range at approximately 6000' elevation
- 200 miles northeast of San Francisco, 100 miles east of Sacramento, 40 miles west of Reno
- Population: 17,470 (Truckee) and 9,160 (Incline Village)
- Median age = 39.5
- Employment by industry type:
 - 55% services
 - 15% construction
- Median price of single family home = \$1.2 Million
- Median household income = \$99,683

Source: Truckee Chamber of Commerce

Patient and Family Engagement in Critical Access Hospitals

- Local community involvement and engagement
- Improves connection with the community
- Most of our population has received some services at our hospital district
- Patients can also be emissaries of the hospital
- Opportunity for patients and families to contribute to our system and operations
- Patients can help keep staff grounded in reality
- Leadership commitment

Objectives of the Patient and Family Advisory Council

- Guided by Hospital Quality Institute (HQI) and Patient and Family Centered Care partners (PFCC) to integrate patient and family voices into the delivery of patient care, organizational and system design, operations, improvement, and governance
- Emphasizes the philosophy of working with patients and families, rather than simply providing care to/for them
- Main principles:
 - Dignity and Respect
 - Information Sharing
 - Participation
 - Collaboration

Outcomes of a PFAC Program

- Associated with greater quality, safety, and outcomes of care
- Care delivery that aligns with patient's preferences
- Decreased use and cost of health care services
- Increased patient buy-in to treatment options
- Improved patient experience

Developing a PFAC Program

- Concept was first introduced at a BETA conference
- BETA funded 3 staff members to attend a conference with the Institute for Patient and Family Centered Care in 2014
 - Led by Stanford
- Developed a charter, application and interview process, orientation manual, and structured a schedule
- PFAC was established at Tahoe Forest in 2015 and consisted of 6 Patient and Family Advisors (PFAs)

Qualities of a Successful Patient and Family Advisor

- Offer a broad perspective
- Open to new ideas and concepts
- Engaged in the healthcare process
- Willing to share personal experiences
- Able to listen and hear others
- Representative of the patient population
- Connects with people
- No longer angry or actively grieving

Growing the PFAC

- Educated physicians and staff about the council
- Recruitment flyers
- Word of mouth from current members
- Social network groups
- Asking patients/families
- Marketing/social media

Successes

- Design and implementation of “Discharge Folders”
- Way-finding and signage throughout the hospital
- Whiteboard displays for provider/clinic wait times
- Messaging to patients about changes/announcements (i.e., transitioning to EPIC, reminders about appointments)
- Internal marketing materials – “Patient Experience Video”
 - Funded by Small Rural Hospital Improvement (SHIP) grant and targeted to improve communication by all staff, namely doctors and nurses
- Utilization of QuietPacs for Inpatients
- Introduction of community wellness programs

Other Benefits

- Volunteers also serve on other committees at the hospital
- Our CEO is a regular attendee of PFAC meetings, and actively engaged
- Physician and nurse leadership engagement – RN (Director) and Quality Medical Director involvement
- Networking opportunities with other organizations

Challenges

- Volunteer/member recruitment – time commitment
 - 9 monthly meetings, 1.5 hours
- Implementing guidelines and facilitating constructive discussion
 - Focusing on community needs rather than individual
 - Differences of opinions
- Diversification
- Screening process and health requirements
 - Transitioning back to in-person meetings – immunization requirements and health clearances
 - Continuing hybrid model for those who prefer

Resources

- PFCCpartners – Patient and Family Centered Care
 - Pfccpartners.com
 - Libby and Stephen Hoy
- Institute for Patient and Family-Centered Care
 - lpfcc.org

Questions?

