Patients and Families:
Building and Sustaining Partnerships to Enhance Quality and Safety
Jeopardy Question

What is the most underutilized resource in the healthcare environment for improvement?
Definitions:

Noun
- Patient Family-Centered Care

Verb
- Patient Family Engagement

Outcomes
- Patient Experience
- Quality
- Safety

©2015 PFCCpartners
Levels of Patient Family Engagement

- Advocacy
- Research
- Legislative Impact
- Shared Decisions Engaged in Care Planning Systems Savvy

- Policy Change
- Organizational Improvement

- Care Relationship
- Informant

- Focus Groups Surveys Interviews
- PFAC Improvement Teams Co Design
Patient Family Engagement
What does Patient Engagement mean to you?

- Patient Portal Access
- User-Generated Data, Tracking & Logging
- Self-efficacy
- Condition-Specific Educational Content
- Communication Via EHR
- Shared Decision Making
HCAHPS Update
Dec 2015
HCAHPS Star Ratings Update
Dec 2015

Hospital Compare HCAHPS Star Ratings
(For discharges between April 1, 2014 and March 31, 2015)

<table>
<thead>
<tr>
<th></th>
<th>CA:</th>
<th>USA:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>(n = 21)</td>
<td>(n = 71)</td>
</tr>
<tr>
<td></td>
<td>38%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>(n = 114)</td>
<td>(n = 633)</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>(n = 119)</td>
<td>(n = 1,511)</td>
</tr>
<tr>
<td></td>
<td>13%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>(n = 39)</td>
<td>(n = 1,169)</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>(n = 3)</td>
<td>(n = 154)</td>
</tr>
</tbody>
</table>

Data from the Hospital Compare Summary Star Rating Metric (an unweighted average of all star ratings).
HCAHPS Care Transitions Measure

CA 49%  US 52%
HCAHPS Care Transitions Measure

1) During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

2) When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

3) When I left the hospital, I clearly understood the purpose for taking each of my medications.
## Discrepancy

### Summary of HCAHPS Survey Results*

*April 2014 to March 2015 Discharges*

<table>
<thead>
<tr>
<th>State</th>
<th>Comm. with Nurses</th>
<th>Comm. with Doctors</th>
<th>Responsiveness of Hospital Staff</th>
<th>Pain Management</th>
<th>Comm. About Medicines</th>
<th>Cleanliness of Hosp. Env.</th>
<th>Quietness of Hosp. Env.</th>
<th>Discharge Information</th>
<th>Care Transition</th>
<th>Overall Hospital Rating</th>
<th>Recommend the Hospital</th>
<th>Publicly Reporting Hospitals</th>
<th>Survey Response Rate**</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>75</td>
<td>78</td>
<td>62</td>
<td>69</td>
<td>61</td>
<td>70</td>
<td>51</td>
<td>84</td>
<td>49</td>
<td>68</td>
<td>70</td>
<td>312</td>
<td>26%</td>
</tr>
<tr>
<td>US</td>
<td>79</td>
<td>82</td>
<td>68</td>
<td>71</td>
<td>65</td>
<td>74</td>
<td>62</td>
<td>86</td>
<td>52</td>
<td>71</td>
<td>71</td>
<td>4193</td>
<td>30%</td>
</tr>
</tbody>
</table>

*Given Discharge Info: 84% Top Box Score
Care Transition: 49% Top Box Score*
Too Many Round Trips!
Higher HCAHPS scores are associated with lower 30-day readmission rates (even after controlling for hospital adherence to evidence-based practice guidelines.)

For some conditions, HCAHPS performance is more predictive of readmission rates than clinical performance measures.

*Boulding et al., Am. Journal of Managed Care. 2011; 17)1):44-48*
Patient/Family Engagement

California vs. Nationwide

2015 HRET HEN 2.0 Baseline Results - PFE
U.S. (N=1200) vs. CA (N=137) Hospitals

- PFE1: 30% (U.S.) vs. 36% (CA)
- PFE2: 67% (U.S.) vs. 82% (CA)
- PFE3: 41% (U.S.) vs. 54% (CA)
- PFE4: 40% (U.S.) vs. 47% (CA)
- PFE5: 33% (U.S.) vs. 37% (CA)

National HEN 2.0 vs. CalHEN 2.0
Patient/Family Engagement

CalHEN “Veterans” vs “Newly-Joined”

