Profiles of High-Performing Patient- and Family-Centered Academic Medical Centers

Vanderbilt Medical Center
Nashville, Tennessee

prepared for
Picker Institute

by
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Contents

About the Profiles.........................................................................................................................1
Vanderbilt Profile at a Glance........................................................................................................2
Background on Vanderbilt.............................................................................................................4
Evolution of PFCC at Vanderbilt....................................................................................................4
Overall Leadership Support........................................................................................................5
Focus on the Workforce................................................................................................................6
Involvement of Patients and Families...........................................................................................8
Patient and Family Communication and Education.................................................................10
Performance Measurement and Monitoring..............................................................................13
The Built Environment..................................................................................................................14
Future Directions..........................................................................................................................15

Appendices:
A. List of Project Advisory Panel Members..............................................................................16
B. Elevate Credo and Behaviors ...............................................................................................17
C. FOCUS Values.........................................................................................................................18
D. Family Rounding in the Critical Care Trauma Unit...............................................................19
E. Patient Experience Survey Scores..........................................................................................20
F. Champ’s Comment Card..........................................................................................................22
About the Profiles

This profile is one in a series of six case study reports funded by The Picker Institute that document examples of how academic medical centers can achieve high levels of patient- and family-centered care (PFCC). Because academic medical centers face particular challenges of balancing patient care with their teaching and research missions, lessons learned through case studies of centers that have successfully implemented patient- and family-centered care can benefit other academic as well as non-academic health care systems.

The six centers were selected for study on the basis of several criteria, including a mix of geographic location, safety and non-safety net hospitals, expert opinion on high-performing centers, actual performance on available metrics such as H-CAHPS scores, and varied approaches to achieving patient- and family-centered care documented in previous studies. Data were collected primarily through site visits to each center that included a tour of facilities and detailed interviews with senior leadership, board members, medical department chiefs, key staff responsible for patient- and family-centered programs and initiatives, front line staff, and patient and family advisory council members. Extensive documentation was gathered before, during, and after the site visits to supplement the information and perspectives obtained through interviews.

The profiles resulting from these case studies are each organized according to a common set of topics that emerged as cross-cutting themes common to successful implementation of patient- and family-centered care in these organizations. Each individual profile is designed to provide real-world, operational examples of how these core elements of patient- and family-centered care are brought to life in practice. Samples of available documents and tools related to these core elements are provided as attachments. A separate summary analysis of key factors contributing to patient- and family-centered care across all six centers also will be compiled and made available as part of this project.

List of Academic Medical Centers Profiled

- Harborview Medical Center (Seattle, Washington)
- Medical College of Georgia (Augusta, Georgia)
- State University of New York (SUNY) Upstate (Syracuse, New York)
- University of Colorado Hospital (Aurora, Colorado)
- University of Pittsburgh Medical Center (Pittsburgh, Pennsylvania)
- Vanderbilt Medical Center (Nashville, Tennessee)
Vanderbilt Profile at a Glance

Vanderbilt Medical Center is a major teaching, research and referral center serving the Southeast region of the country. It was included among the 19 hospitals recognized by U.S. News and World Report in its 2008 "Honor Roll" for high rankings in multiple specialties, and was featured in a special multi-page "week in the life" profile of the inner workings of an academic medical center. It is one of the nation's highest performing hospitals on the H-CAHPS scores published by the Centers for Medicare & Medicaid Services as an indicator of performance on patient-centered care. It is also a benchmark leader in key performance metrics tracked by the University HealthSystem Consortium.

What is the key to Vanderbilt's outstanding performance, particularly in patient- and family-centered care?

There are clearly multiple factors contributing to Vanderbilt's success. One of the most fundamental is the very visible and consistent senior leadership support for a total culture transformation focused on the patient. Building on a long history of excellence in patient care, teaching, and research, in 2004 the senior executives launched a five-year journey called "Elevate" seeking to infuse a shared vision or "credo" for the organization grounded in very clearly defined behaviors. The Elevate credo and behaviors now permeate the organization from the very top executives down to the front line care givers, and are reinforced through a comprehensive approach to human resource management. This focus on the culture and the workforce, growing out of a long tradition of excellence in care, is perhaps the most critical factor driving patient- and family-centered care at Vanderbilt.

A number of additional, complementary initiatives are underway to provide the operational underpinnings of the patient- and family-centered culture at Vanderbilt. Patients and families are involved in multiple levels of the organization, including policy, planning, and the direct provision of care. A growing network of Patient and Family Advisory Councils, initiated in the Children’s Hospital over a decade ago, are now spreading to additional departments and services. Open visitation and the inclusion of families in rounding and medical education opportunities are becoming increasingly commonplace. As the nation’s "most wired" health care facility, advanced information technology is used to engage patients through a state-of-the-art patient portal called My Health at Vanderbilt. Numerous other communication and education programs are designed to engage, inform, and empower patients and families across the continuum of care, from admission to discharge and beyond, through systematic follow-up and survivorship programs.

