



HPOE *Live!*

2015 Webinar Series

The presentation will begin shortly.

The content provided herein is provided for informational purposes only. The views expressed by any individual presenter are solely their own, and not necessarily the views of HRET. This content is made available on an "AS IS" basis, and HRET disclaims all warranties including, but not limited to, warranties of merchantability, fitness for a particular purpose, title and non-infringement. No advice or information provided by any presenter shall create any warranty.

Improving Patient and Family Engagement in U.S. Hospitals

September 15, 2015

2:00–3:00 p.m. ET

1:00–2:00 p.m. CT

12:00–1:00 p.m. MT

11:00 a.m.–12:00 p.m. PT

Agenda

- Welcome and introductions
- The importance of patient and family engagement (PFE)
- Survey rationale
- Survey results
- Case studies
 - Beth Israel Deaconess Medical Center (by Ken Sands)
 - Columbia Memorial Hospital (by Trece Gurrad and Judy Coleman)
- Questions

Introductions



Maulik Joshi, DrPH, is Associate Executive Vice President at the American Hospital Association (AHA) and President of the Health Research & Educational Trust (HRET), the research and education affiliate of the AHA.

Maulik has served as:

- A senior advisor at the Agency for Healthcare Research and Quality
- President and CEO of the Delmarva Foundation
- Vice President at the Institute for Healthcare Improvement
- Senior Director of Quality for the University of Pennsylvania Health System
- Executive Vice President for The HMO Group

Introductions

Dominick Frosch, PhD, is a fellow in the Patient Care Program for the Gordon & Betty Moore Foundation. He oversees the foundation's activities related to patient and family engagement in health care. Dominick has served as:

- An associate investigator at the Palo Alto Medical Foundation Research Institute
- An associate professor of medicine at the University of California, Los Angeles.

Dominick completed his Ph.D. in clinical health psychology at the University of California, San Diego.



Introductions



Kenneth F. Sands, MD, MPH, is the Chief Quality Officer at Beth Israel Deaconess Medical Center and an associate professor of medicine at Harvard Medical School.

Dr. Sands received his medical degree from Dartmouth Medical School and his master's degree in public health from Harvard School of Public Health. He is a co-founder and site director for the Harvard Medical School Fellowship in Clinical Quality and Patient Safety.

Introductions



Trece Gurrad, RN, MSN, is currently the Vice President of Patient Care/CNE for Columbia Memorial Hospital, a 25-bed critical access hospital in Astoria, Oregon. Previously, she served PeaceHealth, St. John Medical Center as Nurse Manager of the Cardiology Unit and Director of Acute Care Services. She received her Bachelor's degree in Nursing from University of Phoenix and a Master's of Science - Nursing degree from Grand Canyon University. She's a former council chair for the Northwest Organization of Nurse Executives and American Organization of Nursing Executives, and speaker at a number of nursing and patient safety conferences.

Introductions

Judy Coleman is a cancer survivor and has been the Chairman of Columbia Memorial Hospital's Patient & Family Advisory Council for four years. Judy was also a volunteer involved with the hospital's Hospice House. Previously, Judy and her husband owned and operated a cosmetology school. She served as Secretary for the Washington State School Owners Association. Judy worked at St. Mary Medical Center Hospital as an admitting clerk for ten years.



“Patient and family engagement [is defined] as patients, families, their representatives, and health professionals ***working in active partnership at various levels across the health care system*** – direct care, organizational design and governance, and policy making – to improve health and health care.”

Carman et al, 2013, *Health Affairs*

Examples of Engagement Strategies



Direct care

- Bedside rounds, unrestricted visiting hours, shared decision making



Organizational design and governance

- Patient and family advisory councils



Policy making

- Public deliberation

Why Patient and Family Engagement?

