



**PATIENT ENGAGED
RESEARCH CENTER**

**Patient Advisor Program
2020 Annual Summary**



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Henry Ford Health System
Public Health Sciences
Patient Engaged Research Center (PERC)

Overview

In October 2013, Henry Ford Health System was one on seven organizations chosen from across the country to participate in a groundbreaking infrastructure development initiative to improve patient outcomes through engaging patients, families, community groups and healthcare providers in healthcare improvement and research. The Patient Engaged Research Center (PERC), led by Dr. Christine Johnson, has developed a flexible model to facilitate dialog and shared learning between all stakeholder groups by developing targeted training and support services for individual providers and Patient Advisors ensuring all voices are heard in the shared goals of providing safe, timely, efficient, effective, equitable, patient centered care.

The PERC Flexible Engagement Model

Henry Ford Health System’s Patient Engaged Research Center (PERC) has created a unique flexible stakeholder engagement model that meets the needs of diverse stakeholders (patients, families, providers, payers, and industry) across platforms, (Integrated Health Systems, Academic Medical Centers and Community Medical Clinics) to support participation in a multitude of disciplines including clinical care and research, quality improvement, and patient experience work. The four types of Advisor roles are outlined below.

<p style="text-align: center;">Health System Advisors</p> <p>Serve as a Patient Advisor representative on Patient/Family Advisory Council or healthcare committee focused on designing or improving a new or current program, service, policy or process.</p>	<p style="text-align: center;">Research Advisors</p> <p>Serve as Patient Advisor members of funded research projects giving input on study design, outcome measurement selection, data collection and dissemination of research findings.</p>
<p style="text-align: center;">E-Advisors</p> <p>Share feedback by participating in short online surveys. Topics may include: patient care experiences, new services and improvement ideas, and better ways to partner with patients.</p>	<p style="text-align: center;">Focus Group Advisors</p> <p>Participate in focus groups and provide feedback on own personal healthcare experiences, as well as other key healthcare delivery topics.</p>

Patient Advisor Demographics

PERC Active & Inactive Patient Advisor Demographics (N=419)	
Age	N (%)
13-18 years old	5 (1.19%)
19-24 years old	5 (1.19%)
25-34 years old	16 (3.82%)
35-44 years old	39 (9.31%)
45-54 years old	67 (15.99%)
55-64 years old	114 (27.21%)
65-74 years old	89 (21.24%)
75-84 years old	16 (3.82%)
Declined to Answer/Unknown	68 (16.23%)
Sex	
Female	303 (72.32%)
Male	92 (21.96%)
Declined to Answer/Unknown	24 (5.73%)
Race	
Caucasian/White	207 (49.4%)
African American/Black	130 (31.02%)
Asian	8 (1.91%)
American Indian/Alaskan Native	1 (0.24%)
Other	6 (1.43%)
Declined to Answer	67 (15.99%)
Ethnicity	
Hispanic/Latino	3 (0.72%)
Chaldean/Arab ^y	7 (1.67%)
Data is all self-reported by Patient Advisors	

Recruitment, Training, Engagement and Retention

The ability to communicate effectively is key to a successful experience for Patient Advisors and other team members. Before an Advisor is placed on a project, the Patient Engaged Research Center (PERC) team discovers the interests and skills of each individual through an informal screening and provides training for each Advisor.

Currently PERC has 407 trained and active Patient Advisors and 240 working on teams and committees across the Healthcare System. Fourteen (14) Patient Family Advisory Councils (PFACs) have been developed to address specific issues important to both patients and providers. The PFACs are co-led by patients and providers who develop a charter, specific initiatives and work plans, facilitated by PERC, to

fully address outcomes important to patients and the Health System.

In order to support active participation for patients, families and providers educational workshops and webinars have been developed to meet the unique needs of each group.

For Patients and Caregivers, an easy application has been developed on PERC's website (henryford.com/perc) as the first step to become involved. One of PERC's staff will initiate a call to talk about the opportunities and schedule the applicant for a Welcome Workshop. The objectives of the workshop are to get to know the Patient Advisors and begin to understand their passions, priorities and skill levels to find the most appropriate placement for engagement.

Welcome Workshop

The 2-hour Welcome Workshop for Patient Advisors is built around the S.H.A.R.E acronym which outlines key attributes of a successful Patient Advisor. Each attribute is described, and each patient is coached and supported as they tell their patient story.

S= Solution Oriented

H= Helpful

A= Active Listener

R= Respectful

E= Effective Communicator

Providers also need support including tools on effective ways to engage with patients as partners on teams. We call these providers Patient Advisor Buddies. To provide that support, a 30-minute HFHS University class was developed and is mandatory for providers who are asking for Patient Advisors to join their teams. This class was developed jointly with the Office of Clinical Quality and Patient Education and PERC. Bi-monthly support calls for Advisor Buddies to share successes, solve challenges and share knowledge are facilitated by PERC.



4th Annual Patient Advisor (Virtual) Retreat

Every year the PERC hosts a Patient Advisor Retreat to celebrate the Patient Advisors and all the work they have done to make positive changes in research and healthcare improvements across the health system. Usually this event is held in person but given the social distancing restrictions due to COVID-19, this year's retreat was hosted virtually using the WebEx video conferencing platform. This year's retreat agenda featured the following:

- Opening remarks by **Dr. Betty Chu**, Senior Vice President and Associate Chief Clinical Officer and Chief Quality Officer at HFHS
- Keynote address by **Dr. Leonard Berry**, University Professor of Marketing at Mays Business School at Texas A&M University titled, "The Power of Proximity in Health Services Research"
- Skill building session on psychological first aid and how to identify and cope with trauma in the midst of a crisis facilitated by **Renee Verschuer** from HFHS' Office of Human Resource Development.

There were 90 participants (Patient Advisors and Buddies) in attendance and all attendees were offered a DoorDash or Grubhub food delivery voucher to order food to enjoy during the virtual retreat, just as they would have enjoyed at an in-person event. Participants were also mailed a gift of a bound collection of Dr. Berry's published articles.

