Applying the Partnership for Patients (PfP) Strategic Vision Roadmap for Person and Family Engagement (PFE)

Meeting the Intent of the Five PFE Metrics

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Today’s session

• Defining and Achieving the PfP PFE Metrics
• Applying the PFE Strategies in the Roadmap
• Spotlight on PFE Metric 1
• Questions and Discussion
Defining and Achieving the PFE Metrics
The 5 PFE Metrics

- **Point of Care**
  - Preadmission Planning Checklist (PFE Metric 1)
  - Shift Change Huddles OR Bedside Reporting (PFE Metric 2)

- **Policy & Protocol**
  - Designated PFE Leader (PFE Metric 3)
  - PFAC or Representatives on Hospital Committee (PFE Metric 4)

- **Governance**
  - Patient Representative(s) on Board of Directors (PFE Metric 5)
Poll #1

Which PFE metric is **most difficult** for your hospital to meet?

- Metric 1 (planning checklist)
- Metric 2 (shift change huddles/bedside reporting)
- Metric 3 (PFE leader)
- Metric 4 (PFAC or representative on committee)
- Metric 5 (Patient representative on board)
Preadmission planning checklist:
Hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission to the hospital (e.g., for elective surgery)

Intent
• Checklist serves as a mechanism to prepare patients and families for the hospital stay – and invite them to be active partners in their care
• Checklist can be used to guide a conversation with patients and families at the earliest point possible before or during their care about concerns, preferences, and issues related to the hospital stay
Why this is important

- Enables an active partnership in quality and safety from the very start of the hospital stay
- Helps patients clarify expectations about the hospital stay and their care
- Allows clinical staff to know the concerns, interests, and goals of the patient
- Identifies potential safety issues so that patient and clinical staff can work in partnership to avoid them
Achieving Metric 1

The hospital can answer “yes” when:

• Hospital has a physical planning checklist for patients with scheduled admissions AND

• At admission, hospital staff discuss the checklist with patient and family

Note: Hospitals are encouraged to consider and pursue options for achieving the intent of the metric. However, if a hospital does not conduct any scheduled admissions, PFE metric 1 does not apply.
Getting started on Metric 1

Activities:

• Engage in “Collaborative Conversations” with patients, family members, clinicians, and staff to gather their perspectives on how to partner throughout the hospital stay

• Work with a multi-stakeholder group to develop/refine checklist

• Ask a patient and family advisor (PFA) to discuss the checklist at meetings, including the benefits (e.g. Board, Quality/Safety Committees)

• Pilot the checklist in one unit or department
PFE Metric 2 (Point of Care)

**Shift change huddles OR bedside reporting:** Hospital conducts shift change huddles and bedside reporting with patients and family members in all feasible cases

**Intent**
- Include the patient and/or family member in as many conversations about their care as possible throughout the hospital stay
- The patient and/or family member is able to hear, question, correct or confirm, and/or learn more about the next steps in their care as it is discussed between nurses changing shifts or clinicians making rounds
Why this is important

• Enables the opportunity to correct errors and clarify care plans with the patient and family
• Encourages the patient and family to be an active partner in their care to the degree they desire
• Enables ongoing communication and interaction
Achieving Metric 2

The hospital can answer “yes” when:

- In as many units as possible, but in a minimum of at least one unit, nurse shift change huddles OR clinician reports / rounds occur at the bedside and involve the patient and/or care partners

Note: This activity should be possible in all hospital types and structures. However, a hospital may offer alternatives to accommodate patient and care partner participation (e.g., adjust time of shift changes, offer options for care partners to participate via phone or Skype).
Getting started on Metric 2

Activities:

• Invite leadership to do “walkabouts” to better understand how care is happening “on the floor”
• At admissions, educate patients and families about shift change huddles and bedside reporting
• Remove restrictions on visiting hours
  • IPFCC Better Together Campaign: http://ipfcc.org/bestpractices/better-together.html
• Partner with PFAs to train hospital clinicians and staff
  • Anne Arundel Medical Center (AAMC) video on bedside shift report: http://www.youtube.com/watch?v=PIlzIvXpSDY
PFE Metric 3 (Policy and Protocol)

**Dedicated PFE leader:** Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE

**Intent**
- PFE built into hospital management and operations
- Visible leadership within the hospital
- Manages PFE plans and activities
- Has time dedicated to PFE
Why this is important,

- Communicates the value of PFE to all hospital staff, clinicians, patients, families, and the community
- Enables the hospital to centralize and coordinate PFE efforts
- Clarifies who has authority and responsibility for PFE
- Provides a face and name to the hospital’s PFE culture
Achieving Metric 3

