

2014 YEAR-END REPORT



Patient and Family  
Centered Care

**Members of the 2014  
Patient and Family  
Centered Care  
Steering Team**

**Pamela Bell, MDiv, BA  
Director and Co-Chair,  
PFCC**

**Charles Vannoy, DNP, RN,  
MBA, NEA-BC  
Assistant Vice President,  
Hospital Operations/  
Emergency Services and  
Co-Chair, PFCC**

Claudia Allocco  
Nancy Barrett-Fajardo, RN  
Sherry Campanelli, RN  
Valerie Colangelo  
Daniel Coss  
Meryl Davis, RN  
Kyle De Boer, RN  
Peter Diestel  
Carol Dunbar, RN  
Susan Gehringer, RN  
Bettyann Kempin, RN  
Mary Kirchmeier, RN  
Erica Krywicki  
Ann Marie Leichman, RN  
Cheryl Marciani, RN  
Michael Mutter  
Deborah Panetta  
Judith Rojo, RN  
Joanne Simonetti, RN  
Elizabeth Tortorella  
Maryann Vecchiotti

**From the Director  
of  
Patient and Family  
Centered Care (PFCC)**

***Building a PFCC Culture  
Brick by Brick***



The PFCC movement was alive and well during 2014. Patient and Family Advisors were involved in multiple projects and committees, as this report will demonstrate. All four Patient and Family Advisory Councils (PFAC) were busy at work improving care and communication, as well as reviewing patient/family handouts for meaning, understanding and value.

One of the most involved projects this year was working with the Director of Security, Daniel Coss, to improve the process by which patients and guests enter the hospital building, while also providing a more secure campus. Advisors were asked to participate in walk-throughs of sample systems, providing feedback on processes and signage, as well as what the new guest badges would look like and say.

Valley Health System was highlighted in a video produced jointly by the Institute for Patient and Family Centered Care (IPFCC) and the National Partnership for Women and Families. This video is being highlighted at national conferences, demonstrating to other hospitals ways of successfully rolling out PFCC in an organization.

As PFCC has become more established within the system, the number of advisors, projects and committees involved continues to grow. I hope that you will find the following pages exciting and a true reflection of the work and value that our advisors bring to the healthcare system.

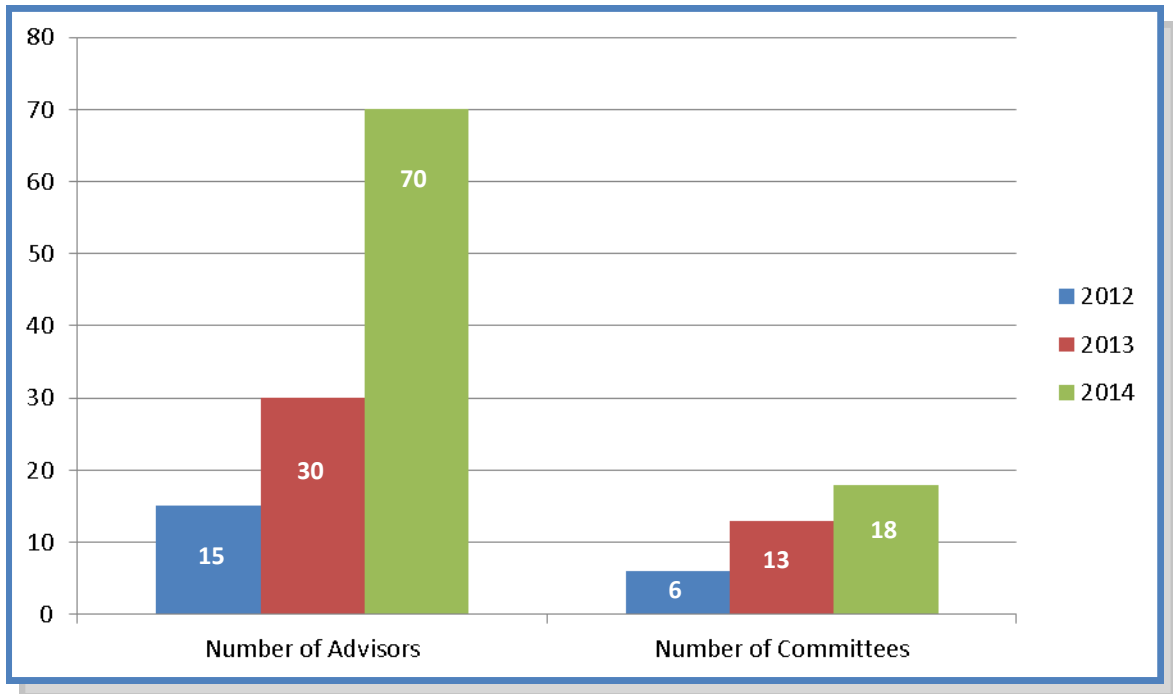
If you are inspired to join us, please contact me directly at 201-447-8650 or at [revbell@valleyhealth.com](mailto:revbell@valleyhealth.com). Thank you to our PFCC Steering Team and our many advisors for another great year!