PFE Baseline
Hospitals in CalHEN 1.0 & 2.0 (N=86) vs. new CalHEN 2.0 Hospitals (N=37)
So What are We Doing About Engagement?
World Café
Advancing Pt./Family Engagement in California

• What’s already working well?
• What’s our vision of the ideal state of partnering with patients and families?
• How can we partner with patients/families specifically around safety and harm reduction?
• What will I do to create or enable partnerships with patients and families?
• What will we do together?
“HQI should create and facilitate a community of practice around this issue for ongoing conversation and problem solving.”
Hospitals Partnering with Patients and Families to Strengthen Quality and Patient Safety

February – September, 2016

http://www.hqinstitute.org
Patient Families as Our Safety Partners

Who wants change?

Who wants to change?
NEVER

MRSA, C diff       Falls       Blood Clots
Medication Mix-ups Bed Sores  CLABSI
Sepsis             UTI/CAUTI  VAP
Imagine This Scenario

You are a member of a hospital team taking care of a patient.

The patient’s family member is present most of the time and you would like to engage this person as your partner on patient safety.

To do this, you will need to:

• Openly share with them the hospital-acquired conditions that can harm patients.
• Describe what you and others on staff do to prevent patient harm.
• Share some of the ways in which they can help prevent harm.
Four Ways to Think About New Ideas

Try All of These On for Size

Feelings and Intuition

Why it MAY Work

Why it MAY NOT Work

Creative Thinking!
Select a Group Facilitator

Role will be:

1. Take notes
2. Ensure each person contributes during each round of the exercise
3. Keep the group on the assigned hat
4. Report out to the large group
Red Hat: Feelings, Intuition

Remember our scenario:

You are a taking care of a patient.

The patient’s family member is present most of the time. You would like to engage this person as your partner on patient safety.

To do this, you will need to:

- Openly share with them the hospital-acquired conditions that can harm patients.
- Describe what you and others on staff do to prevent patient harm.
- Share some of the ways in which they can help prevent harm.
Remember our scenario:

You are a taking care of a patient.

The patient’s family member is present most of the time. You would like to engage this person as your partner on patient safety.

To do this, you will need to:

- Openly share with them the hospital-acquired conditions that can harm patients.
- Describe what you and others on staff do to prevent patient harm.
- Share some of the ways in which they can help prevent harm.
Black Hat: Negative Thinking

Remember our scenario:
You are taking care of a patient. The patient’s family member is present most of the time. You would like to engage this person as your partner on patient safety.

To do this, you will need to:

• Openly share with them the hospital-acquired conditions that can harm patients.
• Describe what you and others on staff do to prevent patient harm.
• Share some of the ways in which they can help prevent harm.

Why is this Not a Good Idea?
What Could Go Wrong?
Green Hat: Creative Solutions

Remember our scenario:

You are a taking care of a patient.

The patient’s family member is present most of the time. You would like to engage this person as your partner on patient safety.

To do this, you will need to:

• Openly share with them the hospital-acquired conditions that can harm patients.

• Describe what you and others on staff do to prevent patient harm.

• Share some of the ways in which they can help prevent harm.
We cannot solve our problems with the same thinking we used when we created them.

- Albert Einstein
And Why Not?

No one is more patient centered.

No one knows your patient better.
Patients Forget 80% of What We Tell Them!

* Numerous studies in the U.S and U.K.
3-out-of-4 patients, age 64+, leave the hospital with an incorrect prescription or no understanding of their medication regimen. (Yale New Haven study, December 2012)
Too Many Round Trips!
Engaging Patients & Families

Clinical Relationship

Organizational Improvement

©2015 PFCCpartners
Active Strategy for Improvement

Strategic Goal
Meet the standards for Meaningful Use to generate revenue stream.

Project/Initiative
Design a highly utilized Patient Portal and increase access.

Patient Family Advisor
Co-design the Patient Portal so that it is organized in a way that makes sense to patients and families, with the right information in the right place.
PFCCpartners recognizes that the quality of health care outcomes is improved when the expertise of the health care provider is partnered with the experience of the patient and family. From the bedside to boardroom, patient and family centered care is about partnering to design policies, programs, and individual care plans for the best possible outcomes.
What Does Success Look Like?
What Do you Need?