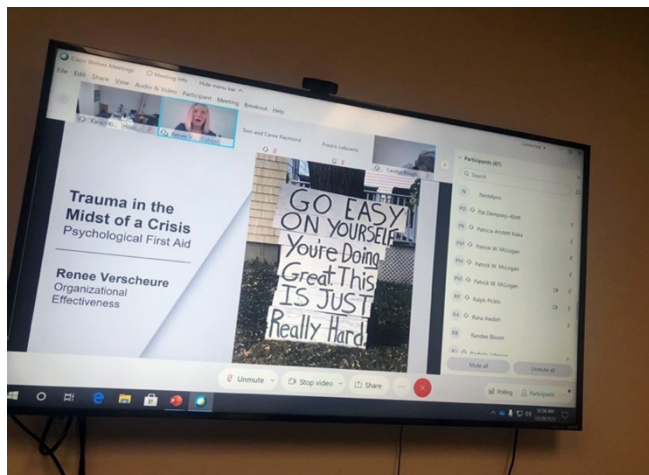


Welcome!!

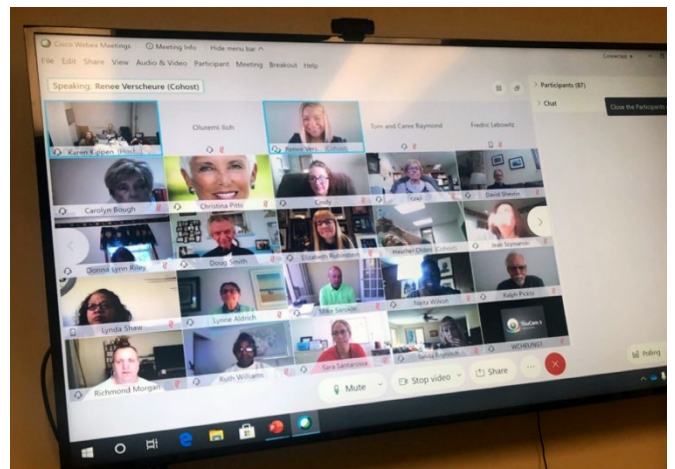
	<p>9:00-9:30 am - Opening Remarks Dr. Betty Chu, MD, MBA <i>HFHS SVP, Associate Chief Clinical Officer/Chief Quality Office</i></p>	
	<p>9:35-9:40 am - Bob Riney <i>HFHS President, Healthcare Operations and Chief Operating Officer</i></p>	
	<p>9:40-10:30 am - "The Power of Proximity in Health Services Research" Dr. Leonard Berry, PhD <i>Professor of Marketing at Mays Business School, Texas A&M University</i></p>	
	<p>10:30 - 10:45 am - Break</p>	
	<p>10:45-11:45 am - Training Session Identifying and Addressing Stress Trauma Renee Verschuer <i>HFHS Organizational Effectiveness Consultant</i></p>	
	<p>11:45 am-12:00 pm - Closing & Final Thoughts Christine Johnson, PhD, MPH <i>HFHS Department Chair of Public Health Sciences</i></p>	



**PATIENT ENGAGED
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Psychological First Aid Skillbuilding Session.



Gallery view of Retreat participants

Research Based Councils

All of Us Research Program

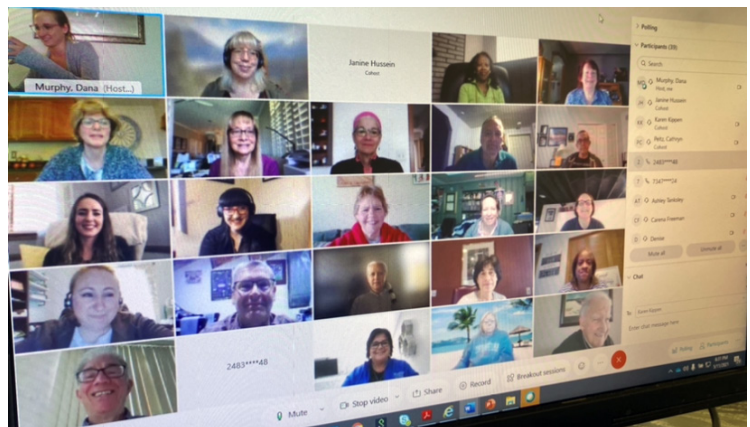


Members:

Name	Title	Role
Linda Stechison, Jeaneane Havstad, Randee Bloom, Rhonda Hall, Caree Raymond, Tom Raymond, Tehra Verellen, Wendy Simpson-Paige, Veronica Bilicki, Edward Brzozowski, Khalia Hill, Bridget Knox, Kimberly Swift, Rhonda Baker-Levingston, Denise Hardaway, Ellen Kershenbaum, Ellen Bowden, TyKesha Lewis-Harper, Rita Lockridge, Donna-Lynn Riley, Roseanne Horne, Debra Fowlkes, Marianne Brandt	Patient Advisors	Council Members
Dana Murphy	PERC Program Coordinator	Admis/PERC Support
Janine Hussein	Project Coordinator - Research Studies	Admin Support
Ashley Tanksley	Project Coordinator - Research Studies	Admin Support
Renee Williams	Manager- Research Projects	Co-facilitator/Support
Cathy Peltz	Assistant Scientist	Co-facilitator/Support
Karen Kippen	Executive Director of PERC	Buddy

Scope of Work:

The All of Us Research Program is a historic, longitudinal effort to gather data from one million or more people living in the United States to accelerate research and improve health. By taking into account individual differences in lifestyle, socioeconomic, environment, and biology, researchers will uncover paths toward delivering precision medicine – or individualized prevention, treatment, and care – for all of us. This very active group’s mission is to work with Henry Ford leadership and staff and the National Institutes of Health (NIH) to improve the participant experience in All of Us.



Accomplishments:

The group meets bi-monthly and has given feedback on program marketing messages and materials, and social media and website content. The messaging for the return of genetic trait results to participants was reviewed and changes were made by the NIH based on their feedback. This group continues to be a national model for participant engagement in research and advised us on how to reactivate in-person enrollment clinics, which was done successfully in December. Two members, Randee Bloom and Elizabeth Rubinstein participate at the Program’s national level on taskforces and councils.

Challenges:

The pandemic required the PFAC to adapt quickly to meeting in a virtual format. We did lose several members who were unable to continue due to technology barriers. Those members do still engage via email and get meeting notes and “homework” including surveys and documents to review.