A handwritten signature in black ink that reads "Pamela S. Bell".

**Pamela S. Bell, Director, PFCC**

In 2014, we saw the number of advisors more than double from the year before. Furthermore, the number of committees that our advisors have joined has tripled since 2012. Advisors were involved in more than 40 individual projects throughout the system, and eight advisor roles were added under the PFCC umbrella.

### PFAC By the Numbers



### PFCC Influences HCAHPS

The most recent public release of New Jersey hospital HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) data for patients **discharged from 3Q 2013 through 2Q 2014** reflects the influence of our PFCC initiatives.

In NJ, among *general acute care hospitals*, Valley has ranked as follows:

**1st Place:** Nurse Communication, Physician Communication, Care Transitions and Overall Rating of 9/10

**Tied for 1st Place:** Willingness to Recommend

**2nd Place:** Medications & Cleanliness

**Tied for 2nd Place:** Responsiveness & Pain Management

**Tied for 3rd Place:** Quietness

## Major accomplishments during the year include:

- Revision of the Mission, Vision and Serve Standards to include PFCC-minded language throughout the health system
- Development of an inpatient patient/family orientation video
- Development of a new Welcome Policy incorporating families as Partners in Care
- Development of a Neonatal Intensive Care Unit PFAC
- Highlighting advisors in the hospital newsletter
- Development of a video series with advisors' testimonies on the value of partnering with staff and being present with patients 24/7
- Facilitating our first System PFCC Annual Meeting
- Hosting several site visits from hospitals based on our successes
- Presenting at the International IPFCC Conference, NJ Hospital Association, Jersey Medical Center and HRET Webinar
- Participating in new patient bed and sleeper recliner selection
- Teaching 15 four-hour PFCC classes with 414 staff in attendance
- Including the PFAC Seal of Approval on system-wide documents
- Contributing 2,490 hours of service contributed by Patient and Family Advisors throughout the health system



In addition to the highlights noted above, our Luckow, Home Care and NICU PFACs were busy at work. Here are some highlights from their year as well.

### **Luckow PFAC**

The Luckow PFAC had a very successful 2014. During the first part of the year, we focused on Luckow Pavilion navigation. Based on patient satisfaction surveys, patients and their family members had identified that finding their way throughout the building could be challenging. As a result, the PFAC, equipped with clipboards, pens and sticky notes, journeyed throughout the building identifying limitations and concerns along with opportunities to improve the new guest's experience. The suggestions were put to paper and shared with Valley facilities at a following meeting. Ideas presented included positioning "eye level" signage as opposed to ceiling hangings as this was a more likely place for patients to look, increasing utilization of the volunteers for necessary directions, creating a color-coded map of each floor of the building outlining services provided on each level and improving signage in the elevators.



