Partnering with Patients and Families to Improve Quality and Patient Safety

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Strategically Create a PFE Culture

- Strategic Plan
- Mission
- Annual Goals
- Provide a culture that encourages trying something new
- Find the leaders: Hospital
- Find the leaders: Patients and Families
- Model from the top
  - PFA on the Board
  - Patient's sharing stories @ board meetings

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PFE a Single Strategy!

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MAKING THE PFE/QUALITY IMPROVEMENT CONNECTION

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We are underutilizing the expertise of patients and families

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Make the Connection Worksheet

- As we go through different strategies identify quality improvement or patient safety goals each strategy would fit.

Making the Connection: PFE Strategies and Quality

Patients and their families are essential partners in the effort to improve the quality and safety of health care.
-Partnership for Patients

Specifically to your organization identify how each of the following Patient and Family Engagement (PFE) strategies could be used to target a specific quality or patient safety improvement goal.

Organization Design and Governance

1. Patient and Family Advisory Council
   Quality or Patient Safety Goal/s:
2. PFA on Committees
   Quality or Patient Safety Goal/s:

Direct Care

1. Discharge Planning
   Quality or Patient Safety Goal/s:
2. Bedside Shift Report
   Quality or Patient Safety Goal/s:

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Direct Care

- If individuals feel their beliefs, desires, and culture are considered in their care, they are more likely to follow their care plan.
- If individuals are able to communicate effectively with their providers and have a prominent role in making health care decisions, they will receive better care, can more effectively manage their health, and may receive appropriate preventive care while relying less on emergency or urgent care.

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Epstein RM, Street RL, Jr. Patient-Centered Communication in Cancer Care: Promoting Healing and Reducing Suffering. National Cancer Institute, NIH Publication No. 07-6225. Bethesda, MD, 2007.

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Tools for improving quality and patient safety (bedside)

- Discharge Planning
- Bedside Shift Report
- Shared Decision Making
- Teach Back

DISCHARGE PLANNING

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Pre-Admission Checklist For Scheduled Admissions

Benefits for patients/caregivers:

- Reduced stress/anxiety:
  - Learn what to expect
  - Understand risks associated with procedure
- Special needs identified in advance
- Extra time to formulate questions

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Pre-Admission Checklist:

Benefits for the organization:

- Identify opportunities for teaching
- Begin discharge planning discussions
- Improved efficiency at admission
- Allows for more individualized patient care
  - Proactively meet patient needs (translators, consults, etc.)
  - More patient interaction, less paperwork
- More complete/reliable information from patient/caregiver

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Check List Inclusions

- A physical checklist that encourage conversations with patients it can include:
  - What patients should expect
  - Patient concerns and preferences care
  - Potential safety issues (pre-admission medicines, history of infections, etc.)
  - Relevant home issues
    - Support Needs
    - Transportation
    - Care Coordination

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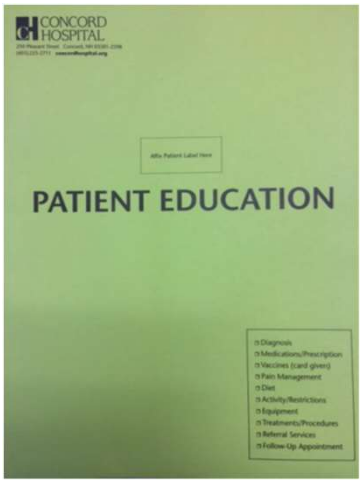

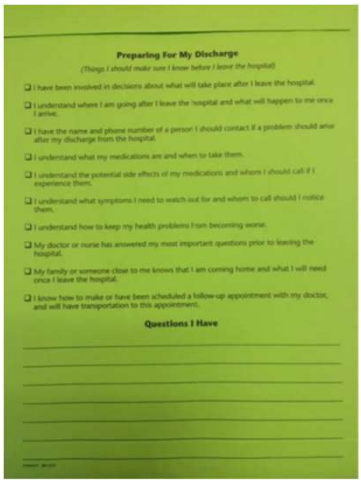

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Document The Conversation

- Patient preference, concerns, and expectations expressed by patients/family members
- Share with the entire hospital care team for ongoing communication
- Patients and families should retain a copy of the checklist.