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

In March 2020, the NIH “paused” in-person enrollment in the program due the COVID-19 pandemic. The PFAC met virtually using WebEx and continued to advise us on how to conduct digital outreach and engagement including virtual community meetings. Members also advised us on how to reactivate in-person enrollment clinics, which was done successfully in December. The initial change to virtual did necessitate a change of focus to digital engagement however, the timelines and meeting remain unchanged. We were fortunate that the group had been together since 2018 and were committed to supporting the All of Us Research Program.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

To assist Advisors with learning the technology, PERC personnel held help sessions where they were able to remotely teach about logging in, muting and unmuting, using the chat function, turning on the video and even participating in on-line polling sessions. In late 2020, we included a call for new members in our electronic newsletter that is sent to 6,000+ local participants. The response was overwhelmingly positive with 114 applications. An influx of new members soon joining, allowed for a new workgroups including one that will focus on Digital Community Events.

Advice & Lessons Learned:

The Advisors commitment to support the All of Us Research Program never wavered in 2020 despite the pandemic and the personal hardships that many were experiencing. The lessons we can take going forward are that we can work together successfully in a virtual format. When in-person meetings are resumed, we will probably use a hybrid format to accommodate virtual Advisors who travel out of state during the winter or cannot attend downtown for other logistical reasons.

Health System Based Councils

Care Experience PFAC

Members:

Name	Title	Role
Bonnie Bodart, Toni Bower, Sonya Cook, Linda Czajka, Pamela Koch, Gloria Myers, Robert (Bob) Perkins, Sue Small, Avia Warmack, Diana Wiebusch, A. Ruth Williams	Patient Advisors	Council Members
Michelle Turylo	Coordinator of Care Experience	Admin Support
Anna Marcantonio	Director of Performance Excellence	Admin Support

Scope of Work:

Placement Goals/Vision: To enable Henry Ford Health System to provide the highest standard of safe comprehensive and compassionate healthcare through integrating the voices of the patients, families and their caregivers as partners with the Care Experience team. Goal is to review, suggest and prioritize materials and programs to enhance the exceptional experience for all customers.

Accomplishments:

January: Orientation for new members including physician communication involvement and the 2020 Henry Ford Health System Experience roll-out plan.

February: No Meeting

March: CX PFAC members express continued interest in the data, follow-up and background of the physician communication program. The guest speaker was able to update the successes using Press Ganey survey data. This forum also included a speaker from Human Resources to discuss “Unconscious Bias” in the workplace and how this information related to bias affects personal and professional lives.

April: Meeting cancelled due to HFHS Pandemic response; outreach to CX PFAC members via email during this time period.

May: PCPS goes virtual. Touchbase with CX PFAC members. Overview provided by System CX Director as to the programs put into place during heightened pandemic response, e.g. Facetime with patients, Well Wishes, White Ribbon, Share your Smile.

June: Meeting cancelled due to HFHS Pandemic response; outreach to CX PFAC members via email during this time period.

July: Physician communication training (PCPS) update explaining how the program was conducted during COVID-19 utilizing WebEx training to Residents and Fellows. Navigating Henryford.com for telehealth visits; included review of how it looks and works from a patient point of view.

August: Virtual Care, the journey through local and state legislature, how to connect and measurements of success. Members were very engaged with speaker, spoke to their own experiences and discussed their improvement ideas of which were received and utilized in making a few enhancements to the weblinks.

September: Update on the virtual PCPS workshops. Members shared feedback from their own experiences with virtual learning in their own business occupations. Discussion revolving around AIDET format included the majority of CX PFAC members support that communication from their physicians and clinical team is number one in importance with environmental factors as a close second.

October: Interest Rehabilitation and Integrative Medicine was shared by various CX PFAC members via meeting evaluations over time. Speakers from chiropractor services, massage therapy and other medical services provided by HFHS attended this session and was very well received by CX PFAC members. Feedback from members after the session recommended HFHS provide more information to patients regarding these types of services and describe how the different clinics integrate care for the patient’s well-being. This month also asked for feedback on grievance/complaint letter signature lines used by CX Specialists throughout HFHS.

November: Care Experience and Nursing is working on a “Get to Know Me” introduction card in the inpatient setting. Feedback related to the card was provided. Specifically, will this work for any patient having an inpatient stay at the hospital, it’s likelihood of making a patient feel more apart of their care, etc. We also discussed how to enhance our future virtual meetings.

December: Meeting cancelled due to HFHS Pandemic response; outreach to CX PFAC members via mail with a holiday greeting and gift of a HFHS branded mask.

Challenges:

Finding meaningful agenda topics for each meeting from a CX system-level perspective, due to locally based Advisory councils. PFAC members are interested in engaging with physicians during meetings on specific topics, yet understand the difficulty in scheduling for doctors.

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

Aside for a couple of our members not having the capability for Webex-type technology we didn't have any negative impacts with our meetings. The group rather enjoyed the virtual platform.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

Members are emailed presentation materials in a PDF format a few days prior to the meeting.

Advice & Lessons Learned:

Virtual meetings were an excellent way to keep PFAC members engaged and they were positively embraced by members. It's helpful to open the meeting with a quick review of how to navigate the Webex screen, muting/unmuting, and overall virtual meeting etiquette to allow for meaningful discussions and participation by all.

Cancer Center PFAC

Members:

Name	Title	Role
Patrick Coughlin, Sam Gachupin, David Grudzinski, Linda Stechison, Gary Ladd, Ralph Picklo, Melinda Janson, Linda Czajka, Jennifer Menser, Nestelynn Gay, Doug Smith, Erik Hanby, Michelle Solomon, Deidra Moody, Sandra Keller, John Skovranko, Mary Solowski, Christina Pitts, Lynne Aldrich	Patient Advisors	Council Members
Danielle Nelson	Coordinator of Care Experience	Buddy
Karen Kippen	Director of PERC	PERC Support
Dana Murphy	PERC Coordinator	PERC/Admin Support
Heather Olden	Epidemiologist	PERC Support

Scope of Work:

Begun in early 2016, this group of cancer patient, survivors and their caregivers advised leaders on plans for the Henry Ford Cancer Institute to being built on Henry Ford's Downtown Campus which opened in 2021. They have given guidance to the architecture firm on specific building features and the most important cancer support services that are important to patients and caregivers. Research support is part of their advisory work and the group was awarded \$250K in Patient Centered

Outcomes Research Institute funding to develop precision medicine cancer research questions and are developing a research agenda and dissemination plan for their work. Their research questions are being developed for future funding opportunities. The HFCl and the Head and Neck Cancer PFACs were merged in 2020.

