

Augusta University Health System

AUGUSTA, GA

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Background

The Augusta University Health System is a not-for-profit corporation that provides primary, specialty and subspecialty care for adult and pediatric populations in the Augusta, Georgia, region. Augusta University Health includes a 478-bed adult hospital (AU Medical Center), numerous outpatient clinics, a 154-bed pediatric hospital (Children's Hospital of Georgia), a cancer centre and a regional Level 1 trauma centre. It is committed to providing care and services across the region, and Augusta University Health physicians travel to satellite practice sites throughout Georgia. Augusta University Health manages the clinical operations associated with Georgia Regents University, which has a Health Sciences Campus composed of the Colleges of Allied Health, Dental Medicine and Nursing, and the Medical College of Georgia (the US' 13th oldest and sixth largest medical school), as well as offers graduate studies. There are also faculty group practice plans (physicians, dental, allied health, nursing faculty practice) affiliated with the university. As an academic health sciences centre, Augusta University Health is committed to its three primary missions: patient care, research and education.

Patient Engagement

Augusta University Health is a pioneer in the concept of patient- and family-centred care (PFCC), a concept entrenched as a cultural value, practice standard and strategy within the organization. The early history of PFCC at Augusta University Health – previously known as the Medical College of Georgia Health System (MCGHealth) and, more recently, as Georgia Regents Health System – has been chronicled in both video documentary (Christopher 2006) and written form (Hobbs and Sodomka 2000; IPFCC 2013), highlighting the development of PFCC under the initial leadership of the late vice-president, Pat Sodomka. The first steps were taken when Sodomka and other senior leaders ensured that patients and families were involved in, and led, work to design the physical space of the new children’s hospital in 1993, with the intent that PFCC would become the new model of care. PFCC efforts spread to the adult hospital and outpatient services in subsequent years. Today, there are plaques with Sodomka’s photo and story in various public spaces throughout Augusta University Health; they honour and serve as a reminder of her leadership and tireless commitment to PFCC values. The principle of inclusion of, and partnership with, patients and families in their own care and as advisors throughout the organization is intertwined in all efforts at Augusta University Health. As Bernard Roberson, the current PFCC administrative director, notes, “People come, people go, but PFCC endures. It’s our foundation.”

Renowned across North America as a PFCC leader, Augusta University Health offers a Learning Lab two to three times per year, in order to share its expertise and experience regarding the development, implementation and evaluation of its PFCC model of care. Healthcare organizations across North America have sent teams of leaders and staff to these Learning Labs as they embark on their journeys toward PFCC. Leaders at Augusta University Health also act as ongoing consultants and mentors to other leaders across North America, including a number of hospitals in Canada that are working toward developing a culture of PFCC.

Key Strategies to Support Patient Engagement

PFCC lives as a philosophy of care across all parts of Augusta University Health. The key mechanism for PFCC is a cadre of patient and family advisors who are involved in as much or as little engagement as their time, skill and energy allows. Currently, Augusta University Health has approximately 230 trained patient and family advisors who participate as members of ongoing and short-term committees (over 45 committees in 2013) and working groups, including unit patient advisory councils; the adult Health Partners Council; the pediatric Family Advisory Council; the medical office and ambulatory council; unit quality councils; performance improvement committee; ethics committee; and the governing board.

Patient and family advisors also act as observers by doing walkthroughs on units and other parts of the organization to provide feedback on the environment, by serving as reviewers

of policies and procedures and by acting as interviewers on hiring panels for new staff and managers. In addition, patient and family advisors share their experience and expertise widely; they organize conferences, make presentations (at local, regional and national forums), review abstracts and sit on committees and working groups for state and national organizations. As the PFCC director noted, “We have advisors that travel with us, they teach other advisors. When we go to other hospitals and teach courses at other hospitals on site, we take advisors with us. If we’re speaking at conferences we take advisors with us. And that’s something that the organization has supported for years and we pay for them to go. And we don’t submit an abstract if there’s not an advisor attached to it.”

Patient and family advisors are also involved as family faculty in health-professions education in AU’s health sciences schools. As well, they help to select the “resident of the year” from AU and review applicants for nursing internships. “They’re pretty much involved in everything,” said Roberson.

Leaders at Augusta University Health view PFCC as a journey. As one senior leader commented, “It is a partnership, and we didn’t just open up the doors and say all families are welcome. Please come be on our committees, everything is wonderful. It was a journey. I think of it like a marriage; you have to work on it, it doesn’t look the same today as it did 10, 15 years ago, and stuff happens during your journey.”

To grow its philosophy of PFCC and engagement efforts, Augusta University Health put dedicated resources, structures and processes in place. There are, for example, structured processes by which patients and family members apply to become advisors and, once they are accepted, they are subject to an on-boarding process that is similar to that for staff. The PFCC team recognizes that not all patients can fulfill the advisor role, and they look for those former patients who are able to work constructively in terms of how to fix problems, not assign blame. Orientation and training sessions help advisors learn more about the organization and how to fulfill their roles effectively. For example, Augusta University Health’s human resources department created a tool kit that teaches patient and family advisors how to develop their own interview questions when they are part of interview panels.

For staff, PFCC is embedded within their orientation sessions (patient advisors provide part of the PFCC orientation for new staff), and staff are required to participate in annual refresher sessions. Units may also request an abridged version of the Learning Lab to refresh their teams’ knowledge of PFCC principles. Behaviours related to PFCC are also part of staff members’ annual performance reviews.