Deborah Panetta  
Director, Radiation Oncology

In addition, the team reviewed the Gamma Knife website. PFAC suggestions for easier access, improved color/contrast combinations, additional FAQs, rotating banner information and font size were all taken into consideration by Valley's Marketing Department with many implemented to date.

The latter part of the year was focused on the Oncology Survivor Binder. The binder had been in place for about two years and the oncology team felt a review by the PFAC would be beneficial. Although the PFAC loved the binder, a few great suggestions resulted: revise the Welcome Letter to include the PFAC, add the PFAC Seal of Approval, create a survivor newsletter and encourage patients to submit their "stories" for encouragement and sharing.

We look forward to working with the Luckow PFAC in 2015 as we continue to expand the team to include the new VMG physician practices and the evergrowing oncology services.

### **Home Care PFAC**

**Admission Packet/Agency Brochure:** We continue to make final changes to the admission packet based on the recommendation of the PFAC, including a new design. The folder will include an FAQ sheet and a resource list for patients and families. Agency brochures have also been reviewed and are being redesigned.

**HHCAHPS:** We created an HHCAHPS Diagram for Home Care. It was called "Bringing Together HHCAHPS and Patient and Family Centered Care Into the Home." It was distributed to all Home Care staff to understand the correlation between HHCAHPS and the principles of PFCC.

**Committee Membership:** PFAC members have been added to the following Home Care committees: Professional Advisory, Safety, Quality and Medication Management. They have also volunteered to serve on the Technology committee for re-hospitalization and discharge planning in 2015.

**Admission and Discharge Phone Calls:** Scripts were created based on the recommendation of the PFAC committee. Members gave input on information they need to know on admission and discharge from VHC. FAQs were created based on the recommendation of the members.

**Patient Portal:** The Patient Portal from Home Care Home Base was reviewed by the Director group as well as the PFAC group. A recommendation to purchase the portal was made, and it is in the 2015 Capital Budget for implementation. Members of the PFAC group will be part of the Implementation Team.

Another busy year is planned for 2015 as we continue to expand PFCC within our division!



Mary Kirchmeier  
Director, Valley Home Care

## Neonatal Intensive Care Unit (NICU) PFAC

In an effort to improve the patient and family experience in our NICU, the NICU Patient and Family Advisory Council was conceptualized in January 2014. A call out to past NICU graduate families was instituted to assess interest and the response was immensely positive. After an interview process, a panel of seven parents and four staff members were selected and monthly meetings commenced in April 2014. The March of Dimes NICU Family Support program was adopted as an adjunctive program to support NICU families. The program was approved by the NICU PFAC and their guidance in implementation was pivotal. Suggestions included when and how to provide information and comfort to families during the NICU hospitalization, the transition home and in the event of a newborn's death. The NICU PFAC, with the help of the March of Dimes and NICU staff, created initiatives to promote a family-centered approach that results in enhanced standards of care for infants and families.



Suzanne Bryjak, RN  
Neonatal Intensive Care Unit



### Some NICU project components include:

- The extension of volunteer parent-professional network to act as focus groups and assist in guiding program selection, development and implementation in addition to our PFAC
- The establishment of a group of direct service volunteers providing support and comfort to families within the NICU setting through a one-on-one Parent Buddy program. PFAC members assisted in the training of Parent Buddy volunteers
- The creation of a Parent Care Kit comprised of informative materials being distributed to every NICU family with the assistance of graduate parent volunteers
- The creation of Staff Development Panels where graduate NICU families share their stories with staff on a variety of topics to positively impact family-centered care practices in the NICU
- The development of a guideline and the graphic layout of a monthly class calendar, as well as feedback on additional written materials including the "NICU Parent Information" sheet and the "Family Presence Guidelines and FAQ" sheet

2015 promises to be another productive year for the NICU PFAC with many projects already underway!

Patient and Family Advisors worked with Daniel Coss, Director of Security, and Elizabeth Carpanzano, Telecommunications/Reception Supervisor, in the development of a new guest welcome/badging process.