- Improves quality, safety, and outcomes of care
- Ensures that patients receive care that fits with their preferences and values
- Fewer diagnostic tests
- Decreased use of health care services
- Decreased health care costs
- Increases patient buy-in to prescribed treatment
- Improves patient experience and satisfaction
- Increases health professional satisfaction and retention

Survey Rationale

- Little known about use of PFE practices in American hospitals
- The Gordon and Betty Moore Foundation funded HRET to survey hospitals about PFE strategy use and challenges

Survey Content Areas

- Organizational PFE practices
- Bedside PFE practices
- Patients' and families' access to information and shared decision-making with clinicians
- Barriers to implementing PFE practices

Administering the Survey

- Data collected between July 2013 and March 2014
- Sample consisted of 3,441 hospitals
- 1,457 responded for a response rate of 42.3%
- Some statistically significant differences between respondents and the population of hospitals, but most differences under 5%

Findings

- About half of hospitals had implemented eight or fewer of 25 key practices
- Other highlights:
 - 28%: offer online access to personal health information
 - 38%: have a patient and family advisory council (PFAC)
 - 68%: encourage patients/families to participate in shift-change reports
 - 68%: use teach-back with patients in at least some units
 - 86%: have policy for unrestricted visitor access in at least some units

Findings

Top Barriers

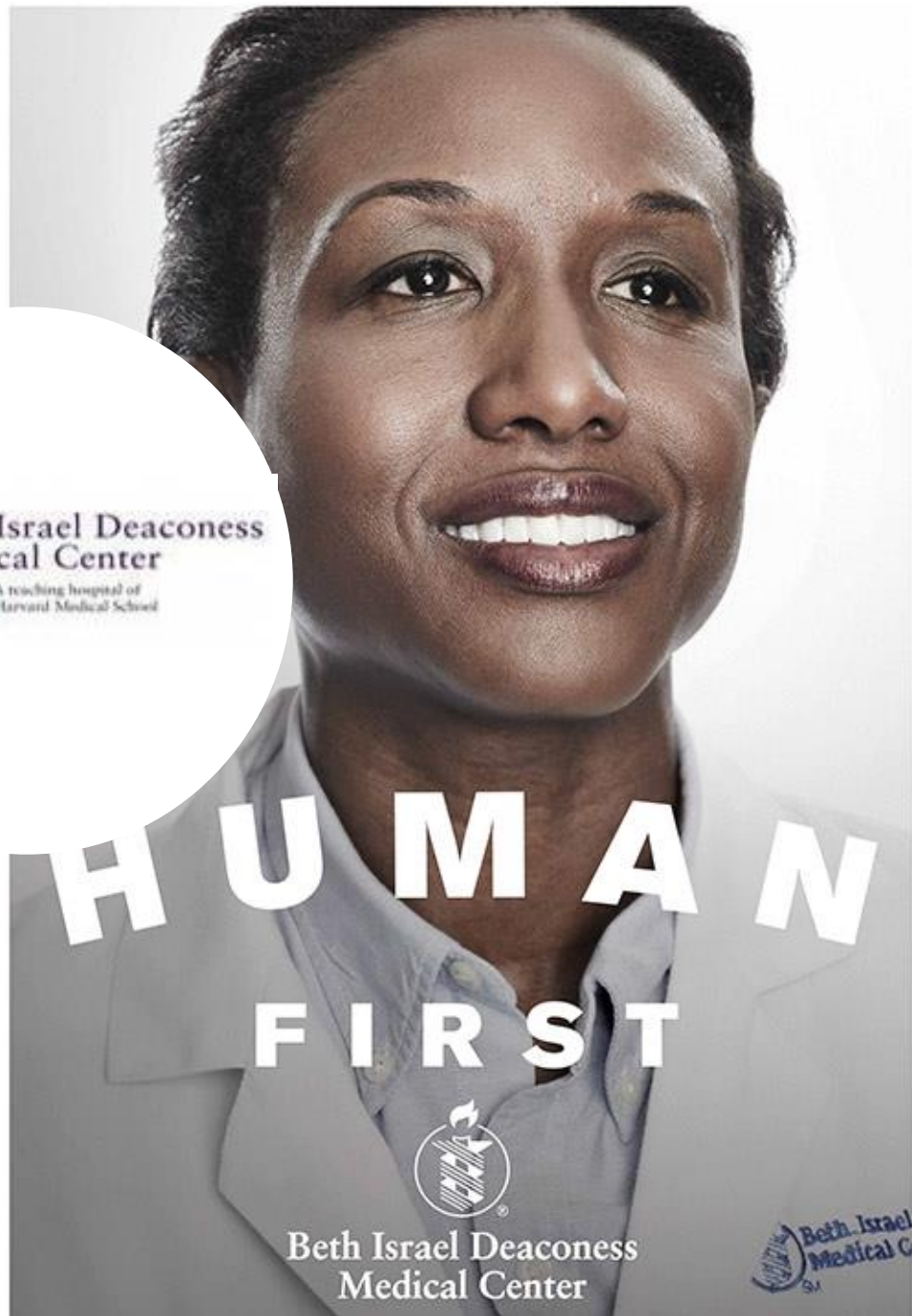
Barriers rated a 4 or 5	% of Hospitals
Competing organizational priorities	45%
Time to set up and implement advisory programs	37%
Time available for change of shift reports at bedside, multidisciplinary rounds at bedside, etc.	28%