Accomplishments:

Henry Ford Cancer Institute (HFCl)

- HFCl Opening with PFAC member (Deidra Moody as an honored guest ringing the liminal bell
- New Cancer Pavilion Designed With Patients In Mind Video (Dec 2, 2020) featuring Patient Advisor Deidra Moody (<https://www.youtube.com/watch?v=up7L3wHsmdg>)
- Building tour of completed HFCl
- Commissioned Art “Moments” by Christina Pitts and Lynne Aldrich.

Research Related Activities

National Research Symposium

- Sandra Keller spoke at the virtual Building Capacity for Patient-Centered Research Symposium in June 2020. Her presentation was titled “Caregiver Engagement in Cancer Precision Medicine Research Development”

Clinical Trial Advisory Activities

- The PFAC is engaging in on-going work with AstraZeneca to understand, from the patient and caregiver, the drivers and barriers of participating in clinical trials. A new publication is under development to share their work in this Community Academic Partnership model.

Grant Application

- Dr. Steven Chang and Sam Tam presented background and gathered feedback on using Patient Reported Outcomes (PRO) to help with care plans and health outcomes.
- Oral Cancer Awareness Michigan (OCAM)
- Patient Advisor Jennifer Menser continues to raise money for cancer research with support from her fellow Advisors. Oral Cancer Awareness Michigan provides a platform for support and funding that will help enhance patient care for those impacted by this disease in Michigan.



HFCl tour with Patient Advisors



Challenges:

The delay of the HFCl due to the pandemic was challenging, although it was finally opened in January 2021. The group continued to receive updates on the progress at virtual meetings from the HFCl project manager. Virtual meetings were instituted for the group which made the atmosphere different and all had to learn new technology and communication techniques.

COVID-19 Impact:

- How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?

In March 2020, all the in-person meetings of the PFAC were suspended and moved to a virtual format. The decision was made to merge the HFCl and the Head and Neck Cancer PFACS due to their similar scopes of work and interest in cancer research.

Advice and Lessons Learned:

Many of the Patient Advisors on the HFCl and the Head and Neck Cancer PFACs have been working with the Patient Engaged Research Center for six years. The relationships that have been built through their work as Patient Advisors have sustained the group through loss of members to cancer and support of Patient Advisors with cancer recurrence. The concept of leaving a legacy for those that come after is a compelling reason to continue their work.

Tribute:



At the end of 2019, we lost a very valuable member of our team, Roxann Ellen-Dickson. Roxann was an extremely involved Patient Advisor and contributed on many councils and groups within the Patient Advisor Program. While serving on the Cancer Center PFAC for 4+ years, she developed bonds with not only other Advisors, but the leaders of the council. Roxann will forever be remembered in our Program for providing honest and meaningful feedback that helped impact improvements within HFHS and specifically the HF Cancer Institute.

Patient Education Council

Members:

Name	Title	Role
Christianne Sims	Patient Advisor	Council Member
Angela Murphy	Manager Patient Education	Buddy

Scope of Work:

Henry Ford Health System provides health literate patient education that meets learning needs and literacy levels of all patients. Patient education is accessible to patients, caregivers, and employees through in person education, print, electronic, and audio-visual resources.

Accomplishments:

During 2020, the council successfully approved over 350 patient education documents.

Challenges:

Council meetings were able to function as usual in a virtual setting. Because our Advisor does not have access to our document database, I need to email her separately from the rest of the council to provide agendas and documents. Once I was made aware of the issue, we were able to set up a process so that our Advisor receives the material appropriately.

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

COVID-19 has not impacted our work. Our meetings were traditionally held in person and virtually. Our Advisor often called into the meetings and contributed virtually, and she has continued to do this.

Advice & Lessons Learned:

For this placement, it has been important to have an Advisor that is comfortable speaking up and sharing their opinion in a large group of employees. If that was not the case, we would have needed to find a different way to engage with our Advisor.

Patient Involvement and Communications PFAC

Members:

Name	Title	Role
Miles Barnett, Carolyn Bough, Ellen Bowden, Patrick Ferguson, Susan Hengesbaugh, Sophia Hua, Joann Kok, Gary Ladd, Gloria Myers, Angela Oleksiak, Sandra Perez, Donna-Lynn Riley, Catherine Sanders, Christianne Sims, Ellen Stefanovich, Valerie Stott, Edward Weidenbach, Sue Beaton	Patient Advisors	Council Members
Angela Murphy	Manager Patient Education	Buddy
Rob Behrendt	Director Population Health, Care Coordination/Patient Support Services	Co-Buddy
Laura Gooseberry	Patient Education Designer	Admin Support
Rebecca Austin	Patient Education Specialist	Admin Support

Scope of Work:

The Patient Involvement and Communication Advisory Council is dedicated to helping Henry Ford Health System provide the highest standard of safe, comprehensive, and compassionate healthcare. They serve as a formal council to find ways to involve both patients and their caregivers in healthcare decision making, and to improve patient and caregiver experience at all points of care.

Accomplishments:

- **February:** Modified the marketing descriptions of the Diabetes Care Coordination programs. Including changing the way they name each program.
- **March:** Patient education image preferences review and voting. Reviewed the way we refer to volumes, cups, etc. Also reviewed the system COPD patient education book.
- **May:** Survey that provided feedback on the new Mobile Integrated Health program and name.
- **June:** Review and open discussion of the inpatient whiteboards at HFH. Discussed the format, language used, and purpose of the boards.
- **August:** Website design team provided an overview of HenryFord.com.

- **October:** Advanced Care Planning language and conversation review.
- **November:** MyChart Bedside optimization discussion. Discussed pilot and new surgery schedule preferences.

Challenges:

This year it was more challenging to find topics to bring to our PFAC. Although this is not related to COVID-19, it is most likely caused by staff being so focused on the pandemic. We also struggled with Advisors calling into our meetings. This was related to a format change, however, was corrected by the end of the year.

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

COVID-19 has moved all of our meetings to a virtual format. Due to this change we have had to accommodate the needs of our Advisors in a different way. Our scope of work has changed because although we try to stay away from COVID-19 discussion with the Advisors, it does seem that they are very interested in the work HF is doing, and how they can help.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

The biggest challenge we have faced with connecting virtually is attendance. Towards the end of 2020, we implemented the use of an incentive for anyone that attended the meeting. The Advisors were very happy with this, and we hope it will continue to boost attendance in 2021.

