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Advancing Communication to Engage and Activate Families in their Loved Ones Care

The Power of our Story
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CHA Center for Post-Acute Care

A little background about Karen and Mary

For All of Us – This Work is Personal

- Why Partner with Families?
- How to Partner with Families to Support
  Good Communication
  Vigilant Post-Discharge Care
“Bring someone with you.”

Who are Your Nearest and Dearest?

I Was a Care Partner for My Dad

Devastating Diagnosis
Successful lung transplant and Super Star!

IPF cured!
• Pulmonary Fibrosis
• VAP
• MRSA
• C diff
• DVT
• PE
• MRSA… again
• C diff… again
• Stage 4 Bed Sore

Bill Aydt, married to Margaret, 51 years
6 children, 9 grandchildren

Family bedside 7 months
On the job learning – too little, too late
I Was my Father's Care Partner… And I Failed.

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Next, I was a Care Partner for my Husband

“Routine” Bowel Resection
Sepsis
Emergency Surgery
VRE
Discharged with…
... an IV,
... colostomy and
... drains
No supplies
No confidence
Lots of questions and...
High anxiety

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Just bad luck?
1 in 3 Patients Needlessly Suffer or Die from Preventable “Adverse Events”* 


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

Too Many Round Trips!
Three out of four patients – 75% – age 64+, leave the hospital with an incorrect prescription or no understanding of their medication regimen. (Yale New Haven study, Leora Horowitz, December 2012)

Patients Forget 80% of What You Tell Them

Human Toll

Immeasurable
"We have trained, hired and rewarded people to be cowboys, but it is pit crews that we need – pit crews for patients."

- Atul Gawande, MD
Quality Improvements
What Will You Do Next?

1. Provide planning checklists for patients and families who have scheduled admissions
2. Conduct shift change huddles and bedside reporting
3. Have a dedicated person or functional area for attending to patient and family engagement
4. Have an active PFAC (Patient and Family Advisory Council)
5. Have at least one patient/family member sit on your hospital’s Board of Trustees with full voting rights and privileges
6. Provide information and tools to patients and families to prevent HACs and readmissions.

Engage to Activate:
Touch Point Opportunities to Mentor Care Partners

Level 1
Overwhelmed

Level 2
Aware

Level 3
Taking action

Level 4
Maintaining behaviors, pushing further

- Pre-Admission
- At Admission
- During Hospital Stay
- At Discharge
- Post-Discharge
- Recovery

What The Evidence Shows About Patient Activation: Better Health Outcomes And Care Experiences; Fewer Data On Costs,
Try These Thinking Caps On for Size

Feelings, Intuition

Why it WILL Or CAN work

Why May NOT work

FAMILY ACTIVATION
Communication is Key
Checklists: Simple Info Can Help Solve Complex Problems

Enlist Families with Checklists to Help Prevent:
- Falls
- Hospital Infections
- Blood Clots
- VAP
- Bed Sores
- Readmissions
- Plan Ahead for Care Post-Discharge

FAMILY ACTIVATION at Admission
Start with a Warm Welcome

“Cliff Notes” to Engage and Activate

SHARE INFORMATION:
Simple checklists in simple terms
Checklists can take many forms – “switch it up” to retain interest

MOTIVATE:
Reasons why
Friend-friend tone
Grace notes

Provide Tools:
Familiar “every day” items transform help-less to help-full
Pre-Admission: Invite Families to Partner with a Warm Welcome

Information:
You know your loved one best; you are an important member of our care team.

To Do's
- Speak up with concerns and questions
- Share insights about loved one
- Take notes
- Wash hands and make sure everyone else does too

Grace Notes: A sincere “thanks,” graphics, “To all the world…”

Checklists Work! Why NOT for Families?

- Virtually eliminated CLABSI’s in ICU’s, U of Michigan Hospitals
- Reduced mortality rate overall by 10% in UM system

Checklists: Simple Info Can Help Solve Complex Problems

Enlist Families with Checklists to Help Prevent...
- Falls
- Medication mishaps
- Missed warning signs of trouble
- Readmissions
About Bloodstream Infections:

Germs can invade the body through cuts or breaks in the skin, resulting in serious infection that's carried through the bloodstream.

Risk Factors:

- Use of a tube and bag system called an "IV" or a "central line" to deliver fluids because the skin has to be broken for these lines to be inserted.

Use this Checklist to Help Prevent Bloodstream Infection:

- When a central line is inserted, ask: "Are you using a central line bundle?"
- Watch to make sure that nurses and doctors:
  - Wash their hands thoroughly before touching your loved one
  - Use sterile instruments and supplies
  - Sterilize the skin
  - Choose the safest spot
  - Ask, "Why?" if groin is chosen
  - Use a clean sheet to drape your loved one's body
  - Wear a mask
  - Cover the area with a sterile pad
- Make sure any openings in the skin are kept covered at all times.

Central line IV lines often go here (but not always)

Central line can go in the groin, but it's not the safest place

In the Hospital and at Discharge: Activate Families to Support Loved Ones at Home

Information: Now is the time to

- Call on other family and friends to help
- Call insurance company for home health care support
- Ask us!

To Do's: Use these checklists to plan support for your loved one's

- Medical care follow-ups and needs
- Daily living needs
- Medical supplies needed at home
- Safety plan for moving around the home
- Nutrition needs (Groceries to buy)

Grace Notes

FAMILY ACTIVATION
At Discharge
Grace Note: A Light Touch for a Tough Topic

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Lisa Meers
- Husband, Robert, healthy
- Collapsed while playing golf – no warning
- Quintuple bypass surgery
- In quiet surgical waiting room, looked over checklists: realized how frail Robert was... PANIC!
- Called insurance. Nurse approved!
- Felt more comfortable asking questions
- Went back to work once Robert discharged
- No mishaps in recovery: knew what he needed and had nurse on the job!

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Information: This is what keeps us up at night! Med management is complicated. Please create a buddy system for safety at home: two heads are better than one!

To Do’s and Tools:
- Create record on “spreadsheet” tool
- Meds starting
- Meds stopping
- Meds at home to discard
- Meds taken day of discharge
- Record discharge conversation on phone
- Look up all medications (Drugs.com, the Beers List), Bring up any concerns.
- Ask questions at discharge until all details are clear
- Create a plan for taking meds at home. Ask us for help – OK to ask pharmacist, too. Everyone is on your team for safety

Grace Notes... a bit of a challenge

In the Hospital and at Home: Activate Families to Support Safe Med Use

Help Prevent Med errors
Encourage Patients/Families to Record Discharge Instructions

"Good to Go" Cullman Regional Medical Center

- 15% reduction in readmissions
- 62% increase in satisfaction on HCAHPs discharge questions

FAMILY ACTIVATION
Home Tools to Prevent Readmission
At Home: Families are Prepped & Organized to Pitch In!

Information: Too many patients end up back in the hospital because they minimize problems or have no way to get to a doctor for help. ("Don’t want to be a bother" syndrome.)

To Do’s
- Check in with loved one every day to look for signs of trouble
  - Checklist of common symptoms of post-discharge complications: physical, emotional, behavioral
- Call with questions (number/resources provided)
- Get loved one to a doctor for help

Grace Notes (next slide)
Since my husband and I are both in our middle 80's, probably one of us will be in the hospital sometime. I carefully went through the checklists…these records would be very helpful! It will bring comfort and peace.”

- Joanne Cerling
Be the Change You Want to See

For your family
For your patients
For your peace of mind

Contact Us Any Time if You’d Like Some Help

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Thank You!