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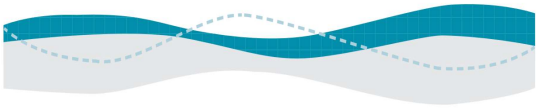
What Message are you Sending?



Write it down - Join your team!

What did the doctor tell me?	What medicine do I need to take? How do I take my medicine?

https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/patient-note-sheet.pdf

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Patients don't know what they don't know

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BEDSIDE SHIFT REPORT

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Bedside Shift Report

- Nursing staff conducts shift change reports at the patient's bedside
- Patient can identify a family member or close friend to participate
- Report should take about 5 minutes per patient
- Purpose:
  - To engage the patient and family in hospital care
  - To share accurate and useful information between nurses, patients, and families

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Benefits

- Bedside shift report can improve:
  - Patient safety and quality
    - Improved communication
    - Decrease in hospital-acquired complications
  - Patient experiences of care
  - Time management and accountability between nurses
    - Decrease in time needed for shift report
    - Decrease in overshift tim
- Patients are able to supply missing information or correct erroneous information

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More Benefits

- Builds trust in the care process
  - Shows the patient how much nurses know and do for them
  - Shows teamwork among the nursing staff, reassuring the patient that everyone knows what is going on with them
- Encourages patient and family engagement
  - Gives the patient and family an opportunity to ask questions and correct any inaccuracies in handoff
  - Informs the patient and family members about the patient's care throughout the stay and helps with the transition to home

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Critical elements of bedside shift report

- Introduce the nursing staff, patient, and family.
- Invite the patient and family to participate
- Open medical record or electronic work station in the patient's room
- Conduct a verbal SBAR report with the patient and family, using words they can understand
- Conduct a focused assessment of the patient and a safety assessment of the room
- Review tasks that need to be done
- Identify needs and concerns of the patient and family

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Include the Patient and Family

- Active participation as much as they desire
- Allow patients to opt out
- Part of the entire discussion not just selected parts of it
- The patient and/or family member is able to
  - hear
  - question
  - correct or confirm
  - learn more about the next steps in their care

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Talk in front of a patient???

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Shared Decision Making

Shared relationship between patient and provider most important to advance healthy behaviors

Norris, S. L., Engelgau, M. M., & Narayan, K. M. V. (2001). Effectiveness of self-management training in Type 2 diabetes. Diabetes Care, 24, 561-587.

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Shared Decision Making

- Recognize Opportunity
  - A healthcare decision needs to be made
- Use Decision Aids
  - Tools to educate patient and family on options
- Have a Conversation
  - Discuss options
  - Assess patient and family understanding
- Patient receives care
  - That has been agreed upon by everyone

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Teach Back

- Method to confirm patient's understanding
- Tell me, in your own words….
  - why you need this medication
  - how you would take this medication

Teach Back not a test of patient's knowledge Is a test of how well we explain something

Kessels, R. P. (2003). Patients' memory for medical information. Journal of Social Medicine, 96(5), 219-222.

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PATIENT ENGAGEMENT ORGANIZATION LEVEL