Advice & Lessons Learned:

Our advice is to stay in contact with Advisors and encourage them to communicate with one another outside of meetings. Throughout the year, we were able to check in with our Advisors, and connect those who needed some extra support during difficult times.



Hospital Based Councils

Henry Ford North Market PFAC (HF West Bloomfield & HF Macomb)

Members:

Name	Title	Role
West Bloomfield		
Luke Sparkman	Manager, Care Experience, West Bloomfield	Buddy
Linda Ali, Dennis Allgeier, Chuck Pokriefka, Fredric Lebowitz, Clarence Mills, Elayne Peters, Caree Raymond, Tom Raymond, Peggy Simon, Janet Smith	Patient Advisors	Council Members
Macomb		
Maureen Bennett	Director, Care Experience - North Market	Buddy
Kevin Rechenbach	Care Experience Specialist	Admin Support
Kristi Thoel	Care Experience Specialist	Admin Support
Wanda Francisco	Manager - Radiology Services	Admin Support
Andrea Wulf	Patient Advisor	Council Member and Chair
Dennis Gruber, James Pujdowski, Janice Robichaud, Sandra Keller, Joie West, Laurie Thiel, Patrick McLogan, Sandra Leonard, Debi Schroeder, Susan Klein, Gary Jamerino, Terry Seewald	Patient Advisor	Council Member

Scope of Work:

For 2020 we have combined our PFAC to become a North Market extension to work on all items CoVid - signage, co-horting, share your smiles campaign, mask usage, telehealth issues, and updates on our Macomb Tower Build. We do normally work on separate placement projects yet for this year it was important to have alignment with our projects.

Accomplishments:

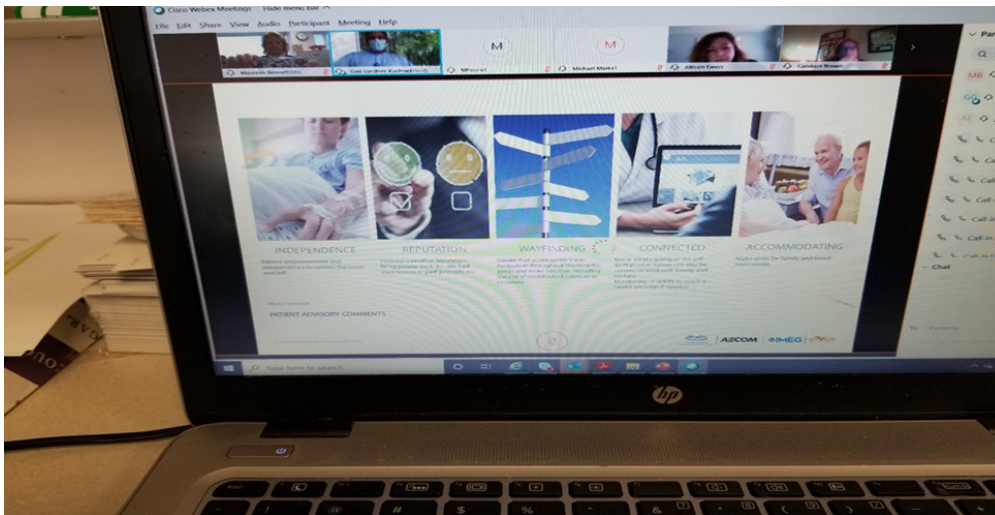
This year has proven to be very different for our PFAC. We were excited to move forward with our Macomb and West Bloomfield meetings, and have joined the two PFAC's for North Market meetings to review our Macomb Tower project.

We were able to continue meeting through Skype or WebEx but in person meetings have been canceled until March 2021. Although our meetings were disabled in March/April but we were back on virtual calls and also utilizing email for questions and input from our PFAC during the times that we were unable to meet.

Our future meetings will include hearing from our ELT and updates, along with continued work around our Macomb Tower build, and 100 Day Workouts.

Projects we have been involved with this year:

- 1. Safety Posters:** Our PFAC met as a North Market to discuss the safety posters with our System Care Experience Director, Vanessa Mona. The goal of this meeting was during CoVid to discuss the verbiage on our Safety Posters and how that would be felt by our patients/visitors and families. Many of our PFACs input were put into our fliers/CoVid language.
- 2. Tower Project:** Our PFAC for Macomb and our combined PFAC for the Market have been meeting with our Macomb Tower team to discuss what a patient would want in a patient room or the expectations of how a new tower would work for our patients. We currently are moving towards a mockup room which our PFAC will tour for input through safe distancing. Input from our PFAC was around parking, room set up, quietness, lighting, comfort, family amenities along with will doors all be push button for less infectious encounters. The below showcases the 5 areas that were brought up by our PFAC which are: Independence, Reputation, Wayfinding, Connecting and Accommodating.



- 3. 100 Day Work Out:** Our West Bloomfield PFAC is working with teams on 100-day work out plans to increase the patient experience. For Care Experience they have offered input on our initiative to partner with Transport in a plan to remind patients at discharge to fill out their surveys, and to thank them for choosing Henry Ford West Bloomfield. Our other teams will be including the PFAC in their teams
- 4. Wellness Meeting:** Our PFAC's met to discuss their own wellness, and that of our team. We discussed how everyone was doing and holding up during CoVid, and any concerns. This meeting was very helpful as we discussed Telehealth visits, masks, visiting hours and our screening stations. There was great input surrounding these different topics and all input was shared with our system for enhancements to the above topics.
- 5. Retreat:** Our PFAC's were able to discuss topics for our first virtual retreat scheduled for October.
- 6. Cohorting:** Our PFAC met with our Quality Director to discuss co-horting as CoVid cases began to rise in the Fall, good discussion on concerns of co-horting and how to precede.
- 7. Miscellaneous Topics:** This year we also pulled together our PFAC to work on CoVid related issues with screener stations, mask usage, visitor restrictions, and telehealth visits or issues.

Challenges:

We have had challenges of setting up normal presentations for our PFAC to weigh in on projects outside of CoVid. The presentations would fall on the weigh side as volumes rose with CoVid so from our view we fell behind in the normal business of our sites.

For our Tower Build tours, we had to schedule dates/times to make sure that our PFAC could tour, hear the presentation but be socially distanced and safe for the tour.