The hospital can answer “yes” when:

• There is a named hospital employee (or employees) responsible for PFE efforts at the hospital either in a full-time position or as a percentage of time within their current position **AND**

• Appropriate hospital staff and clinicians can identify the person named as responsible for PFE at the hospital

*Note*: This activity should be possible in all hospital types and structures.
Getting started on Metric 3

**Activities:**

- Ask PFAs to help develop a job description for the PFE leader and interview candidates
- Determine how PFAs/PFAC will communicate and collaborate with PFE leader
- Educate leadership and clinicians about how a PFE leader will benefit the organization and the care provided
- Encourage informal PFE champions to communicate and collaborate with PFE leader
PFE Metric 4 (Policy and Protocol)

**PFAC or representative on hospital committee:** Hospital has an active Patient and Family Advisory Council (PFAC) OR at least one patient who serves on a patient safety or quality improvement committee or team

**Intent**
- Hospital has a formal relationship with PFAs who help guide hospital operations, policies, procedures, and quality improvement efforts
- May be via Patient and Family Advisory Council OR inclusion of PFAs on hospital quality or safety (or related) committee
- PFAs have the same rights and privileges as all other committee members
Why this is important,

- Help hospital provide care and services based on patient- and family-identified needs and solutions rather than assumptions about what patients and families want or need
- Improve overall systems and processes of care, including reduced errors and adverse events
Achieving Metric 4

The hospital can answer “yes” when:

- Patient and/or family representatives from the community have been formally named as members of a PFAC or other hospital committee AND
- Meetings of the PFAC or other committees with patient and family representatives have been scheduled and conducted

**Note:** The two options possible for accomplishing this metric are designed to accommodate hospitals with varying levels of experience working with PFAs. While a PFAC is the recommended best practice, it also is acceptable for a hospital to identify and prepare at least one PFA (and ideally, at least three to four) from the community to serve on an existing hospital committee (e.g., Patient Experience or Quality Improvement committee)
Getting started on Metric 4

Activities:

• Identify target audience
• Develop/refine recruitment process – get input from current advisors
• Develop/refine mission with PFAC
• Invite leadership to meet with PFAC
• Examine/expand communication activities
Patient representative(s) on board of directors: Hospital has one or more patient(s) who serve on a governing and/or leadership board as a patient representative

Intent

• Ensure that at least one Board member with full voting rights and privileges provides the patient and family perspective on all matters before the Board

• Ultimate goal is to ensure that the Board works with patient and family perspectives when making governance decisions at the hospital
Alternatives

- Asking for PFAC input on matters before the board, and incorporating a PFAC report into the board agenda
- Identifying elected or appointed board members to serve in a specific role, with a written role definition, representing the patient and family voice on all matters before the board
- Requiring all board members to conduct activities that connect them closer to patients and families, such as visiting actual care units in the hospital two times per year and/or attending two PFAC meetings per year
Why this is important, 4

- Patient and family needs, interests, and input occurs at the level of hospital governance
- Encourages patient-centered decision making by the Board
- Communicates a commitment to the community about the role of patients and family members in the hospital’s operations
- Enables patients and families to contribute viable solutions and ideas to accomplishing the mission of the hospital
Achieving Metric 5

The hospital can answer “yes” when:

• The hospital has at least one position on the board designated for a patient or family member who is appointed to represent that perspective OR

• If a specific board representative is not possible, the hospital has implemented one of the alternatives to the metric to incorporate the perspective of patients and families when making hospital governance decisions

Note: Hospitals are encouraged to consider and pursue other options for achieving the intent of the metric.
Getting Started on Metric 5

**Patient Representative Position**

- Develop a PFAC
- Create a multidisciplinary committee—including patients and administrators—to help develop this position
- Groom current PFAs that exhibit many of the key qualities
- Prepare board members to listen to and partner with patient and family representatives

**Meeting an Alternative**

- Develop a PFAC
- Share patient stories about care experiences at each board meeting
- Educate the board about the impact of PFE
- Ask your board to “Include Always”
  - “How are we including the patient and family perspective in this decision?”

Minnesota Hospital Association
Six Strategies to Promote, Implement and Sustain PFE

Organizational Partnership
Care, Policy and Process Redesign
Patient and Family Preparation
Measurement and Research
Clinician, Staff, and Leadership Preparation
Transparency and Accountability

Spotlight on PFE Metric 1
What’s in a planning checklist?