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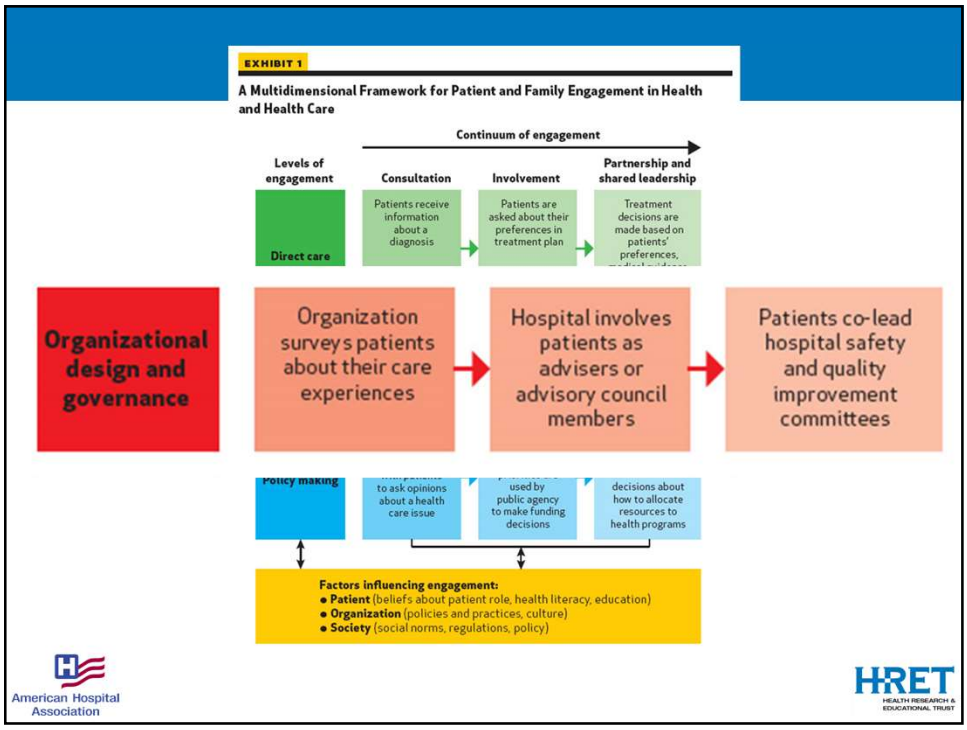

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Organizational Accountability

- Prepare the organization
  - Staff prepared to work in partnership with advisors
  - Staff understands the value of a PFA
  - Infrastructure to support the Advisors
  - Infrastructure to support the team
  - Leaders “own” this

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IDENTIFYING AND PREPARING PATIENT FAMILY ADVISORS FOR QI WORK

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Why Utilize PFAs in QI efforts?

1. Provides a patient and family perspective
2. Challenges the way things have always been done
3. Partnership equals innovative ideas

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Choosing Effective PFAs

An effective advisor :

- Has personal patient experience or has acted as a caregiver
- Has processed through grief or loss
- Can generalize personal experience to provide feedback on overall patient experience
- Has time to commit to regular meeting attendance as well as outside volunteer opportunities

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Choosing Effective PFAs

An effective advisor :

- Possesses soft skills necessary for working in a collaborative environment:
  - Active listening
  - Clear, tactful verbal communication
  - Willingness to speak in front of group/leadership
  - Does not have a single focus or agenda

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Preparing for Partnership: Training

- Consistent experience for PFAs and staff
- An established and understood approach for intervention and specific QI tools
- Confident PFAs and comfortable staff
- Opportunity to make sure PFA chosen is the best fit
- A fast track to effective and useful feedback/participation

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PFA Training Components

- Clarification of PFA role in this context
- Background on what is to be improved addressing with QI methodology
- Review of communication strategies
- Overview of QI process

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Preparing PFAs to Partner in QI Work

- Frame the issues
- Discuss just culture vs blame culture
- Introduce PFA to key players first
- Assign PFA a QI buddy
- Teach current QI strategies and methods
- Teach system and human factor theory