*Pictured left to right: Daniel Coss; Gary Paton, Paul Redfield and Jean Neri, Patient and Family Advisors; and Elizabeth Carpanzano.*

New patient bed and sleeper recliners were selected with the assistance of Patient and Family Advisors.



*Pictured left to right: Nancy Barrett-Fajardo, RN, Director, Med/Surg Services; and Patient and Family Advisors Harry Ferguson and Bob VerNooy.*

# Emergency Department Shadowing Project



Charles Vannoy, DNP, RN,  
MBA, NEA-BC, Assistant  
Vice President, Hospital  
Operations/Emergency  
Services and Co-Chair,  
PFCC

The Emergency Department (ED) utilized an innovative patient shadowing initiative to gain a better understanding of the patient experience. Members of the PFAC were paired with incoming patients in the ED. Each PFAC member was tasked with documenting his or her observations as their assigned patient moved through the ED. This documentation was completed based on the patient's reaction as well as how the observer would feel if they experienced the same type of care.

Many of the comments from this shadowing experience were positive and reinforced our belief in the high quality care we provide on a daily basis. However, this initiative also gave us a clear understanding of opportunities for improvement.

One of the main themes that were revealed from this shadowing experience was patients' and family members' lack of understanding of the process of moving through the ED. Many patients continually wondered what was going to happen next. Another theme that was very prevalent was a lack of understanding of how long it takes to get results back from diagnostic tests. Finally, many patients who were placed in a hallway bed rather than a room wondered why they were not given the benefit of a private room.

Although we try to meet the needs of all the patients we serve, it was clear that we had an opportunity to improve. First, we addressed the patients' and families' concerns about what is going to happen next by creating a Patient Care Map (Figure 1). This Care Map allows patients to view the entire ED throughput process and see where they currently are and who they will see next.

Additionally, to address patients' concerns about wait times for diagnostic imaging results, the Care Map included estimated wait times for these tests as well as a description of what the test was used for (Figure 2).

Finally, we developed a script for our patients who were going into a hallway bed. This script referred to the hallway stretcher as a designated care area and explained how sicker patients were usually put into rooms. We scripted it this way to help change a negative perception into a positive one.

In the ED, we are continually looking for ways to improve our care. This shadowing initiative provided us with real patient feedback in a very timely manner. This feedback has allowed us to make meaningful changes in the department and continue to provide the highest quality care.