A critical factor in the success of these initiatives has been the role of individual champions. For example, the introduction of PFAC was inspired and led by Terrell Smith, Director of Patient/Family Centered Care, who has continued to provide ongoing
operational coordination for the development and expansion of Patient and Family Advisory Councils and other forms of patient input. The transition to a policy of including families in rounding in the Trauma Unit ICU was made possible by the individual leadership of Dr. Richard Miller, attending surgeon and director of the Trauma Unit. The innovative Trauma Survivors Network, which focuses on ways to manage the long-term impact of trauma for both patients and families, was initiated by Dr. John Morris, Chief of Trauma Medicine, who has spearheaded a national program of trauma survivorship based on the model developed at Vanderbilt. The development and implementation of the My Health at Vanderbilt patient portal was led by the visionary efforts of Dr. Jim Jirjis. Each one of these individual champions has been successful in part because of the overall support they received from the very top levels of the organization, but the organization as a whole has been able to advance the spread of PFCC only through the individual efforts of these and other champions.

Vanderbilt Medical Center is now exploring ways in which it can go beyond its own walls to remake the role of the academic medical center as a partner in addressing broader health issues at the local, regional, and national level. Through its Vision 20/20 initiative, Vanderbilt seeks to leverage its teaching, research, and patient care expertise by partnering with civic organizations, schools, and businesses to make improvements in the health and health care of the larger community. Dr. Harry Jacobson, Vice Chancellor for Health Affairs, hopes to involve other academic medical centers in this effort, which he and his colleagues are documenting in a book entitled, Beyond Flexner, commemorating the 100th anniversary of the groundbreaking Flexner Report which led to a major redesign of medical education in the U.S. Such an ambitious undertaking will likely face many challenges, but the long track record of achievement at Vanderbilt Medical Center suggests that its Vision 20/20 may one day become a reality.
**Background on Vanderbilt**

Vanderbilt Medical Center (VMC) is located in Nashville, Tennessee, directly adjacent to the campus of Vanderbilt University. The mission of VMC is to "advance health and wellness through preeminent programs in patient care, education, and research". The medical center campus includes the 600-bed Vanderbilt University Hospital, the 222-bed Monroe Carell Jr. Children’s Hospital, the 88-bed Psychiatric Hospital, the Stallworth Rehabilitation Hospital (a joint venture with HealthSouth), the Vanderbilt Clinic which houses over 100 ambulatory specialty practices of the Vanderbilt Medical Group (VMG), the Vanderbilt-Ingram Cancer Center, and the School of Medicine and School of Nursing (www.vanderbilthealth.com).

VMC is the region’s only Level I Trauma Center and a major referral center for patients in Tennessee and throughout the Southeast. In 2006, the center served over 1 million clinic patients and 50,000 inpatients. The children’s hospital alone served over 104,000 patients from Davidson County and over 16,000 from outside the state. Vanderbilt provides more than $220 million per year in uncompensated and charity care to members of the community unable to pay for their own care. It is the largest provider in the region under TennCare, the state’s Medicaid program for the poor and uninsured. It is also the largest private employer in middle Tennessee and the second largest in the state, employing more than 19,700 people with an estimated annual regional economic impact of approximately $5 billion.

**Evolution of PFCC at Vanderbilt**

The early foundations of PFCC at Vanderbilt began several decades ago with the vision of Dr. David Karzon, a pediatrician from the Vanderbilt University Medical School, who led the development of a children’s "hospital within a hospital", designed to create a special health care environment for children and families and serve as a resource to the community. With substantial support from a civic group known as Friends of Children’s Hospital, as well as the Junior League of Nashville, all children’s services were brought together under one roof in 1980. Since then, the Children’s Hospital has steadily expanded to include approximately 30 sub-specialties.

In 1992, Terrell Smith assumed the position of Director of Nursing at the Children’s Hospital. She recounts a defining moment that led her to initiate the first Patient and Family Advisory Council at Vanderbilt, which was motivated by a letter she received from the mother of a newborn who was not permitted to see her baby in the pediatric ICU for 24 hours after the baby’s surgery. Although the surgery was a clinical success, the emotional trauma suffered by the mother being separated from her baby led Terrell to investigate the work of Beverley Johnson, president of the Institute for Family-Centered Care, an organization just getting started as a national resource for policy
makers and health care leaders working to advance the understanding and practice of patient- and family-centered care (www.ifcc.org). Bev Johnson consulted with Terrell and others at VMC, reviewing innovative efforts underway in other children’s hospitals. As a result, the Family Advisory Council at the Children’s Hospital at Vanderbilt was formed in 1994, with the strong leadership support of the Chair of Pediatrics, Dr. Ian Burr. Subsequently, the concept of involving patients and families in providing input in the planning and design of services and facilities was extended to create a Pediatric Advisory Council, composed of approximately 30 patients ranging in age from 8 years to 20 years, with varied diagnoses and healthcare experiences at Vanderbilt Children’s Hospital. In 1992, a Patient and Family Resource Center was started at the Children's Hospital, on a very modest scale. In 2004, the Monroe Carell Jr. Children’s Hospital was built as a new freestanding children’s hospital with the latest, state-of-the-art equipment and information systems, and a variety of family accommodations to help fulfill its philosophy of patient- and family-centered care (www.vanderbiltchildrens.com).