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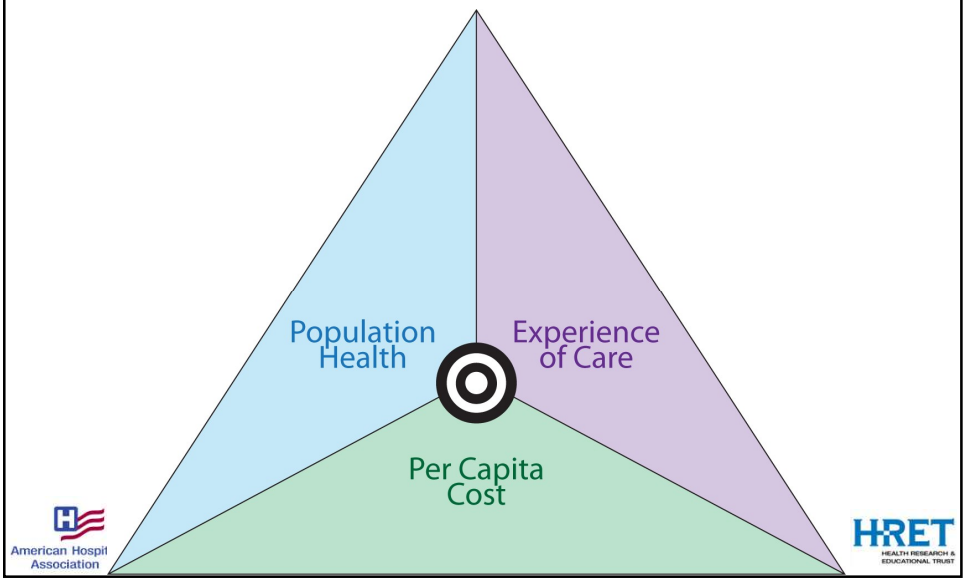
PFA in Quality Improvement

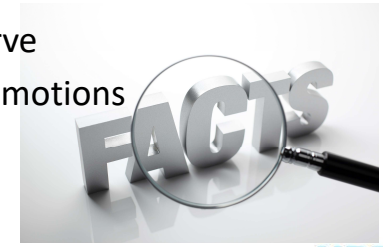


Building the Team

- What does each person bring?
- What expertise is in the room?
- How will we work together?
- What orientation can we all participate in?

Sharing Data

- What data are you using?
- What is important for the Advisor to know
- What is known and understood by staff
- Recognize that some info will be new to PFAs
  - Ie. Why are people falling?
  - Recognize the learning curve
  - Make room for potential emotions



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Have Fun, Make it Interesting

- Including PFAs
  - Improves care
  - Bring renewed interest
  - Surge of energy
  - Reminds us who we are doing quality work for
  - Can bring Joy back into the work place

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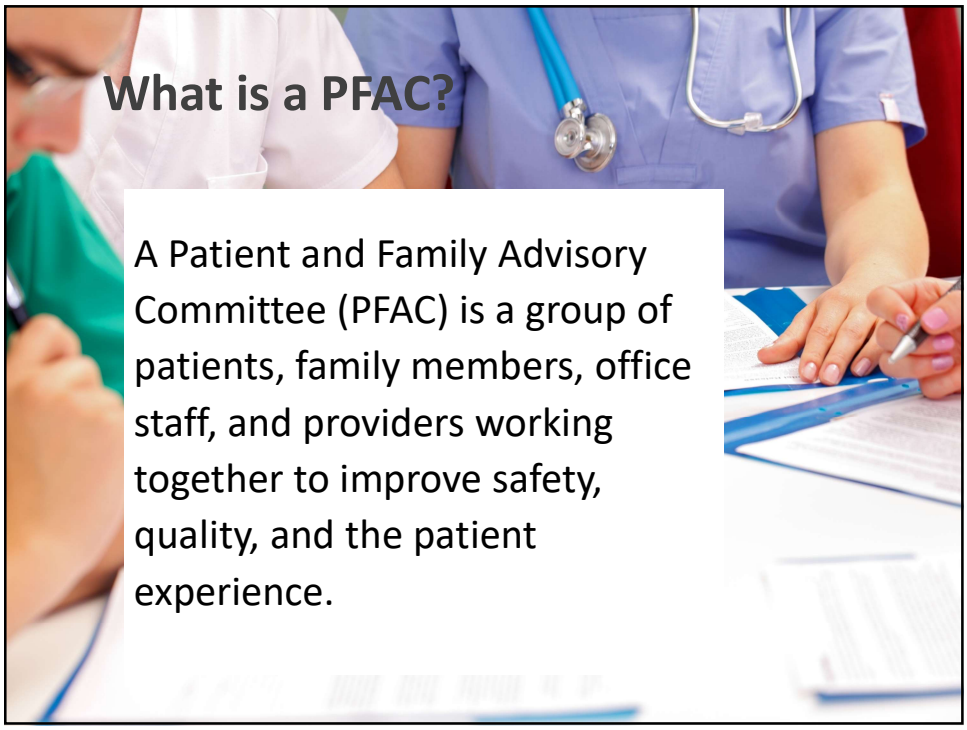