*Hospitals rated various barriers to PFE on a scale of 1 to 5, with 1 being not a barrier at their hospital and 5 being a very significant barrier.

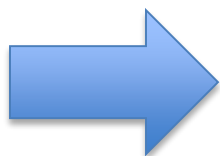
Full Results

- Full free article published in *BMJ Quality & Safety* at:
<http://qualitysafety.bmj.com/content/early/2015/06/16/bmjqs-2015-004006.full>
- Findings on associations between PFE practices and HCAHPS scores available here:
www.hpoe.org/Reports-HPOE/2015/pfesurveyresultsjuly12015_final.ppt

Two Case Studies of Hospitals That Have Enacted Patient and Family Engagement Strategies



Examples of Engagement Strategies



Direct care

- Bedside rounds, unrestricted visiting hours, shared decision making



Organizational design and governance

- Patient and family advisory councils



Policy making

- Public deliberation

Improving Direct Care: Ashleigh and Paul

J ashleigh moving





s to ICU patie

01:17


What is The Hardest Thing About Being in an ICU at BIDMC?

*The terror of strangers intruding,
without explanation*

Room Entry

Actually many processes all at once

- Carrying key things into room (meds, CVLs, etc.)
- Hand hygiene
- Personal protective equipment
- Ensure patient privacy
- Patient/family communication



***Not just hand
hygiene!***

Patients Tell Us It is a Critical Process

It's like someone is entering my bedroom...and we don't know who you are.

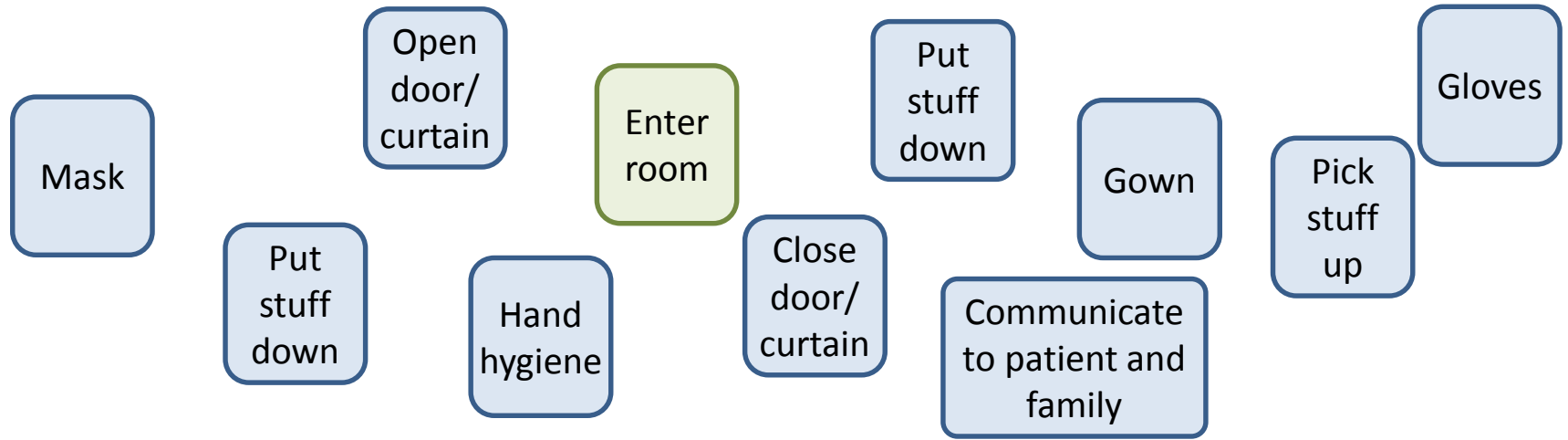
It's scary and makes me nervous when you don't say anything.