Senior Augusta University Health leaders have described the challenges and resistance they faced in the early stages of the explicit shift to PFCC practices. It takes significant training and ongoing education to help staff, patients and families understand PFCC

principles and behaviours. Not all staff can adapt to this model of care, nor do all patients or family members make suitable advisors; careful recruitment, orientation and coaching are key requirements for the success of these ongoing partnerships. However, 20 years into its journey, the degree to which PFCC has permeated Augusta University Health is illustrated by the consistency in how staff and managers speak about their practices. The strength of the patient advisors' voices in asserting the importance of their involvement is reinforced by leaders who, when decisions are being made, consistently ask, "What did the patient advisors say?" and "What did the Family Advisory Council say?"

In recent years, however, Augusta University Health has been challenged to keep its PFCC focus due to significant turnover in senior leadership. Leaders, managers and patient advisors asserted that PFCC was the foundation of their philosophy of care and "here to stay"; yet, they stated with equal emphasis that the work would never be finished. The lesson here is that maintaining a PFCC culture requires constant vigilance and ongoing effort. As the PFCC director observed, "You know, as far as we are along, and it's great what the institution has done, we still have work to do and we will always have work to do."

Impact

As noted above, the presence of patient and family advisors throughout Augusta University Health has helped to create, reinforce and sustain PFCC as a cultural value and strategic focus throughout the organization. Numerous processes of care, policies and procedures have been influenced by embracing a PFCC philosophy. This is notably seen in Augusta University Health's family presence policy, which welcomes families (or those people deemed to be important to patients) as part of patients' circles of care, and to stay with their loved ones as they see fit. In fact, Augusta University Health provides overnight kits (including toiletries) for those family members who unexpectedly stay with their loved ones in times of emergency.

On one unit at Augusta University Health, a manager and supervisor described the positive impacts of PFCC by citing the following: reductions in medication errors and falls, shorter lengths of stay, fewer readmissions and decreased staff turnover. Efforts are being made by the PFCC portfolio to capture data on quality as well as on patient and family advisor involvement at the unit level to assess whether advisor engagement makes a measurable difference to Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores and other quality measures (HCAHPS is the standardized survey instrument and data collection method that the Centers for Medicare & Medicaid Services require hospitals in the US to use to measure patients' perceptions of their care (Centers for Medicare & Medicaid n.d.).

One Augusta University Health vice-president also noted that PFCC had helped Augusta University Health realize improvements in three main areas: savings in design

and construction costs (specifically related to their new children's hospital and cancer centre); lower liability costs relating to patient claims (because patients and families feel they have been more involved and thus more invested in care decisions); and HCAHPS scores (which, although they are not quite at the target level, have improved).

At Augusta University Health, incentives have been put in place to encourage senior leaders and managers to be attentive to patients' experiences: a percentage of their pay is at risk if organizational/unit goals for HCAHPS scores/results are not met. As a result, they have also developed more immediate ways to address service excellence, including the use of AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) by all staff, who are trained to use this communication tool to ensure the needs of patients are met. As well, there are patient and family support coordinators who introduce themselves to all new patients admitted to the hospital and explain some of the processes that patients should expect during their stay (e.g., use of whiteboards, hourly bedside rounding). These coordinators return to visit the patients during their stay to obtain real-time feedback. If an issue arises, the coordinator tags it and sends it directly to the unit manager to deal with promptly; or in the event of a larger issue, it is sent to the quality improvement department for more follow-up. In this way, Augusta University Health aims to be proactive in dealing with service.

Patient and family advisors also evaluate their experiences participating in various PFCC activities, such as assessing how useful or helpful they felt in PFCC meetings, whether their ideas were considered and how meaningful they found PFCC meetings to be. Advisors who have had speaking engagements or are part of the Family Faculty at the medical college are also evaluated, receiving feedback on how students received them and advice on how they might improve. Results are collated and shared with other patient and family advisors to help them prepare for future sessions.

Summary

PFCC values have permeated Augusta University Health. During the past 20 years of PFCC experience, the focus has been to make patients and families part of the care team, and to shape the nature of interactions between individual patients, families and care providers – at the point of care. Partnership as a guiding principle and value extends beyond the bedside, through Augusta University Health's organization-wide strategy of involving patients and families as advisors. The presence of these advisors acts as a reminder of the value of the patient voice and the centrality of the patient within Augusta University Health. With entrenched structures and processes that embed PFCC values throughout the organization, as well as a long-standing history of PFCC and patient engagement, Augusta University Health recognizes the need to maintain vigilance and commitment to the path it is travelling. While seen as the right thing to do, Augusta University Health leaders have also been able to demonstrate the value of PFCC to patient experience and care outcomes

This case study is based on research carried out in 2013. The case was revised and edited in 2015 as part of research commissioned by the Federal Advisory Panel for Healthcare Innovation to inform their report: *Unleashing Innovation: Excellent Healthcare for Canada* (<http://www.healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/index-eng.php>).

References

Centers for Medicare & Medicaid, Baltimore, MD. Retrieved February 18, 2016. <<http://www.hcahpsonline.org/home.aspx>>.

Christopher, F. 2006. "Hand in Hand." *Part 4 of Remaking American Medicine* [video file]. Retrieved February 18, 2016. <<https://www.youtube.com/watch?v=QmUjoopeX7Y>>.

Hobbs, S.F. and P.F. Sodomka. 2000. "Developing Partnerships among Patients, Families and Staff at the Medical College of Georgia Hospital and Clinics." *Joint Commission Journal on Quality Improvement* 26(5): 268–75.

Institute of Patient- and Family-Centered Care (IPFCC). 2013. *Profiles of Change: MCGHealth*. Retrieved February 18, 2016. <<http://www.ipfcc.org/profiles/prof-mcg.html>>.