The spread of PFCC from the Children’s Hospital to the adult care inpatient and ambulatory care settings at Vanderbilt has followed a somewhat different course than the relatively easy adoption in pediatrics where, according to Terrell, the concepts of PFCC are "just so intuitive". In 2005, Terrell made a transition to the adult medical center as the Director of Patient/Family Centered Care, and Lee Ann Parker assumed responsibility for PFCC as Director of Operations at the Monroe Carell Jr. Children’s Hospital. In promoting PFCC for adult services, Terrell and others have placed an explicit emphasis on "patient engagement" as a term or concept that appears to have more appeal to the clinicians and academic leaders in this environment. A key tactic Terrell has used with this audience is referring to the case made for PFCC in the 2001 report of the Institute of Medicine (IOM) on "Crossing the Quality Chasm" (which she refers to as her "biggest friend"), in which the IOM named patient-centered care one of the six key aims for the nation's health care system. This and a subsequent IOM publication, "Envisioning the National Health Care Quality Report", which included William Stead, MD, an associate vice chancellor at Vanderbilt on its advisory committee, have helped to legitimize PFCC and encourage physicians and administrators to recognize the need and value of this approach.

### Overall Leadership Support

The leadership provided by Terrell Smith and Lee Ann Parker as champions driving PFCC at the operational level in the adult and children’s care settings, respectively, is supported by an overall commitment to a culture of service embraced by the very top level leaders of the Vanderbilt Medical Center. This leadership commitment is vividly demonstrated by two major initiatives underway at Vanderbilt: "Elevate" and "Vision 20/20".
The Elevate Initiative

The "Elevate Initiative" is personally led by Harry Jacobson, MD, Vice Chancellor for Health Affairs, who holds the top leadership post at VMC. According to Dr. Jacobson, Elevate is a five-year journey of culture change that began in November of 2004 with a two-day kick-off session featuring Quint Studer, head of The Studer Group, involving all of the senior leaders and managers of the medical center. Similar to other Studer initiatives, Elevate defines an overall "credo" or vision for the organization which includes specific "credo behaviors" that very systematically define the commitments made by each employee, as a member of the team, to uphold the credo. Each employee signs the credo behaviors, acknowledging that they are "accountable for knowing and exhibiting these behaviors" (see Appendix B). The reverse side of all staff name badges includes the credo for easy reference and as a constant reminder of the vision and values driving the organization. This constant communication of the credo is essential to a clear and consistent set of expectations that, as noted in the section on Performance Measurement below, are directly aligned with both individual and organizational measures of performance.

Vision 20/20

The leadership at Vanderbilt is working to take its vision of culture change beyond its organizational walls to include a total transformation of the role of the academic medical center in the broader community. Through "Vision 20/20", Vanderbilt seeks to leverage its resources for teaching, research and patient care to improve the health of the community, in partnership with the community. Partnerships are viewed as critical to having greater societal impact, and could include schools, businesses and civic organizations in a multidisciplinary approach to improve health. This vision clearly takes Vanderbilt beyond its traditional role as a health care provider to address overall social issues. Dr. Jacobson draws a parallel with the environmental movement and suggests that the next "green" movement may be wellness. The Vanderbilt leadership team is still exploring possible initiatives to pursue as part of Vision 20/20, and will soon develop an overall implementation plan. One of the challenges to taking on an initiative like Vision 20/20 is that health care providers are not reimbursed for addressing such larger social and public health issues. Vanderbilt also has attempted to engage other academic medical centers in this vision, but so far with limited success.

Focus on the Workforce

A direct and deliberate connection has been made between the overall Elevate cultural journey undertaken by Vanderbilt and a comprehensive approach to human resources as the lifeblood of the organization. The process of recruiting, orienting, training, recognizing, rewarding, and assisting employees has been carefully designed to
reinforce the Vanderbilt mission and core values. Several specific examples of how human resource strategies are being used to support PFCC are provided below.

**FOCUS in the Children’s Hospital**

As an outgrowth of a VMC-wide planning initiative in 1992, the Vanderbilt Children’s Hospital embarked on a process to re-engineer the culture and values of the hospital as a continuous learning organization. Through a process of defining core values, involving all members of the hospital community, leaders developed a framework given the acronym, FOCUS, which stands for: Family-centered care, One team, Continuous improvement, Unique environment for children, and Service excellence. (See Appendix C) Using this framework, the leaders began to restructure hospital policies and processes in a way that would reflect these new values. One of the most significant areas chosen was human resources.

Vanderbilt made a commitment to ensure that each employee understood FOCUS values and integrated them into his or her daily activities. This initiative began with staff recruitment and hiring policies, which were modified to incorporate FOCUS values. For example, members of the human resources department explain FOCUS to prospective employees, then ask them how they have used such values in previous places of employment. All new employees sign a statement indicating their commitment to FOCUS values. FOCUS has been integrated into the hospital’s orientation program. The program, in which parents participate as trainers, presents guidance on how to translate FOCUS values into specific behaviors.

To introduce FOCUS values to the staff employed at the time FOCUS began, the hospital Administrative Director of Patient Care met in small groups with more than 900 employees over a four-month period. Managers met with individual employees and secured their written commitment to FOCUS values. Each employee participated in a three-hour training, a portion of which was presented by families. The performance-appraisal system has also been revised: now each employee is asked to describe an example of how he or she has applied a FOCUS value during the previous year.