• Patient Family Advisors
• An identified scope of work
• Culture of partnership
• Dedication to the collaborative process
• Structure for partnership
• Context and information
Partners in Improvement

Patient & family advisors work in a variety of healthcare settings sharing their personal stories to represent all patients & families in providing an educated perspective of care by bringing authenticity, empowerment, respect and inspiration to the design and delivery of healthcare systems. Patient & Family Advisor roles include partner, educator, speaker, listener, advocate, collaborator and leader, ensuring the focus of healthcare is centered on the patient & the family.

Collaboratively authored by the Patient & Family Advisors assembled for the 2012 Institute for Healthcare Improvement Forum, Orlando December, 2012
Core Competencies for Patient Family Advisors
Identified Scope of Work

Scope

Recruitment
Preparation
Information
Focus
Engaging Vulnerable Populations

- Identify your population
- Start a conversation, interviews
- Create community connections
- Expand your team
Building PFE Strategies in Rural Communities

• Kevin Franke, Wyoming
• Tahoe Forest Medical Center
• Mammoth Hospital
Culture of Partnership

- Value differing perspectives
- Respectful behavior, tones, language
- Commitment to collaboration
- Acceptance of patient family experience
- Patient family acceptance of health care professional’s area of expertise
Collaboration

Common Purpose

Problem Solving in Development

Negotiation

Everyone is Active

©2015 PFCCpartners
Tools of Co-Design

• Transparency
• Strength-based language
• Rules of engagement
• Commitment to the Team above personal agenda
• Non-jargon signs
• Parking lots
• Clear and attainable goals
What is the Right Structure for Engaging PFAs?

Scope
+ Organizational Improvement Pathways

High Impact
Examples of Co-Design

Care Relationship: Trauma Experience

Hospital/Organizational: Outpatient LEAN Improvement Event

Policy/National Level: National Quality Forum Patient Engagement Action Team
Mammoth Hospital

Patient & Family Centered Care
Mono County located east of the Sierra Nevada Mountains between Yosemite National Park and Nevada

County population approx. 14,000
Mammoth Lakes only incorporated town in county
At the base of Mammoth Mountain
Mammoth Lakes population approx. 7,500
Ski weekends population can increase to 35,000
Mammoth Hospital

- Mammoth Hospital is the only 24-hour emergency care available in the county
- 17-bed Critical Access Hospital
- Full-time board-certified medical staff
- 12 out-patient clinics
- Official Medical Provider for the U.S. Ski and Snowboard Teams
- Specialized orthopedic surgery and rehabilitation programs
Mammoth Hospital
Patient & Family Advisory Council
Meet & Greet Luncheon/Orientation – December 1, 2015
Celebrations & Challenges

Challenge:
- Large percentage of Mammoth Hospital clientele are tourists/second-homeowners
- Potential PFAC members have limited availability

Celebration:
- One PFAC member is second-homeowner
- Quarterly meetings were agreeable
- Email communications to review documents, ideas, etc.
- PFAC suggested more frequent meetings as needed!
Mammoth Hospital
Patient & Family Advisory Council
Facility Tour – February 4, 2016
Patient & Family Centered Care

- Began PFCC journey June 2015
- Mentored by PFCC Partners and Beta Healthcare Group
- Strong Leadership Team support
- Established Workgroup
- Created Vision Statement and Charter
- PFAC recruitment
- 5 PFAC members
- PFAC Orientation December 2015
- First PFAC Meeting January 2016
PFAC identified 16 potential areas for improvement

Top areas identified:
- Admitting
- Lobby/Waiting Areas
- Emergency Department

Always Event ideas to be identified at 2nd meeting

Individual PFAC members assisting departments including ED, OB, Out-Pt Clinics (Mental Health and Chronic Pain Management programs)

Goal: PFAC members participate on hospital committees and eventually Board of Directors
Challenge Question

Identify an issue in your work that you would like to solve using a co-design approach.
Questions?
Thank You!

Boris Kalanj  
Director, Cultural Care & Patient Experience  
Hospital Quality Institute  
(916) 552-7694  
bkalanj@hqinstitute.org

Libby Hoy  
Founder and Chief Executive Officer  
Patient & Family Centered Care Partners  
(562) 961-1100  
libby@pfccpartners.com

Adrienne Burns, RN, BSN, CEN  
Quality Improvement Specialist  
Mammoth Hospital  
(760) 924-4116  
Adrienne.burns@mammothhospital.com