Patient/Family Advisory Councils

- Identify and implement ways of improving the care experience for all patients and families
- Discuss and plan changes to improve hospital quality and safety
  - Identify ways of improving the care experience for all patients and families
  - Council members include patients, families, hospital staff, and clinicians

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What a PFAC is Not

- A place to sort out personal grievances
- A place to focus on personal agendas
- A grumpy, whiney patient group

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Why Have a PFAC?

- Bring a new perspective and experiences
- Change culture to authentically partner with patients
- Challenge the way things have always been done
- Use your untapped resource

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Steps to a PFAC

Determine Goals and Mission

Prepare leadership and staff

Recruit

Orientation

Meetings and Projects

Sustaining and Grow

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Who makes a good PFAC Member?

- It isn't what they say but how they say it
- Listens with an open mind
- Can work in a group with differing ideas
- Represents multiple voices and listens to multiple voices
- Build a PFAC that is representative of the community being served!

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PFA on Internal Committees

- Changes the culture:
  - Greater awareness and respect for patient/family needs and experiences
- Patient perspective will be weighed in decision-making process
- Leaders learn the "real-life results of their decisions

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Prep staff prior to PFA participation

- Discuss goal for including PFA in meeting/project
  - Adjust expectations when necessary
- Request member be introduced at start by chair
- Assign a "buddy"
- Request updates on how it's going

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Which Committees?

- Patient Safety/Quality
- Patient Experience
- Improvement
- Facility planning
- Information technology
- Ethics
- Lean Projects
- And others

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PFA on Board

Our board members are Patient

- Yes, but....
- What is their role and responsibility on the board?
- Is the patient perspective formally being represented?
- Is this perspective formally included in discussions, decisions and votes?

The Compassionate Friends
Supporting Family After a Child Dies

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Patient Representation on the Board

- At least one board seat dedicated to the "voice of the patient" full voting member
- Member who has had recent experience as a patient and/or family member
- Ensure that the Board works with patient and family perspectives when making governance decisions at the hospital

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PFA Rounding

- Prepare PFA and nursing
- Visit is social with a purpose
  - What is going well?
  - What could we do better?
- Option of targeting specific topics

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Small Group Action Planning

Using the planning guide provided, work with your group to identify topics that could be improved with PFA Rounding.

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Example: Readmissions

Readmission-Focused Peer Rounding

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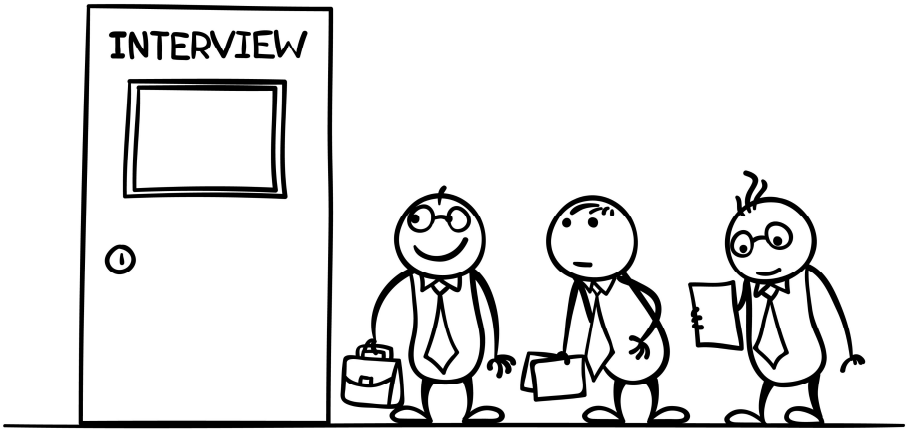
Staff Interviews