Interrupt us – we want to know what is going on.

Surprised BIDMC doesn't already have a room-entry standard process.

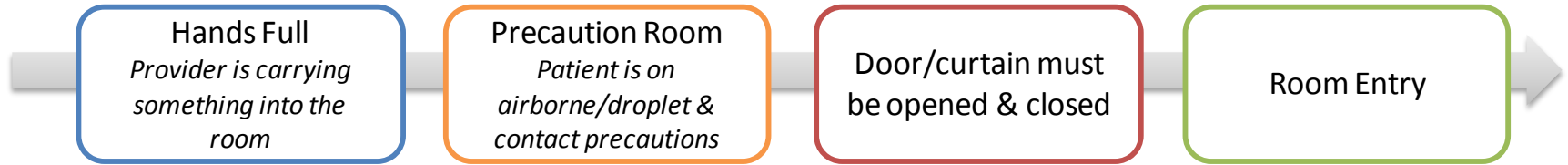
Tell us who you are and why you are here.

14,000 Non-standardized Events per Day in Our ICUs . . .



A New Standard

'Superset' from main flows - represents most complex room entry

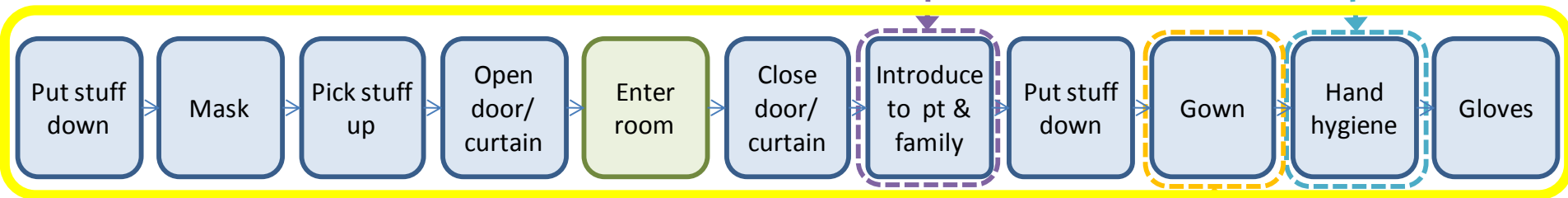


Final Iteration for Testing

Dotted outline indicates that a step has changed sequence in the process as the team iterated. Explanation provided.

Introduction should happen immediately after entering the room. This may happen simultaneously with other steps