**Center for Patient and Professional Advocacy**

An innovative program offering assistance to physicians and staff that are working through specific job performance issues, has been developed at the Center for Patient and Professional Advocacy. Under the direction of Gerald Hickson, MD, Associate Dean for Clinical Affairs, the mission of CPPA is to “promote patient and professional satisfaction with healthcare experiences and restrain escalating costs associated with patient dissatisfaction”. One of the functions of the CPPA is to provide intervention services targeted to professionals that have been identified through patient and family assessments. The center offers educational programs for faculty, house staff, and
medical students around core competencies such as establishing and maintaining rapport with patients and families. Dr. Hickson and his team work to identify sources of dissatisfaction for patients in their medical experiences and attempt to reduce those aspects of physician and staff behavior that lead to unsatisfactory care experiences.

**Involvement of Patients and Families**

Vanderbilt has adopted several strategies for involving patients and families at multiple levels, including policy, planning, and the direct provision of care.

**Patient and Family Advisory Councils**

As noted earlier, Patient and Family Advisory Councils had their origins at Vanderbilt in the Children’s Hospital, and have been expanding recently as a mechanism to promote PFCC in other areas of the medical center. One year after her transition to the adult medical center in 2005, Terrell Smith initiated the development of the Patient and Family Advisory Council (PFAC) by asking physicians and managers for nominations of patients or family members that met the criteria of being able to see the big picture (not just the circumstances of their own care experience) and being passionate, outspoken, and a good team player. Currently, about 15 members serve on the adult PFAC. Advisors serve for one year with the option of serving a second year. The council meets monthly for two hours over dinner.

The work of the PFAC began gradually with its first meetings focused on identifying topics of concern. Over twenty specific issues were identified, including parking, length of beds, safety issues, the design of new construction, testing and advising on physical amenities such as lighting and chairs, and input on the design of the patient portal, myhealth@vanderbilt.org. One of the most ambitious projects was collaboration on the redesign of the billing system, which PFAC members identified as a key priority. Often, senior leaders of the medical center will participate in the meetings, including the CEO, CNO, and COO, and this involvement adds an important dimension of being taken seriously. Members of the PFAC feel genuinely "part of the team" and comment that "this has given us ownership". Council members see their role as not just representing other patients and families, but also understanding the full range of the medical center’s limits and issues. With this perspective they are serving the entire community of Vanderbilt, including patients, families, leadership, physicians and staff.

The PFAC strategy is now expanding, as other departments are independently starting their own councils. For example, the Diabetes Center is forming a council and a major new suburban center for VUMC located at the former 100 Oaks Mall is also recruiting members. Terrell Smith indicated she may soon need to develop an overall plan for coordinating the various councils and the multiplying activities they are addressing.
One issue that these councils need to guard against is becoming “too institutionalized” so that members begin thinking and acting like staff instead of objective observers viewing the organization through the eyes of patients and families that is so valuable to the organization.

**Building Families into Medical Education**

In the Children’s Hospital, families play an important role in the medical education process by teaching classes and providing an orientation for students regarding the role of families in care. Medical students have reported this inclusion of families in the curriculum has had a big impact on them. In another program, medical students have the opportunity to stay for a period of time in the homes of family members, in order to assimilate the experience of patients and family members dealing with an extended illness or episode of care.

A related initiative known as FACT (Families As Classroom Teachers) brings families with chronically ill or disabled children to the medical, nursing and special education classroom. This program provides first hand opportunities for instructors and students to learn about the daily challenges these families face. A directory of families who are willing to participate in this program is distributed to faculty each fall. Faculty then plan appropriate parent-as-teacher sessions for their particular courses. Parents receive a modest compensation for their service.

**Open Visitation and Rounding with Families**

A policy of open visitation of families and friends in the Children’s Hospital has been in place for some time. However, as with other PFCC strategies, the diffusion of open visitation to the adult center was more challenging. For example, in the Trauma Unit, physicians and staff argued that families in crisis would not retain the information that was given to them and would be in the way. Through the persuasive leadership of key physician champions, including Dr. Richard Miller, attending surgeon and head of the unit, there is now a 24-hour/7-day visitation policy, and families are involved in rounding and included in shift change handoffs.

Planning for the change in the culture of the Trauma Unit included a retreat with staff and family members to brainstorm about care practices in the unit. Changes in work processes were made to accommodate the involvement of families. These changes were made more difficult, because the physical layout of the unit was designed primarily for efficient communication and interaction among professional staff, not for the privacy and intimate interaction among patients and their family. Now that PFCC has become the norm in the Trauma Unit, patients and families treated in the unit expect the same when they are transferred to the inpatient facility.
Dr. Miller brought the concept of family-centered rounds to VUMC when he arrived in 2002. He had created a "Family First" program at his former hospital in Greenville, SC, which focused on building families into rounds. He thought the traditional practice of escorting families out of patient rooms to do rounds was wrong and counter-productive. He introduced the concept to the Trauma Unit at Vanderbilt in 2003 when he became the new medical director. He began with a pilot. This encountered some initial resistance but it eventually took hold, becoming common practice throughout the unit today.