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Engaging PFA in Staff Interviews

WHO: Any and *all* potential new hires

WHEN: During final rounds of interviews

WHY:

- See the candidate through the eyes of a patient/family member
- Get immediate feedback on candidate's ability and willingness to engage patients

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PFA Safety Rounds

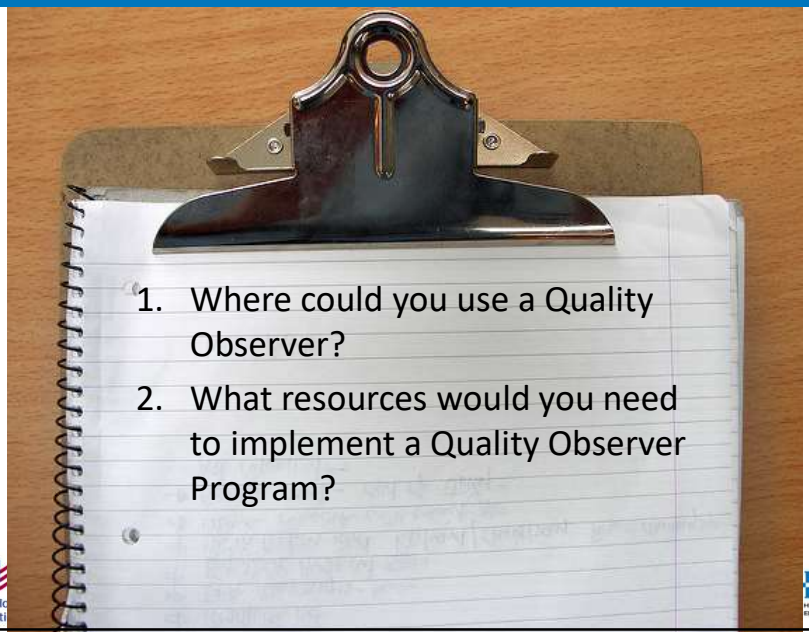
PFA Patient Safety Rounds

- **Who**: PFA, Frontline staff, senior leaders, members of PS committee
- **What:** Provide checklists, pens, clipboards
- **Where:** All Departments
- **When:** varied to cover different departments
- **How:** Prepare team, plan de-brief, communicate findings

Secret Shopper or Quality Observer

1. Follow an active patient
2. Passive observer (waiting room)
3. Observe an actual patient experience
4. Present as a patient
5. PFAs who become actual patients

Table Talk



PFAs in Root Cause Analysis (RCA)

Current patient safety event reporting systems are aimed at obtaining information from health care providers. However, patients and their family members are in a unique position to view the continuum of care, which enables them to identify gaps in care that may have contributed to adverse events

(Battles 2014).

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Preparing PFA to be on an RCA

- Training and individualized preparation
- Understanding the importance of confidentiality
  - Beyond the fear of lawsuits
    - Private healthcare information
- Understanding of national landscape of medical errors
- Review of types of cases that are brought to an RCA
- Training in improvement methods
- Understanding of system theory
- Understanding of human factors
- Understanding of financial impact to the hospital and patients and families
- Have a feedback loop

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Preparing RCA committee to work with PFA

- Explanation of the importance of including the patient perspective
- Understanding who the PFA is and their training
- Understanding of the benefit to the hospital and the RCA work
- Examples from other organizations
- Open discussion of perceptions and concerns
- How the committee may adapt to including the PFA
- Include RCA staff in preparing and implementing PFA training
- Have a feedback loop

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Facts bring us to knowledge, but stories bring us to wisdom.