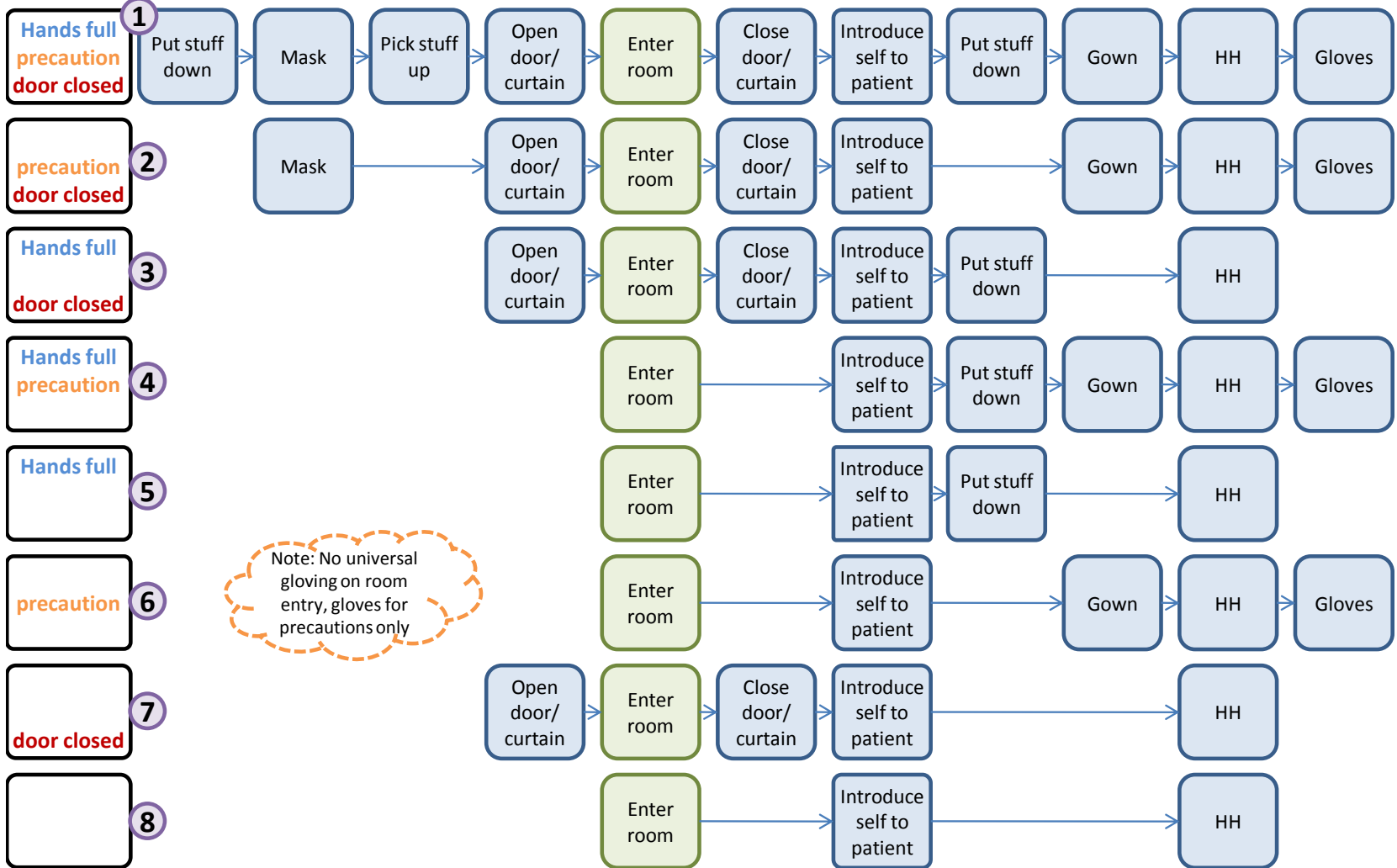
Hand hygiene should happen immediately before donning gloves, and after the potential contamination from the door/curtain



Will test gowning in the room:
• ↓ 'put stuff down' before entry
• Gowns only in patient rooms

Conceptual Process Design: High level steps & sequence

Final Iteration for Testing



Examples of Engagement Strategies



Direct care

- Bedside rounds, unrestricted visiting hours, shared decision making



Organizational design and governance

- Patient and family advisory councils



Policy making

- Public deliberation





*What Happens When Hospital Policy
Adopts Patient Access to the
Medical Record?*

About the OpenNotes Study

- 1-year demonstration project: summer 2010 – summer 2011, now continuing
- Patients invited to view their PCPs' signed notes via secure portals (only notes signed during the project – not retroactive)
- Each patient notified automatically via secure e-mail message when a note was signed and later reminded to review note(s) before next visit
- Patients and doctors completed surveys before and after, and we collected administrative data (portal clicks, e-mail volume)

Primarily funded by the Robert Wood Johnson Foundation

Reports from Patients

About 3 out of 4 patients reported:

- taking better care of themselves
- understanding their health and medical conditions better (and remembering what happens in visits)
- feeling more in control of their care
- feeling better prepared for visits
- doing better with taking their medications as prescribed (a very big deal...)