- What to expect during your stay
  - Pain management
  - Clinician rounds
  - Safety efforts and precautions
- Patient Bill of Rights
- Things we’ll need from you
- Invitation to ask questions
- Discharge plan

**Discussing your treatment plan.**

When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or other procedures, you may be asked to confirm in writing you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. This process also protects your right to decide if you want to participate in a research study.

**Getting information from you.**

Your caregivers need complete and correct information about your health and coverage so they can make good decisions about your care. This includes:

- Past illnesses, surgeries or hospital stays.
- Past allergic reactions.
- Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.
- Any network or admission requirements under your health plan.

**Understanding your health care goals and values.**

You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, family and care team know your wishes.

**Understanding who should make decisions when you cannot.**

We will ask you on admission if you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a “living will” or “advance directive” that states your wishes about end-of-life care. You should give copies to your doctor, family and nurse or registration clerk.

If you or your family members need help making difficult decisions, chaplains, and other are available to assist. A brochure and sample copies of the forms are available in the Admissions Office at 835-4900.

**Protection of your privacy.**

We respect the confidentiality of your relations with our doctor and other caregivers, and the sensitive information about your health and health care which are part of those relationships. Stat and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the way we use, disclose and safeguard patient information. The notice explains how you can obtain a copy of information from our records about your care.
Other Patient Safety Topics

• Concerns and preferences for their care
• Potential safety issues (e.g., pre-admission medicines, history of infections, etc.)
• Home issues as they relate to discharge (e.g., needs for additional support, transportation, and care coordination)
Northern Westchester Hospital: A Guide to Help You Prepare for Your Surgical Procedure

### Make it....
- Easy to Access
- Simple to Understand
- Prepare me BEFORE surgery about my care at home

- NWH Patient & Family
- Advisory Council

### Create Opportunities of Group Learning and Support:
- Joint Class, lead by Ortho Physician Assistant with Case Manager, PT, Nursing and Integrative Medicine

<table>
<thead>
<tr>
<th>Preparing for Surgery</th>
<th>Questions to Ask Your Surgeon</th>
<th>Medications</th>
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<tr>
<td>Preventing Surgical Site Infections (SSIs)</td>
<td>Three Weeks Prior to Surgery</td>
<td>Two Weeks Prior to Surgery</td>
</tr>
<tr>
<td>Twenty-Four Hours Prior to Surgery</td>
<td>The Day of Your Surgery</td>
<td>Visitors</td>
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<tr>
<td>Discharge from the Hospital</td>
<td>Preparing for Your Homecoming</td>
<td>Hand Hygiene</td>
</tr>
<tr>
<td>Smoke-Free Campus</td>
<td>Integrative Medicine</td>
<td>The Role of Hospitalists and Other Physicians</td>
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<tr>
<td>Pre-Admission Testing Questionnaire</td>
<td>Important Appointments and Contact Information</td>
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Guided Audio Imagery

Listen to these therapeutic recordings from home or at the Hospital. Guided imagery has been shown to provide relief during stressful times. And reducing stress can positively affect healing.

- [NWH Meditation for Stress Management](#)  
  Author: Susan Raskin
- [NWH Relaxation Pain Recording](#)  
  Author: Toni Russo
- [NWH Relaxation Pre-Procedure](#)  
  Author: Toni Russo

Presented at Washington State Hospital Association Safe Table – August 9, 2017
Benefits of a Planning Checklist

• Helps patients feel prepared for stay/surgery and can reduce anxiety
• Helps patients feel more confident about playing a role in their health and health care
• Improves patient experience (e.g., HCAHPS scores – pain management, discharge information, communication about medicine)
• Helps clinicians validate that patients/caregivers understand discharge information and are prepared to leave the hospital

Source: Northern Westchester Hospital, PFE Metric 1 Learning Module
Questions and Discussion
Poll #2

Which of the PFE metrics would you like additional training/education? (choose your top 2)

• Metric 1 (planning checklist)
• Metric 2 (shift change huddles/bedside reporting)
• Metric 3 (PFE leader)
• Metric 4 (PFAC or representative on committee)
• Metric 5 (Patient representative on board)
Resources

• PfP Strategic Vision Roadmap for PFE
• How PFE Can Help Hospitals Achieve Equity in Health Care Quality and Safety
• How to Create Opportunities to Engage with Patients and Families at Admissions and Beyond (PFE Learning Event, July 2017)
• PFE Metric Learning Modules (recorded webinars provide “just in time training” to help hospitals implement and meet the five PFE Metrics)

Available in the PfP Resource Library at: www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx
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