HOUSEKEEPING ITEMS

- Please enter your AUDIO PIN
- To communicate with speakers, please use the “chat” function;
- Ask questions at any time.
- Webcast will be recorded.
In our time together …

- Develop a shared understanding of the core concepts of patient- and family-centered care and patient and family engagement as a key strategy

- Explore the vital role of leaders in developing meaningful and sustained partnerships with patients and families

- Learn about the Patient and Family Engagement Collaborative

- Understand the resources available to support your participation and the commitment required for sustained success

- Opportunity for Q & A
Today’s speakers:

Mary Minniti, CPHQ  
*IPFCC Program and Resource Specialist*

Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM  
*OAHHS Associate Vice President of Quality & Clinical Operations*
Patient- and Family-Centered Core Concepts

- People are treated with respect and dignity.

- Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.

- Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

- Collaboration among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.
Patient- and family-centered care is working "with" patients and families, rather than just doing "to" or "for" them.
Patient- and family-centered care provides the framework and strategies to improve the experience of care, and enhance quality, safety, and efficiency.
“Engagement, broadly defined, is an **active partnership** among individuals, families, health care clinicians, staff, and leaders to improve the health of individuals and communities, and to improve the delivery of health care.”

*Health Affairs, 32(2) 2013*
Collaborative Patient and Family Engagement

Collaborative patient and family engagement is a **strategy for building a patient- and family-centered system of care**. It is a priority consideration and essential to health reform at four levels:

- **At the clinical encounter**—patient and family engagement in direct care, care planning, and decision-making.
- **At the practice or organizational level**—patient and family engagement in quality improvement and health care redesign.
- **At the community level**—bringing together community resources with health care organizations, patients, and families.
- **At policy levels**—locally, regionally, and nationally.
Patient Engagement - Why Now?

Evidence compelling:

- Improves quality, safety and outcomes of care
- Ensures that patients receive care that fits their preferences
- Reduces:
  - Use of diagnostics and health care services
  - Health care costs
- Increases:
  - Buy-in to prescribed treatment
  - Patient experience and satisfaction scores
  - Staff and clinicians’ satisfaction and retention
"The most direct route to the Triple Aim is via patient-and family-centered care in its fullest form."

Don Berwick
June 5, 2012
Transforming Healthcare: A Safety Imperative

“We envisage patients as essential and respected partners in their own care and in the design and execution of all aspects of healthcare. In this new world of healthcare:

Organizations publicly and consistently affirm the centrality of patient-and family-centered care. They seek out patients, listen to them, hear their stories, are open and honest with them, and take action with them.

. . . Continued

Transforming Healthcare: A Safety Imperative (cont’d)

The family is respected as part of the care team—never visitors—in every area of the hospital, including the emergency department and the intensive care unit.

Patients share fully in decision-making and are guided on how to self-manage, partner with their clinicians and develop their own care plans. They are spoken to in a way they can understand and are empowered to be in control of their care.”
The IOM report has 10 key recommendations; the 4th recommendation states:

“Involve patients and families in decisions regarding health and health care, tailored to fit their preferences. Patients and families should be given the opportunity to be fully engaged participants at all levels, including individual care decisions, health system learning and improvement activities, and community-based interventions to promote health.” S-23

“In a learning health care system, patient needs and perspectives are factored into the design of health care processes, the creation and use of technologies, and the training of clinicians.” 5-5.
A Powerful Business Transformational Tool

- Patient- and family-centered care and the related authentic partnerships with patients and families can become the business model for the organization.

- Patient- and family-centered care can have an impact on each one of a hospital’s business metrics:
  - Finances.
  - Quality.
  - Safety.
  - Satisfaction.
  - Market share.
A Key Lever for Leaders . . .
Putting Patients and Families on the Improvement Team

In a growing number of instances where truly stunning levels of improvement have been achieved...