PCPs' Main Concerns

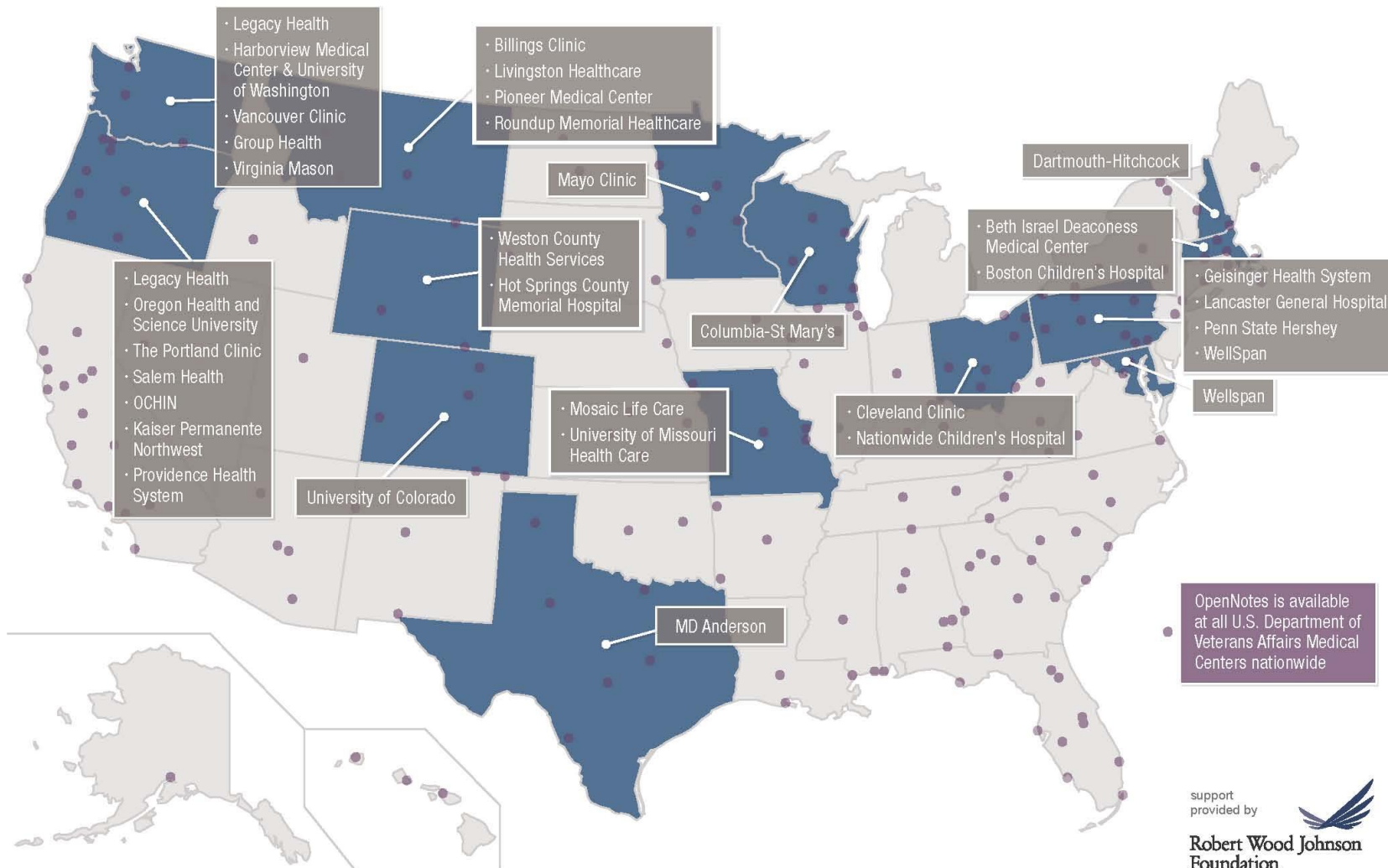
OpenNotes Impact on Workflow

	Pre-intervention (%)	Post-intervention (%)
More time addressing patient questions outside of visits	42	3
More time writing/editing notes	39	11