Rachel Naomi Remen, M.D. Kitchen Table Wisdom

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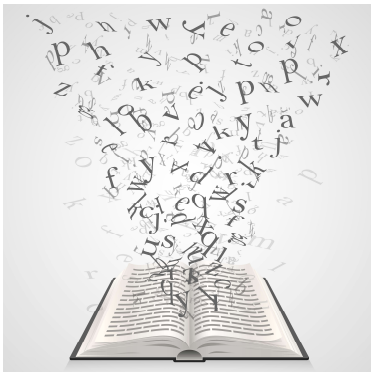
Why do we tell our stories?

- To make it real
- To connect with others
- To make a difference



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Foundations of Storytelling in Healthcare

Top 3 PFA Needs

1. Heal by being heard
2. Share something meaningful
3. Make a difference

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Foundations of Storytelling in Healthcare

Top 3 Audience Needs

1. Make me love you
2. Tell me something I don't know
3. Give me something I can take with me when I leave

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What Makes a Story Impactful?

- ✧ Descriptions versus Judgments
- ✧ Impact versus Intent
- ✧ Facts versus Opinion
- ✧ Personal versus Emotional
- ✧ Teach versus Chastise
- ✧ Change versus Punish
- ✧ Describe versus Defend
- ✧ Information versus Repetition

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What Strategy is Going to Fit?

- What are you looking to improve?
- Which strategy might work?
- What is your first step?

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HIIN HOSPITAL ACQUIRED CONDITIONS AND TOPICS W/ CORRELATED RECOMMENDED PFE STRATEGIES

- **Adverse drug events**
  - Story Telling
  - Patient Activation w/ MI
  - Patient/Family Education
  - PFA Education Development
  - PFA committee work
  - TeamSTEPPS for Pts (Time-Out Tool)
  - PFA Rounding
  - Teach back
- **Antibiotic Stewardship**
  - Patient/Family Education
  - Teach Back
- **Culture of Safety**
  - PFAC
  - PFA on Safety Rounds
  - Quality Observers
- **Central line-associated bloodstream infections**
  - Story Telling
  - Patient Activation w/ MI
  - Patient/Family Education
  - PFA Education Development
- ***Clostridium difficile***
  - Story Telling
  - Patient Activation w/ MI
  - Patient/Family Education
  - PFA Education Development
  - Teach Back (re symptoms of concern)
  - TeamSTEPPS for Pts (CUS re hand washing)
  - PFA Rounding re hand washing
- **Injury from falls and immobility**
  - Story Telling
  - Patient Activation w/ MI
  - Patient/Family Education
  - PFA Education Development
  - Bedside rounding, shift changes, huddles
  - PFA on committee
  - PFA Rounding
  - Teach Back (including family)
- **Pressure ulcers**

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Start small

- Plan, Do, Study, Act
- Choose one PFA
- One project
- Small tests of change
- Review with everyone
- Adjust as necessary

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Key to success: Prepare, Prepare, Prepare

- Leadership
- Staff
- Patient Family Advisors

You are not alone...there are a lot of resources and assistance available!

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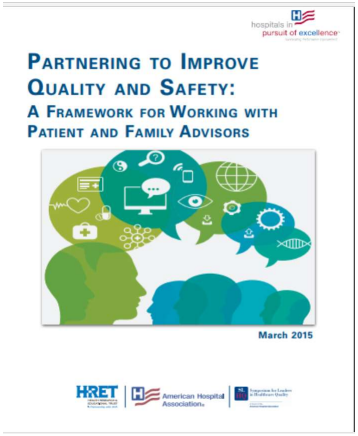
HPOE Guide

http://www.hpoe.org/resources/hpoehretaha-guides/1828



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