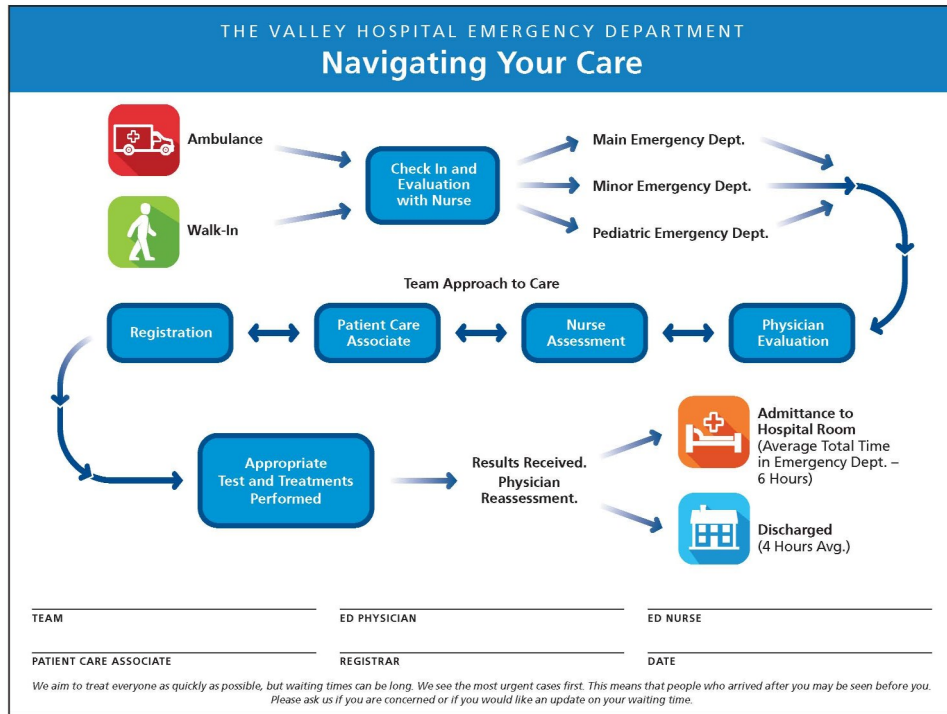



Figure 1

**THE VALLEY HOSPITAL EMERGENCY DEPARTMENT**  
**Information About Tests and Treatment**

Test	Description	Timeframe for Ordering	Duration	Time for Test Results
Lab Test (Includes blood work and urinalysis)	Blood and urine samples help confirm a suspected diagnosis.	30 minutes from the physician evaluation	10 minutes, on average	Up to 120 minutes
EKG	This test records electrical activity of the heart and can spot signs of cardiac problems.	20 minutes from the physician evaluation	15 minutes	Up to 15 minutes
X-ray	X-rays are used to diagnose internal trauma and other medical concerns. (This test may be performed at the bedside or in our diagnostic imaging suite.)	15 minutes from the physician evaluation	10 to 20 minutes, depending upon patient condition	Up to 45 minutes
CAT Scan (also known as CT Scan)	Computed tomography (CT) scans provide a 3-dimensional picture of your body. (This may require drinking a contrast solution.)	Variable – depending on other test results and patient condition	120 minutes (includes time for ingesting contrast)	Up to 90 minutes for the official report
Ultrasound/Vascular	Ultrasound is a noninvasive test to check blood flow and view internal organs. (This test may be performed at bedside or in our ultrasound suite.)	30 minutes from the physician evaluation	If performed at the bedside, 45 minutes. If performed in Diagnostic Imaging, can be upwards of 120 minutes.	Up to 90 minutes for the official report
MRI (Magnetic Resonance Imaging)	This test uses powerful magnets and radio waves to create pictures of the body. (This may require the insertion of an IV.)	Variable – depending on other test results and patient condition	60 to 90 minutes	Up to 120 minutes, depending on how many scans were performed



The Valley Hospital's Patient and Family Advisory Council has reviewed and approved this material to ensure that the patient and family perspective has been included.




Figure 2

# 2014 Patient and Family Advisors

**Thank you** to our 2014 Patient and Family Advisors for the wisdom, passion and dedication you bring to your work and partnering with us to make Valley Health System an even better place to be!