The Retreat was also virtual, but handled very well, I felt the PFAC was able to weigh in on concerns and questions which we are discussing currently at a System level, i.e. vaccinations for our PFAC and Volunteers.

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

As noted above, the one area that CoVid impacted was the daily/monthly work that we wanted to review which fell to the wayside for CoVid related issues. I would weigh in that those daily/monthly issues were paused across the system to assist with CoVid related issues so I do not feel that we, as PFAC could have made a change in 2020, our work was needed elsewhere.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

The technology of Skype can be a handful, but we set up test meetings before the actual meetings to make sure everyone was able to join and hear/speak. We now smoothly move through our meetings with video and can pull together an emergent meeting quicker due to utilizing this course of virtual encounter.

Advice & Lessons Learned:

I would like to add that our PFAC was very flexible with change and meeting set ups. There were multiple times we asked for emergent meetings to discuss issues or have presenters asked for input on, and our PFAC was right there to assist.

We couldn't have gotten through this year without their unwavering support.



West Bloomfield PFAC meeting to discuss valuables, 100 Day Workout, and how COVID-19 has changed our PFAC moving forward.

Henry Ford Wyandotte PFAC

Members:

Name	Title	Role
Beverly Jager, Bonnie Bodart, Loreleen Hyden, Nancy Alberts, Diana Wiebusch, Lynn Ward, Cindy McGrath, Pamela Cook	Patient Advisors	Council Members
Julie Johns	Director - Market Care Experience	Buddy
John Chandler II	Manager of Care Experience	Buddy
Gina Romanski	Care Experience Specialist	Admin Support

Scope of Work:

We meet bi-monthly and review current priorities and active improvement work for the hospital/clinics of all topics. They have also attended ad hoc related committees for support, we have a board liaison that attends annual for our board report. They have come together in COVID for additional pop up meetings to get quick review or feedback and at times will even just respond to an email request for support. This group has also participated in appreciation/recognition efforts for the staff.

Accomplishments:

1. We were consulted by surgical services to better understand how we could keep family members informed and comfortable while waiting for their loved one. They were instrumental in room design, workflow and recommendations for other locations for large monitors throughout the first floor that post this information. This was to encourage the families to feel confident in leaving the small waiting area for decompression. These were installed early in the 2021.
2. ED to Inpatient “Warm Welcome Safe Handoff” project. High priority focused initiative to attend to the continuation of care for ED patients that are being admitted and holding through their arrival to the unit and warm welcome by the RN/team. They assisted on the messaging, warm welcome basket items and important times for communication during this stay/process.
3. ED arrival area- key moments to greet and arrive patients, assessing new flow of quick treatment area with scripting and physical changes- use of a chair not stretcher, etc.
4. We have a large culture improvement with Culture of Caring which included all staff training with a “passport to service” that leads to an accountability tool. They assisted us with recommendations for recognition, HR alignment and improvement opportunities including the path to how to hardwire in the culture.
5. Staff recognition and celebration, how we are and can keep morale going, Recommendations for monthly unit based award, process and key indicators for this.

Challenges:

Adding new members with diversity

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

We are virtual and the PFAC members really don't like that. It is more difficult to get other leaders to come present their work now so they miss seeing the changes and faces of the leaders.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

We did an at home delivery of poinsettias for their holiday gift as a surprise and left on their porch. This helped them feel connected more. We do a check in and talk more about how they are doing as part of the meeting which i feel helps them feel more connected. We also begin with any announcements (weddings, babies, retirements, etc and usually a personal prompt questions, ex) what is helping you cope, how has this affected you personally?) We have also had PFAC members lose their spouse or parent and the group sent flowers.

Advice & Lessons Learned:

It's really vital to stay connected personally to them. They are so willing to give and contribute, but treating them as individuals with unique contributions has brought out the best in our group and made us stronger than ever- especially during this time of crisis.

Henry Ford Allegiance PFAC

Members:

Name	Title	Role
John Connely, Tom Fraser, Ed Gilluk, Patti Kenney, Tom Little, Mary Meskowski, Dave Mikelonis, Richmond Morgan, Cathy Onsted, Mistique Ott, Tanda Reynolds, Sally Van Schoick, Carolyn Schmidt, Christine Thomas, Cheryl Enger, George Yoeder, Teresa Zaski, John Connely	Patient Advisors	Council Members
Amy Sayles	Manager of Care Experience	Buddy
Suzette Turpel	Director - Market Care Experience	Buddy

Scope of Work:

Impact the delivery of healthcare at Henry Ford Allegiance Health by advocating for safe and compassionate care for every member of our diverse community.

Accomplishments:

Transitioned to virtual meetings, created a mission statement, participated in an ED communications improvement project for patients being admitted, provided feedback for a research project for Jackson Health Network to create more value to the health care experience, learned about various programs and service lines available at HFAH.

Challenges:

Adding new members with diversity

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

Yes. More purposeful communication is required. Technology hurdles were a challenge at first but members are becoming more adept and I was proud of their willingness to persevere.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

Ongoing communication between meetings either by email or phone has helped the members to feel connected.

Advice & Lessons Learned:

During end of year calls to the council members many expressed a desire to be more deeply involved. Members would like the opportunity to make a connection between the change they want to see and how they can impact that change. Some council members are satisfied to attend the meetings, provide their opinions and ask questions. In 2021 we will explore how to engaged PFAC members at a frontline level.

Clinical Care Based Councils ---

Head and Neck Cancer

Members:

Name	Title	Role
Bill Adams, Patrick Coughlin, Sam Gachupin, David Grudzinski, Angela Oakes, Linda Stechison, Gary Ladd, Ralph Picklo, Melinda Janson, Jennifer Menser, Doug Smith, Erik Hanby, John Skovranko, Mary Solowski, Jeff Hager, Becky Hager, Gail Paskind	Patient Advisors	Council Members

This council has merged with the Cancer Center PFAC.