Dr. Miller demonstrated the process and benefits of including families at the bedside during rounding. (See photos in Appendix D) Up to two family members may be present with a patient at the time of the rounding. Medical students follow a standard protocol for each patient: each resident reports on the last 24 hours of care, nurses report on the last 12 hours, and reports are given by other staff related to respiratory, pharmacy, nutrition, and case management. The chief resident then outlines the plan for the next 24 hours. All orders are recorded by a medical student in real time in the electronic medical record using a mobile terminal stand at the bedside. Family members are involved in a discussion at the end of the round. Dr. Miller estimates that the family conversation adds about 5 minutes to the round but results in huge benefits in terms of ongoing communication, information, understanding, and reassurance to both families and patients. All issues are discussed, including discharge planning and insurance coverage, not just clinical issues and prognosis. It is a win-win strategy for everyone, including the medical students who are able to observe and learn from the role modeling of Dr. Miller interacting with the family and patient.

Patient and Family Communication and Education

Vanderbilt Medical Center offers a vast array of communication and education resources to engage patients and families in the care process, before, during and following a hospital stay or ambulatory care visit. Following are just a few examples that illustrate some of the innovative approaches underway.

My Health at Vanderbilt

Vanderbilt was described in the July 2008 issue of Wired magazine as the nation’s "most wired" health center. One of the most impressive examples of this wiring as a strategy for engaging patients is the patient portal known as My Health at Vanderbilt (myhealth@vanderbilt.org). This portal was developed by Dr. Jim Jirjis over a period of several years, with extensive input from three separate steering groups of physicians, patients, and legal and administrative risk managers. The system allows patients to send and receive secure electronic messages with their doctor, make appointments, view and pay bills online, view personal health information online, see lab test results and receive health information tailored to patient needs and preferences via e-mail.
The system was built with a special audit feature that assures emails from patients are acknowledged and receive a response. This feature overcomes many of the problems identified by patients (fear that their messages are not viewed or confirmed) as well as physicians (fear that they will be inundated with messages from patients). Stories from patients confirm the value of involving patients in the review of their records. For example, there have been several accounts of patients identifying a missed test result that would have led to a serious potential outcome. Traffic on the portal is currently running approximately 38,000 messages per week, with only a .08 percent non-response rate.

**Medical Center Website**

Driven largely by comments and concerns of patients and their families, a team of Web designers led by Jill Austin, director of Marketing, initiated a complete redesign of the patient and family focused Website. Extensive qualitative and quantitative research led the team to separate the patient-centered components of the Website from the academic, intranet and research components. The site includes simple to use features for finding a clinician, checking quality statistics and performance and links to important information about diseases, conditions and treatments. (See www.vanderbilthealth.com)

**Junior League Family Resource Center**

The Junior League Family Resource Center in the Children’s Hospital offers health information and support to children, adolescents and their families. The center assists families in obtaining information about their child’s condition and other concerns. The center also provides information on community services and links families to local and national support and advocacy groups. The Flying Pig library within the Family Resource Center has health education books, DVDs and videos designed especially for children and teens.

**Office of Patient and Community Education**

Under the leadership of Anne Washburn, the Office of Patient and Community Education (OPACE) in the Vanderbilt-Ingram Cancer Center (VICC) seeks to empower health care consumers to make informed decisions along the cancer care continuum through communication, education and outreach initiatives. It operates a Cancer Information Service that fields about 3,000 calls each year. The service provides cancer information to the community at large regarding cancer care, clinical trials, and cancer resources.

It collaborates broadly both with a range of organizations across Tennessee as well as within Vanderbilt. It serves the Vanderbilt community through a Patient and Family
Resource Center with print materials, videos and access to the Internet for cancer-related topics. It also conducts a survivorship program for both children and adults and provides genetic counseling.

**Childhood Cancer Survivorship Program**

This program in Pediatric Hematology-Oncology developed a survivorship follow up program two years ago to respond to the great demand to address cancer survivorship issues among children. A guiding principle is that cancer happens to a family, not just the child. After children have completed treatment the next phase presents a difficult time for families. The program provides a combination of physical and psycho-social care to help deal with survivorship. Patients’ families are helped so they do not worry about things they do not need to worry about.

Follow up care for survivors is provided in the Oncology Department but in a separate practice from those who are undergoing treatment. This approach puts these children in a different category, as survivors. The field of pediatrics has led the way in this approach, starting in the Children’s Hospital of Philadelphia. The survivorship program acts as a bridge to community life. The need for such a program comes in part from the fact that the average pediatrician sees only two children with cancer at any one time. They are generally not prepared to deal with issues of survivorship.

The program is open to the community. For each patient, a treatment survey and care plan are prepared. A team consisting of Dr. Friedman, director of the program, a nurse practitioner, pediatric oncologist, endocrinologist, pediatrician, social worker, and psychologist develop the plan and work with the child and family. The care plan involves education, referral to subspecialists as necessary, rehabilitation, and complementary therapies, such as acupuncture. The plan is coordinated with the child’s primary care doctor. The care plan includes follow up visits once a year or so. The program has been promoted in the community through a half-day workshop. Leaders will be conducting research to evaluate the program and working to educate insurance companies about such programs. About 30 percent of academic medical centers have such programs, but only eight have a similar program for adults.

**Trauma Survivors Network**

Trauma patients and their families suffer two traumas. After the first trauma involving the patient, the "second trauma" represents the ongoing impact of the first on families and patients alike. Like a chronic disease, the issues related to surviving trauma over the long term require substantial physical, social, and psychological support.