Leaders of these organizations often cite—putting patients and families in a position of real power and influence, using their wisdom and experience to redesign and improve care systems—as being the single most powerful transformational change in their history.

This community hospital began its patient-and family-centered care journey in 2010.

The COO-CNO is the Executive Sponsor.

The organization sets annual goals for patient-and family-centered care.

In 2010, the annual goals were to begin to partner with patient and family advisors and to change the concept of families as "visitors."

Today the hospital has a Patient and Family Advisory Council with 10-12 members.

The CNO, CMO, and COO attend Council meetings.
In 2009, there were **NO** patient and family advisors. Today there are **80**, and they are involved in:

- Changing the concept of families as visitors.
- Implementing bedside change of shift report.
- Developing discharge/transition planning process.
- Developing the process for geographically assigning hospitalists to specific clinical units.
- Serving on Patient Safety & EHR Development Committees.

A patient/family advisor speaks at orientation for all new employees.

In 2012, patient and family advisors appointed as members to Medical Staff Peer Review Committee, and in 2013 to Board Quality Committee.
Since 2009, the overall rating of the hospital has gone from 75.4% to 82% (national average is 70%).

The hospital regularly has the highest HCAHPS patient experience scores in the state of Maryland.

The hospital was recognized as one of top ten surgical hospitals in the country in the August 2013 issue of *Consumer Reports* and as the best hospital in the region by *Washingtonian* Magazine in 2014.
2007 — 2014 Improvement

20 Advisors in 2007 and 112 Active Advisors in 2014

- 83% Reduction in serious safety events.
- 62% Decrease in hospital acquired infections.
- HCAHPS top quartile patient experience system-wide.
Goal:

- Become nationally recognized for transforming health and healing through developing and implementing innovative, patient-and family-centered care, research, and teaching models.

Initiatives:

- Design clinical space to facilitate an interdisciplinary, patient-and family-centered approach to partnering with patients in care delivery.

- Create and implement two to three specialty-based patient and family advisory councils in each EHC entity and appoint advisors to at least five quality and facilities committees or initiatives system-wide.
In 2008, Emory had **NO** patient and family advisors; it now has over **140 advisors meaningfully engaged**. Patient and family advisors teamed with nursing staff to implement bedside change of shift report as a collaborative process *with* patients and families.

- Over a 24-month period, patient experience scores for overall nursing care and for how well pain was controlled both improved 40 percentile points.
- Use of physical restraints decreased from 8.16% to 2.5%.
- Reduced hospital acquired pressure ulcers from 6% to 2.5%.
- Reduced patient falls (from 3.24 to 2.85 falls per 1000 patient days) and injury from falls (from .71 to .333 per 1000 patient days).
Patient and family advisors participated in facility design planning AND in the design of care processes for the new hospital.

Patient satisfaction has not been below the 96th percentile since the hospital opened three years ago.

The length of stay is one day shorter than benchmarked specialty hospitals across U.S.
The Role of Effective Leaders . . .

- Believe that the experience of care matters to quality, safety, achieving the best outcomes, and to fiscal performance of the hospital and each clinical area.

- Communicate the vision for patient-and family-centered care and how it links to quality, safety, and the best outcomes consistently and clearly.

- Communicate this vision in specific clinical areas, throughout the hospital, and to the community.
Leadership Best Practices for Effective Sustained Partnerships

- Make an explicit commitment to partnerships.
- Provide resources and support for partnerships.
- Encourage partnerships as a pathway to quality.
- Partner with patients and families in strategic initiatives.
- Measure the outcome of partnerships.
- Recognize that partnerships take time.
Appoint a staff liaison for collaborative endeavors, an individual with strong facilitation skills and access to organizational leaders.
Patient & Family Engagement Collaborative

Milestones:

- Assessment of current level of patient-and family-centered care practice
- Development of a robust patient and family advisory program
- Enhancement of existing programs with key opportunity for current advisors to participate on team collaborative
- Identification and implementation of a direct care engagement strategy
OAHHS Collaborative Structure & Timeline
Objectives:

- Increase knowledge about patient- and family-centered care concepts, tools, and practices
- Learn about best practices in creating authentic partnerships with patients and families in direct care, program development, policy and evaluation
- Develop an action plan for implementation of a robust patient and family advisory program
- Establish a mechanism to work with patients and families as advisors within your organization (patient and family advisory council, integration of patient and family advisors into existing committees, projects, and units or a blended approach)
Patient & Family Engagement Collaborative

◆ 15 month collaborative: March 2015 – May 2016
◆ Active participation of a team with the support of an executive sponsor:
  ❖ Monthly activities except for August and December 2015
  ❖ 4 F2F all-day meetings – Learning Sessions
    ○ First Learning Session: Friday April 17th, Sheraton Hotel @ PDX
  ❖ 3 coaching webinars
  ❖ 5 individual conference calls per organization
  ❖ Assignments between each activity

◆ Recruitment in process now
  ❖ Commitment letters due by March 15, 2015
Patient & Family Engagement Collaborative

2015 Calendar of Events:

February 2015: Informational webinar
March 15, 2015: Recruitment/commitment letters due
April 17, 2015: Learning Session #1-Portland
May 2015: Team coaching calls
June 17, 2015: Collaborative webinar
July 2015: Team coaching calls
August 2015: No activity
September 16, 2015: Learning Session #2-location TBA
October 2015: Team coaching calls
November 18, 2015: Collaborative webinar
December 2015: No activity
Patient & Family Engagement Collaborative

2016 Calendar of Events:

January 2016: Team coaching calls
February 19, 2016: Learning Session #3-location TBA
March 2016: Team coaching calls
April 20, 2016: Collaborative webinar
May 20, 2016: Learning Session #4-location TBA
## PFE Measurement

<table>
<thead>
<tr>
<th>Type of Measure</th>
<th>PFE Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process</strong></td>
<td>Discharge Planning: Prior to admission, hospital staff provides and discusses a planning checklist with every patient similar to CMS' Discharge Planning Checklist, allowing for questions or comments from the patient or family.</td>
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<tr>
<td><strong>Process</strong></td>
<td>Continuity of Care: Hospital personnel conduct shift change huddles and bedside reporting with patients and family members in all feasible cases.</td>
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<tr>
<td><strong>Outcome</strong></td>
<td>Dedicated PFE Liaison: Hospital has a person or functional area dedicated and proactively responsible for PFE, and systematically evaluates PFE activities (e.g., open chart policy, PFE establishment and trainings, ).</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td>Patient Representation on Quality and Safety Councils: Hospital or PFE Council has an active PFE Council or at least one former patient who serves on a patient safety or quality improvement Council.</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td>Patient Representation on Governing Entities: Hospital has at least one or more patient(s) who serve on a governing or leadership board as a patient representative.</td>
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Hospitals will receive…..

- Access to multiple resources to support improvement work on PFE
- Access to subject matter experts who can assist with improvement questions and recommendations
- Access to a LISTSERV to assist PFE improvement teams with questions
- Access to high quality educational offerings (in-person and virtual) to enhance PFE improvement capacity and advance strategies
- Opportunity to be a part of a network of PFE leaders from within Oregon who are engaged in similar work
IPFCC Faculty for Collaborative

**Patty Black**  
PFCC Coordinator, PeaceHealth Medical Group, Eugene, Oregon

**Mary Minniti, CPHQ**  
IPFCC Program & Resource Specialist, Institute for Patient-and Family-Centered Care, Eugene, Oregon
Key Resources

Partnering with Patients, Residents, and Families
A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-Term Care Communities

Beverley H. Johnson
Marie R. Abraham

With support from
The Julius B. & Mauricel Rothschild Foundation
Developing Patient- and Family-Centered Vision, Mission, and Philosophy of Care Statements
Questions and Comments . . .
Thank you.

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