Hermelin Brain Tumor Center

Members:

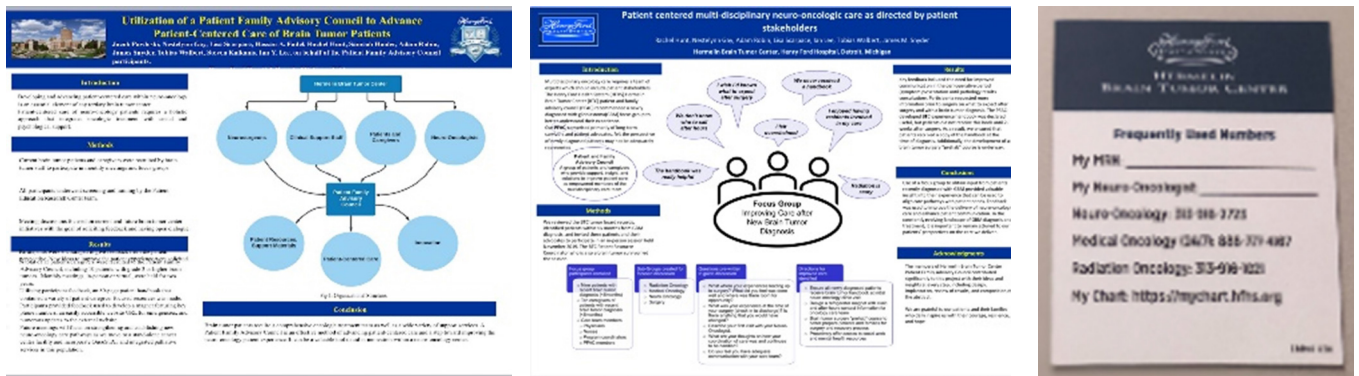
Name	Title	Role
Lynda Shaw, Nestelynn Gay, Joan Redebaugh, Kim Richardson-Hippler, Tiffany Crowe, Angela Jackson, Adele Demchik, Carly Beck, Marc Betman, Matthew Beck, Michael Hickox, Megan Langford, Megan Sauer, Lynda Shaw	Patient Advisors	Council Members
Nestelynn Gay	Patient Resource Coordinator	Buddy
Tobias Walbert	Neuro-Oncologist	Buddy
Lisa Scarpace	Project Coordinator	Buddy

Scope of Work:

Hermelin PFAC Mission Statement: *“To leverage our combined experience as patients, caregivers and clinicians to guide the continual improvement and development of the Henry Ford Hermelin Brain Tumor Center. We believe our shared journey is invaluable. The goal is to drive innovation, research, and success to continue to be a center of excellence.”*

Accomplishments:

The Hermelin Brain Tumor Center (HBTC) PFAC contributed to two posters that were presented at the 2020 Society of Neuro Oncologists (SNO) conference (see below). The PFAC also completed and submitted an application for a PCORI grant. While the team was not chosen to receive a grant, the experience of writing the proposal will prove invaluable going forward. As well, the PFAC hosted its 2nd focus group for newly diagnosed patients to gain insight on the new patient experience. In 2020, the HBTC PFAC designed magnets that were created and launched in clinic based on the feedback from the 2019 focus group (see below).



Challenges:

Adding new members with diversity

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

We now meet virtually which means our meetings are shorter. However, the virtual setting has allowed members who might have a conflict because of travel, work, etc. to continue to participate uninterrupted.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

We have adopted Web-Ex and moved away from Skype. This is in-line with what the system is promoting. In place of the holiday meal we typically share during our December meeting, we mailed Panera gift cards to the group to purchase a meal to enjoy in their home.

Advice & Lessons Learned:

We feel that 2020 provided an opportunity to demonstrate our resiliency and creativity, proving that if you are committed, you can achieve the goals you have set for your PFAC while continuing to grow.

Perioperative Brain Health

Members:

Name	Title	Role
Caree Raymond, Tom Raymond, Kathleen (Kathy) Waun, Michelle Solomon, Rhonda Adams	Patient Advisors	Council Members
Gary Loyd, MD	Anesthesiology Division Head	Buddy
Kissie Harris	Administrative Secretary	Admin Support

Scope of Work:

The PFAC group has been working on a Patient Centered guidebook for patients informing them on how to recover faster from surgery

Accomplishments:

We completed chapters on Pain, Code Status, and Advanced Life Planning. We are currently working on Brain Health chapter

Challenges:

The remote meetings have been a disincentive as fewer participants and blunted contributions from members that when we met in person.

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

Fewer people giving fewer inputs has slowed progress on the project.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

Not sure how to get all the members back engaged. The impact of the stress of Covid-19 may be a factor we cannot mitigate until the crisis is over.

Advice & Lessons Learned:

We keep meeting and even though progress has slowed, it has not stopped. The members proclaim they are still interested in what we are doing.

Individual Placements

Preventative Cardiology/Cardiac Rehab

Members:

Name	Title	Role
Crystal Grimshaw	Research	Buddy Coordinator
Steven Keteylon, PhD	Principal Investigator	HFHS Support
Mark Hall, Felicia Grace	Patient Advisor	Council Member

Scope of Work:

Patient perspective/insight in trial operations

Accomplishments:

Help implement home cardiac rehab program, help transition to Webex platform and group home cardiac rehab classes.

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**
Trial operations were put on hold for 3 months.
- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**
Our study incorporated virtual cardiac rehab so we were already connecting virtually.

Critical Care Committee

Members:

This group is currently doing an audit of all 89 members as to those participating, those in adhoc etc. for 2021.

Name	Title	Role
John Buckley, MD	Pulmonary Critical Care Division Head	System Critical Care Committee - Chair
Keith Martin	Patient Advisor	Council Member
Alicia Wafer, RRT, MBA	Director Critical Care Support Services	HFHS Buddy

Scope of Work:

Buddy provides the eyes of the patient and family as we work through system ICU processes, review and create new policies, challenges, evaluate new therapies & pieces of equipment

Accomplishments:

Keith reviews information sent out prior to the meetings in order to give valuable input during the meetings.

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

Moved to all virtual.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

We have a very engaged group who work well virtually. Having information in advances helps us to be prepared and ready to work. The leadership of the group has recently changed to Dr. Buckley who created sub groups to do work in between meetings and then report out during the meetings to help us be more efficient in our time.

Advice & Lessons Learned:

Having an engaged buddy like Keith is so valuable. We don't know what his input will be until we are working through a process. He is very open minded, comes prepared and helpful.