Consistent with the Vision 20/20 mission of expanding the walls of Vanderbilt, the Trauma Survivors Network is intended to provide tools for families to deal with the
ongoing effects of the initial trauma crisis, to help trauma patients reintegrate into the community, and to create a message that can be shared nationally to harness attention and resources on the treatment of trauma and its long term consequences. The program was developed by the American Trauma Society, and Vanderbilt serves as one of the beta test sites. Dr. John Morris, Jr., Chief or Trauma Medicine, has led the initiative at Vanderbilt and envisions "an army of advocates" nationally to serve as a grassroots network to increase awareness and support for safety-related education and legislation. The Trauma Survivors Network will also provide a set of turnkey tools that can be used by busy and often understaffed trauma centers to support patient and families both within and beyond the hospital.

**Performance Measurement and Monitoring**

The Elevate Initiative described earlier also includes five "pillar goals" that define a balanced scorecard for measuring and monitoring the organization’s progress on specific objectives. The five pillars are:

- Finance
- Growth
- People
- Customer Service
- Quality

Each pillar has its own set of detailed metrics. For example, the Quality pillar has a dashboard of over 100 metrics for tracking the performance of VMC against external benchmarks. The VMC Quality Council reviews the metrics each month, and incentive programs are designed to motivate progress.

Vanderbilt is a contributing member of the University Healthcare Consortium’s national data gathering and sharing methodologies. The UHC routinely gathers data from 88 of the top academic medical centers in the country and produces quality reports that allow centers to compare their own performance against their peers. Vanderbilt has consistently performed in the top ten in mortality and other safety measures.

Staff was asked to look closely at the care processes they followed in light of the dashboard of measures. Goals were set for a three-year period. The year one goal was to achieve the 50th percentile, in year two the 75th percentile, and in year three the 90th percentile. Leadership also provided a framework for improvement. When goals were reached the success was celebrated. As a result, 85 percent of the measures reached the 90th percentile level. With success at the level of the overall organization, attention has now turned to service lines that need to be brought up.
Patient Satisfaction and Experience Surveys

Based on the initial release of scores on the CAHPS Hospital Survey (H-CAHPS) Vanderbilt did quite well. In line with its focus on measurement, Vanderbilt compared its H-CAHPS scores to state and national averages, as well as to its competitors in the Nashville market. (See Appendix E) Across the H-CAHPS patient experience domains (e.g., communication with doctors) and ratings (e.g., overall rating) Vanderbilt fared well, exceeding the state and national average scores in virtually all of the domains.

Senior leadership then turned their attention to making improvements internally to improve the performance of units within the hospital, thus reducing variation across units. They instituted programs to follow up on complaints received from patients. Goals were set to achieve the 90 percentile on overall quality rating and 95 percentile on willingness to recommend. While they have several units that have achieved these goals, others are still below the target levels.

Champ’s Comment Card

Named for the Children’s Hospital mascot, this comment card is used as a tool to get a quick assessment and feedback from family members in the Children's Hospital. The card asks what the unit did well, what it could do better, if there was anyone who stood out in the care of the child, if doctors provided information needed, if staff was friendly and caring, and if staff helped to make a child experiencing pain comfortable. (See Appendix F)

The Built Environment

Vanderbilt in its older facilities faced the challenge of providing patient and family centered care in space designed for efficient staff work flow, but with limited space for patients and families. The input from family and patients has been secured for the design of new facilities. As new facilities are constructed, family and patient needs are being addressed. For example, when the new children’s center was completed in 2004, it increased the hospital’s capacity by 20%, but it tripled the amount of available space for families. A photo gallery of the Children’s Hospital at Vanderbilt can be found at: http://www.vanderbiltchildrens.com/interior.php?mid=1532

The physical lay-out of the trauma unit at Vanderbilt illustrates the tension between accommodating the needs of staff for easy and efficient communication and ease of monitoring patients and providing for patient privacy and comfort. The new Critical Care Tower at VMC will have private patient rooms providing for the privacy and comfort of patients, but presenting challenges for staff for communication and monitoring.
As with other large academic medical centers, the Vanderbilt Medical Center campus is sprawling and complex, making wayfinding a challenge for both visitors and staff alike. To address the difficulty of wayfinding, Vanderbilt launched a concerted $5 million campaign to completely reformat and deploy new vehicular and pedestrian signage. The Medical Center’s Website provides both driving and walking directions to every clinic and hospital unit. Appointment mailings include these detailed walking instructions as well. In addition, the Medical Center is nearing selection of a vendor to provide on-site kiosks at all major entrances to allow patients to find their clinic appointments simply using a swipe credit card or their name and birth date.

**Future Directions**

The future of patient- and family-centered care at Vanderbilt will continue to be driven by both the organization’s overall leadership as well as its individual champions. The Vision 20/20 initiative provides the overall framework for this future, but it will be carried out by the numerous interlocking and complementary initiatives at the department and individual unit level. The most immediate challenge will be the continuing diffusion of PFCC concepts so well established in the Children’s Hospital to the adult inpatient and ambulatory care centers.
Appendix A:
List of Advisory Panel Members