Email message volume did not change



More than 4.8 million patients have easy access to their clinician's notes thanks to OpenNotes




Free Flow of Information: What's Next?

- Will patients identify errors in their own records?
- Should patients be able to document in their own records?
- Are there any settings where records should *not* be shared?

Patient Engagement: Start Small!

- ✓ Appreciative and Responsive to Individual Patient Needs:
 - Develop mechanisms for patients to give feedback. This might be individual follow-ups or small focus groups.
- ✓ Involving Patients in System Design:
 - Develop a Patient/Family Advisory Council, starting small and in an area that is ready.
- ✓ Free Flow of Information
 - Where in your organization would it be most beneficial to increase flow of information with patients?



Patient & Family Advisory Councils

Engagement Strategies that Foster Synergy,
Focus, and Goal Attainment

Trece Gurrad, RN, MSN

VP of Patient Care Services

Judy Coleman, Chair, Patient & Family Advisory Council

Columbia Memorial Hospital

Promise of Excellence

I am People-Centered, Quality Driven, Service Focused.

Background



PLANETREE

Promise of Excellence
I am People-Centered, Quality Driven, Service Focused.

Why PFAC?



Promise of Excellence
I am People-Centered, Quality Driven, Service Focused.

Achieving Strategic Alignment



Promise of Excellence
I am People-Centered, Quality Driven, Service Focused.

Specific Strategies

- *Work logs*
- *Department leader participation*
- *Development of department goals*
- *Tie-in to organizational strategic plan*
- *Keeping PFAC involved and informed*
- *Closing the loop to Planetree*

Tweaking the Process



Promise of Excellence
I am People-Centered, Quality Driven, Service Focused.

Strategies to Gather Input



Promise of Excellence
I am People-Centered, Quality Driven, Service Focused.

- Secret shoppers
- Focus groups
- Staff surveys
- Participation in performance improvement teams, Quality & Safety Councils, task forces
- Participation on specific projects
- Attending staff meetings
- Community Council
- Education
- Planetree International Conference



Keeping the Fire Burning



Promise of Excellence
I am People-Centered, Quality Driven, Service Focused.

Next Steps...



Promise of Excellence
I am People-Centered, Quality Driven, Service Focused.



HPOE *Live!*

2015 Webinar Series

Please click the link below to take our webinar evaluation. The evaluation will open in a new tab in your default browser.

<https://www.surveymonkey.com/r/9-15-15-hpoe-webinar>

Questions?

Digital and Social Media Presence

With Hospitals in Pursuit of Excellence's Digital and Mobile editions, you can:

- Navigate easily throughout the issue via embedded search tools located within the top navigation bar
- Download the guides, read offline and print
- Share information with others through email and social networking sites
- Keyword search of current and past guides quickly and easily
- Bookmark pages for future reference



Important topics covered in the digital and mobile editions include:

- Behavioral health
- Strategies for health care transformation
- Reducing health care disparities
- Reducing avoidable readmissions
- Managing variation in care
- Implementing electronic health records
- Improving quality and efficiency
- Bundled payment and ACOs
- Others

Follow us on Twitter



@HRETtweets

#hpoe

#equityofcare

HPOE *Live!*

2015 Webinar Series

Upcoming HPOE Live! Webinars

- September 22, 2015 - [The Importance of Community Development for Health](#)
- October 2, 2015 - [Enhancing Statewide Hospital Discharge Databases: Improving Race, Ethnicity and Clinical Data](#)

For more information, go to www.hpoe.org