IMPACT-CHF

Members:

Name	Title	Role
Keith Martin, Carolyn Bough	Patient Advisor	Council Member
Alicia Wafer, RRT, MBA	Director Critical Care Support Services	HFHS Buddy
Dr. Monika Grewal	Medical Director	Utilization Review at HFWBH
Dr. Ryan Gindi	Cardiologist	Physician Champion to IMPACT CHF collaborative
Dr. Somy George	Hospitalist- Internal Medicine	Physician Champion to IMPACT CHF collaborative
Karen Sparks	Director Performance Excellence and Quality at HFWBH	Buddy
Marcelle (Myka) Humenchick	Facilitator Clinical Quality II	Buddy

Scope of Work:

Patient Advisors on this Committee review and provide feedback educational materials and actively engage in participate in project meetings as we discuss the implemented interventions and how to address the challenges we face. They also generate topics from their personal experience for agenda items for the project team to review to improve the readmission prevention interventions.

COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

COVID-19 has impacted the scope of work in 2020 and continues to do so. Trying to have meaningful and engaging meetings virtually is a challenge. Also, COVID-19 and vaccines were the

topic of conversation in January. Both Patient Advisors remain concerned and actively seek out answers from me regarding vaccines. Trying to re-engage Keith and Carolyn in matters of CHF has been a challenge.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

We always have video conferencing on, so we can feel more connected and engaged with Keith and Carolyn. Keith does not have video capabilities, or his tech knowledge may be limited. We have also sent out regular e-mails to both Patient Advisors updating them on the CHF collaborative, in addition to general pleasantries of holidays or the season. The regular emails and phone calls are effective in maintaining a connection. Both Patient Advisors have approached us with concerns not related to CHF, and we have taken the time to listen and provide answers. Just being available to listen and touch base has been positive for both Keith and Carolyn.

Advice & Lessons Learned:

The human connection and resiliency have been tested repeatedly this past year of 2020 with Covid-19. I take my new role as a member of the group with Patient Advisors seriously and have consistently tried to maintain regular connection to Keith and Carolyn. Their voice and feedback provide us with direction as to whether the interventions we are doing are effective and important to the population we are trying to reach.

Stroke Transitions of Care Committee

Members:

Name	Title	Role
Megan Brady	Stroke Program Manager	Buddy
Daniel Miller	Patient Advisor	Council Member
Dr. Shaneela Malik	Stroke Neurologist	Council Member
Rose Ballard	Neuro-interventional APP	Council Member
Sarah Hesse	Stroke APP	Council Member
Cathleen Brooks	Stroke RN	Council Member
Melissa O'Hara	Stroke RN	Council Member
Joe Anne Gergely	Case Manager, Manager	Council Member

Scope of Work:

Most of 2020 did not have an Advisor. Recruited one and he attended virtual training. Now helping us organize virtual Stroke Survivor events.

Accomplishments:

Dan has helped in planning for virtual education events for Stroke Survivors and family members. We had them “Stroke Survivor & Caregiver Check-Ins” on Saturday, September 12th (topic was Covid) and Saturday, October 24th (to celebrate World Stroke Day and discuss topic of secondary stroke prevention). We are planning another for Q1-2020 to focus on art therapy/relaxation.

Challenges:

We did not have an Advisor for most of the year.

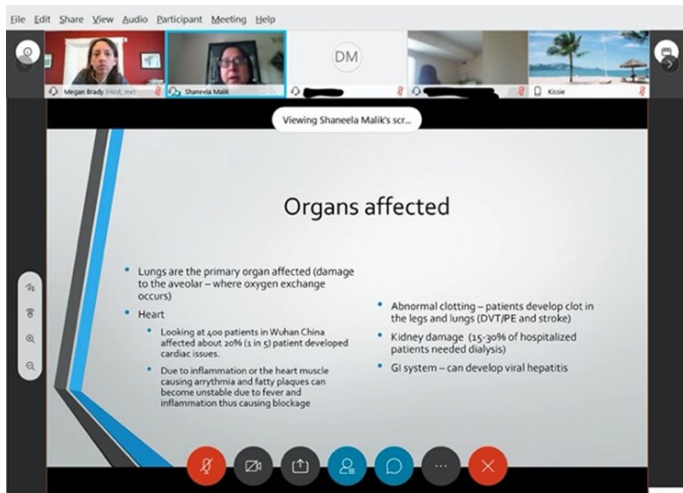
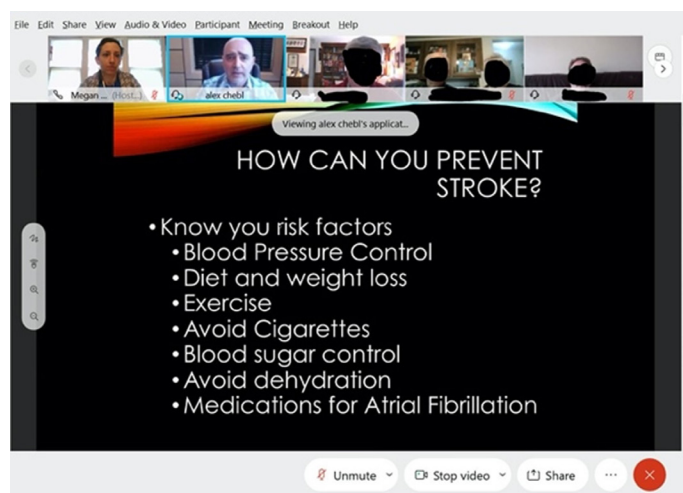
COVID-19 Impact:

- **How has COVID-19 impacted your scope of work, timelines, meetings mechanisms, communications, etc.?**

Have not been able to introduce Dan to members of the committee; have not been able to engage him in some in-person activities we would like.

- **How are you addressing the challenges of connecting virtually? What methods have worked? What has not worked?**

We easily stay in touch via phone or webex.



Henry Ford Stroke Survivor

Virtual Check-In!

Unfortunately, 2020 has turned out to be a challenging year. Due to covid-19 we have had to cancel our plans for a Stroke Survivor and Caregiver Picnic. However, we would still love to see you and hear how you are doing! Please join us for a "virtual check-in" from the comfort of your own home. We will plan to:

- **Connect** with one another
- **Hear** from a doctor about what we should be doing to avoid covid-19
- **Brainstorm** future topics for virtual phone calls

If you are interested, please email Megan Brady—mbrady2@hfhs.org—to receive the link to participate.

You can call in from your phone or connect to video on a smartphone, tablet or computer.

Saturday, September 12, 2020

10:00AM—11:00AM

Via WebEx