- Paul Cleary, PhD, Dean of Public Health, Department of Epidemiology and Public Health, Yale School of Medicine
- Christine Crofton, PhD, CAHPS Project Officer, Agency for Healthcare Research and Quality
- Susan Edgman-Levitan, PA, Executive Director, John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital
- Donna Farley, PhD, Senior Health Policy Analyst, RAND
- Sir Donald Irvine, CBE, MD, FRCGP, FRCP, Chair, Picker Institute Europe (Member, Picker Institute Board and Project Oversight Committee)
- Beverley Johnson, President and CEO, Institute for Family-Centered Care
- Patricia Sodomka, Senior VP, Patient/Family Centered Care, Medical College of Georgia
- Kathy Vermoch, Project Manager, Operations Improvement, University HealthSystem Consortium
- Gail Warden, President Emeritus, Henry Ford Health System (Member, Picker Institute Board and Project Oversight Committee)
Appendix B
Elevate Credo and Behaviors

Credo Behaviors

I make those I serve my highest priority:

- promote the health and well-being of all patients who seek care at Vanderbilt
- support trainees in all of their academic endeavors
- respect colleagues and those we serve who differ by gender, race, religion, culture, national origin, mental and physical ability and sexual orientation, and treat them with dignity, respect and compassion
- recognize that every member of the Vanderbilt team makes important contributions
- ensure that all team members understand overall team goals and their roles
- answer questions posed by patients, students or staff to ensure understanding and facilitate learning

I respect privacy and confidentiality:

- only engage in conversations regarding patients according to Vanderbilt policies and regulatory requirements
- discuss confidential matters in a private area
- keep written/electronic information out of the view of others
- knock prior to entering a patient’s room, identify myself, and ask permission to enter
- utilize doors/valets/blankets as appropriate to ensure privacy and explain to the patient why I am doing this, ask permission prior to removing garments or blankets

I communicate effectively:

- introduce myself to patients/families/visitors, colleagues
- wear my identification badge where it can be easily seen
- smile, make eye contact, greet others, and speak in words that are easily understood and show concern and interest, actively listen
- recognize that body language and tone of voice are important parts of communication
- listen and respond to dissatisfied patients, families, visitors and/or colleagues
- remain calm when confronted with or responding to pressure situations

I conduct myself professionally:

- recognize the increasing diversity of our community and broaden my knowledge of the cultures of the individuals we serve
- adhere to department and medical center policies such as attendance, dress code
- refrain from loud talk and excessive noises — a quiet environment is important to heal, learn and work
- discuss internal issues only with those who need to know and refrain from criticizing Vanderbilt in the workplace and in the community
- continue to learn and seek new knowledge to enhance my skills and ability to serve
- strive to maintain personal well-being and balance of work and personal life

I have a sense of ownership:

- take any concern (real, perceived, big, or small) seriously and seek resolution or understanding - ask for help if the concern is beyond ability or scope of authority
- approach those who appear to need help or be lost and assist/direct them appropriately
- keep my work area clean, organize my work, and ensure my work area is clean and organized
- remain conscious of the enormous cost of healthcare, teaching, and research and optimize resources while delivering exemplary service

I am committed to my colleagues:

- treat colleagues with dignity, respect and compassion, valuing and respecting differences in background, experience, culture, religion, and ethnicity
- contribute to my work group in positive ways and continuously support the efforts of others
- view all colleagues as equally important members of the Vanderbilt team, regardless of job, role or title
- promote interdepartmental cooperation
- recognize and encourage positive behaviors
- provide private constructive feedback for inappropriate behaviors
Appendix C
FOCUS Values in the Children's Hospital

Family Centered Care
- The family is constant in a child's life. Doctors, nurses and other health care providers change.
- Families deserve complete and unbiased information, with support each step of the way.
- All patients and families are treated with equal care and respect.

One Team
- The team is made up of patients, families, doctors and staff.
- The spirit of Children's Hospital is built on respect and open communication.

Continuous Improvement
- Highest quality patient care is our first priority and obligation to the community.
- Continual improvement is necessary to sustain the quality of care our patients deserve.

Unique Environment for Children
- A family-friendly, developmentally appropriate environment that is safe and clean is essential to healing.

Service Excellence
- Highest quality patient care is made possible by a staff specially trained to work with children and families.
Appendix D
Family Rounding in the Critical Care Trauma Unit
Appendix E
Patient Experience Survey Scores

<table>
<thead>
<tr>
<th>Domain</th>
<th>VMC %Always (Oct'06-Jun'07)</th>
<th>VMC %Always (Oct'06-Sept'07)</th>
<th>State Avg (Oct ’06-Sept'07)</th>
<th>U.S. Avg (Oct’06-Sept'07)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge information (% Yes/No)</td>
<td></td>
<td></td>
<td>78</td>
<td>79</td>
</tr>
<tr>
<td>Willingness to recommend hospital (% Definitely recommend)</td>
<td></td>
<td></td>
<td>68</td>
<td>67</td>
</tr>
<tr>
<td>Communication with doctors</td>
<td></td>
<td></td>
<td>81</td>
<td>79</td>
</tr>
<tr>
<td>Communication with nurses</td>
<td></td>
<td></td>
<td>74</td>
<td>73</td>
</tr>
<tr>
<td>Overall rating of hospital (% 9/10)</td>
<td></td>
<td></td>
<td>64</td>
<td>63</td>
</tr>
<tr>
<td>Pain management</td>
<td></td>
<td></td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>Responsiveness of hospital staff</td>
<td></td>
<td></td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>Communication about medicines</td>
<td></td>
<td></td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Cleanliness of room and bathroom</td>
<td></td>
<td></td>
<td>64</td>
<td>61</td>
</tr>
<tr>
<td>Quietness of area around room</td>
<td></td>
<td></td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