**Sheri Abel-Colao**

Ambassador, Total Joint Replacement Center

**Mary Allen**

NICU Parent Buddy Program

**Pamela Alison**

Luckow PFAC

**Tom Bengaff**

Valley Home Care PFAC

**Ines Bunza**

Inpatient Performance Improvement Council

**Brian Byrne**

Luckow PFAC

**Mary Clark**

Hospital PFAC

**John Clarke**

NICU PFAC

**Valerie Colangelo**

Hospital PFAC

**Kay Collins**

Ambassador, Total Joint Replacement Center

**Nicholas De Marco**

Other Projects

**Joan Donoghue**

Discharge Information Committee

**Patrice Duker**

NICU PFAC

**Harold Ferguson**

Hospital PFAC

**Angela Flanagan**

Ambassador, Total Joint Replacement Center

**Thomas Freeswick**

Hospital PFAC and Valley Home Care PFAC

**John Gangale**

Mended Heart Volunteer

**Peggy Golish**

Ambassador, Consumer Health

**Susan Gralla**

RN Communication Domain Committee

**Allan Harriman**

RN Communication Domain Committee

**Marie Hickok**

Continuity of Care Committee – Baby Friendly

**Jane Hoder**

Ambassador, Total Joint Replacement Center and Luckow PFAC

**Annrose Isaac**

NICU Foundation Project Committee

**Sidney Katz**

Ambassador, Total Joint Replacement Center

**Roger Knauss**

Discharge Information Committee

**Mary Lacroce**

Ambassador, Consumer Health

**Michelle Laskowski**

Valley Home Care PFAC

**Carla Lindenmuder**

NICU Co-Chair Foundation Project Committee

**Robert Linz**

Mended Heart Volunteer

**Barbara Maniscalco**

Security Committee

**Kathy McGurr**

NICU Parent Buddy Program

**Diana Mikula**

NICU Parent Buddy Program

**Karen Mitchell**

Luckow PFAC

**Jean Neri**

Hospital PFAC

**Laura Nicholson**

NICU Bereavement Co-Chair and Parent Representative

**Margaret Papageorgiou**

Valley Home Care PFAC, Safety Committee

**William Paterson**

Security Committee

**Gary Paton**

Hospital PFAC

**Betty Paton**

Acute Stroke Team

# 2014 Patient and Family Advisors continued

**Cheryl Poggi**

NICU Parent Buddy Program

**Jennifer Pugliese**

Valley Home Care PFAC

**Isabel Reddy**

Luckow PFAC

**Paul Redfield**

ED Patient Satisfaction Team

**Diane Reed**

NICU Foundation Project Committee

**Kay Ruvolo**

NICU PFAC

**Kathleen Sayles, RN**

Hospital PFAC

**Meri Schachter, MD**

Valley Home Care PFAC

**Nicole Serhat**

NICU PFAC

**Edward Shevlin**

Hospital Committee

**Benjamin Sims**

Palliative Care Steering Team

**Joyce Sinclair**

Hospital PFAC

**Allison Stein-Jackter**

NICU Parent Buddy Program

**Joyce Suggs**

Luckow PFAC

**George Tashji**

Other Projects

**Rene Marie Testa-Adams**

Acute Stroke Team

**Raj Thandani**

Valley Home Care PFAC

**Annamae Tolomeo**

Valley Home Care PFAC

**Liz Twiggs**

NICU PFAC

**Robert A. VerNooy, Sr.**

Hospital PFAC

**Dawn Ward-Lau**

NICU Antepartum Connect Co-Chair

**Janet Weiss**

Readmissions Team, Ambassador,  
Consumer Health

**Libby Wexler**

Ambassador, Cardiac Surgery

**Eric Wickstrom**

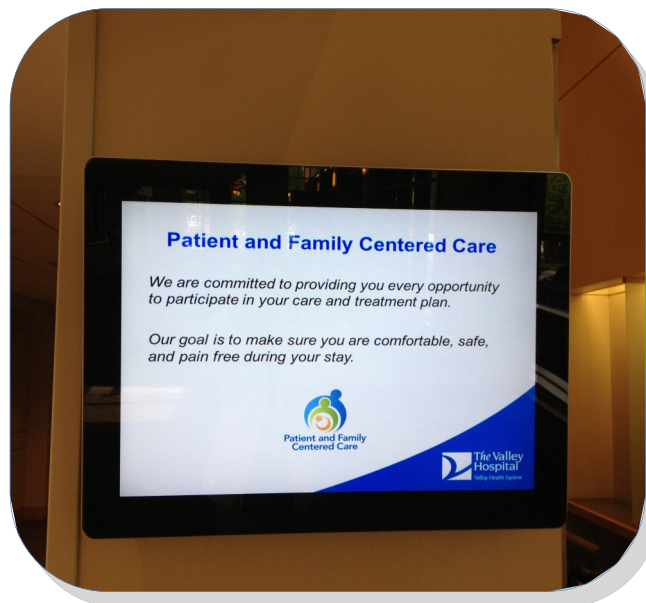
NICU PFAC

**Tangela Williams-Hill**

NICU PFAC

**Jacqueline Wilson**

Ambassador, Total Joint Replacement  
Center



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