**Green** = Above State and U.S. Average  
**Yellow** = Equal to State or U.S. Average  
**Red** = Below State and U.S. Average

Comparison of VMC HCAHPS Scores to Market Competition

<table>
<thead>
<tr>
<th>Domain (% Always)</th>
<th>VMC</th>
<th>Baptist</th>
<th>St. Thomas</th>
<th>Centennial</th>
<th>Summit</th>
<th>Southern Hills</th>
<th>Skyline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge information (% Yes/No)</td>
<td>87.0%</td>
<td>82.0%</td>
<td>79.0%</td>
<td>80.0%</td>
<td>82.0%</td>
<td>78.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Willingness to recommend hospital (% Definitely recommend)</td>
<td>84.0%</td>
<td>74.0%</td>
<td>84.0%</td>
<td>74.0%</td>
<td>69.0%</td>
<td>66.0%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Communication with doctors</td>
<td>83.0%</td>
<td>85.0%</td>
<td>83.0%</td>
<td>81.0%</td>
<td>80.0%</td>
<td>78.0%</td>
<td>71.0%</td>
</tr>
<tr>
<td>Communication with nurses</td>
<td>80.0%</td>
<td>76.0%</td>
<td>77.0%</td>
<td>70.0%</td>
<td>71.0%</td>
<td>67.0%</td>
<td>63.0%</td>
</tr>
<tr>
<td>Overall rating of hospital (% 9/10)</td>
<td>74.0%</td>
<td>66.0%</td>
<td>75.0%</td>
<td>69.0%</td>
<td>66.0%</td>
<td>62.0%</td>
<td>57.0%</td>
</tr>
<tr>
<td>Pain management</td>
<td>74.0%</td>
<td>72.0%</td>
<td>67.0%</td>
<td>68.0%</td>
<td>67.0%</td>
<td>67.0%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Responsiveness of hospital staff</td>
<td>67.0%</td>
<td>64.0%</td>
<td>61.0%</td>
<td>60.0%</td>
<td>57.0%</td>
<td>57.0%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Cleanliness of room and bathroom</td>
<td>64.0%</td>
<td>62.0%</td>
<td>59.0%</td>
<td>69.0%</td>
<td>68.0%</td>
<td>64.0%</td>
<td>56.0%</td>
</tr>
<tr>
<td>Quietness of area around room</td>
<td>60.0%</td>
<td>66.0%</td>
<td>49.0%</td>
<td>61.0%</td>
<td>58.0%</td>
<td>57.0%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Communication about medicines</td>
<td>62.0%</td>
<td>64.0%</td>
<td>63.0%</td>
<td>53.0%</td>
<td>54.0%</td>
<td>56.0%</td>
<td>48.0%</td>
</tr>
</tbody>
</table>

20
Comparison of VMC Internal Patient Experience Survey Scores By Department

<table>
<thead>
<tr>
<th>SURVEY PROJECT</th>
<th>Fiscal Year 2007</th>
<th>Fiscal Year 2008</th>
<th>FY’07-FY’08</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% EXCELLENT SCORE</td>
<td>% EXCELLENT PERCENTILE</td>
<td>% EXCELLENT SCORE</td>
</tr>
<tr>
<td>Pediatric Emergency</td>
<td>69.7%</td>
<td>98.8</td>
<td>71.0%</td>
</tr>
<tr>
<td>Outpatient Technical</td>
<td>76.2%</td>
<td>100.0</td>
<td>75.6%</td>
</tr>
<tr>
<td>Adult Inpatient</td>
<td>68.5%</td>
<td>90.8</td>
<td>71.5%</td>
</tr>
<tr>
<td>Adult Emergency</td>
<td>60.6%</td>
<td>93.3</td>
<td>62.6%</td>
</tr>
<tr>
<td>Children’s Inpatient</td>
<td>79.0%</td>
<td>95.3</td>
<td>80.3%</td>
</tr>
<tr>
<td>Ambulatory Surgery</td>
<td>77.6%</td>
<td>96.8</td>
<td>78.9%</td>
</tr>
<tr>
<td>VMG Provider</td>
<td>72.0%</td>
<td>94.4</td>
<td>73.0%</td>
</tr>
</tbody>
</table>

Green = 90th percentile or above
Appendix F
Champ's Comment Card

Champ's Comment Card

It is our goal to provide excellent care to you and your child. Please take a moment to complete the questions below. Your feedback is important and much appreciated. Please drop this card in the box at your nurse’s station.

1. List 2 things that we do well:
   a. ____________________________________________
   b. ____________________________________________

2. List 2 things that we could do better:
   a. ____________________________________________
   b. ____________________________________________

3. Is there anyone who stood out in the care of your child?
   a. ____________________________________________
   b. ____________________________________________

4. Do you feel that your doctors gave you the information/explanations that you needed? If no, please explain. ____________________________________________

5. Do you feel the 7th Floor Staff were friendly and caring to your child? If no, please explain. ____________________________________________

6. Did your child experience any pain while in the hospital? ________________
   If yes, were we able to make your child comfortable? ________________

7. Please write additional comments that would help us strive towards excellence ____________________________________________

8. If you would like to speak to a member of the management team, or if you would like to participate in our Family Advisory Council, please include your name & number. ________________