The presentation will begin shortly.
The Current State of Patient and Family Engagement Strategies in American Hospitals

July 30, 2014
Agenda

• Welcome & introductions

• The importance of patient and family engagement & rationale for the survey

• Guide

• Survey results

• Case studies
  • University of Illinois Hospital and Health System
  • Health Central
  • Schneck Medical Center

• Questions
Speakers

• **Maulik Joshi**, DrPH, President, Health Research & Educational Trust, SVP of Research, American Hospital Association

• **Dominick Frosch**, PhD, Patient Care Fellow, Gordon and Betty Moore Foundation

• **Airica Steed**, EdD, Enterprise Chief Experience Officer, University of Illinois Hospital and Health Sciences System

• **Bibi Alley**, Patient Advocate, Health Central Hospital

• **Sheryl Tiemeyer**, RN, Director of Patient & Volunteer Services, Schneck Medical Center

• **Suki Wright**, MSM, Director of Organizational Excellence and Innovation, Schneck Medical Center
Advancing Patient and Family Engagement

Dominick L. Frosch, PhD
July 30, 2014
Defining Patient and Family Engagement

“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
- Gordon and Betty Moore Foundation funded HRET to survey hospitals about PFE strategy use and challenges
Survey Content Areas

• How the hospital partners with patient & family advisors
• Family presence (visitor) policies and practices
• Practices that help patients make decisions
• Practices used at the bedside
• Equipping staff to engage patients and their families through training and education
• Barriers to implementing patient and family engagement practices
• Monitoring and measuring engagement strategies

Survey available online at:
http://www.hret.org/quality/projects/resources/more_foundation_patient_family_engagement_survey.docx
Survey Administration Process

- 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%
Analysis

• Used expert opinion and response distributions to create composite PFE score with a subset of 19 items from the survey

• Responses on items were coded:
  • 2: highest PFE level
  • 1: moderate PFE level
  • 0: lowest PFE level (includes no response to question)

• Highest possible score on composite PFE scale: 38
Findings: Common PFE Strategy Use
Findings

Average score on composite PFE scale: 18.4 out of a possible 38

Conclusions

• Few hospitals have fully implemented majority of recommended PFE strategies
• Much variability in number of PFE strategies being used
  • Some variability in PFE use can be explained by hospital characteristics, but much seems attributable to leadership choices or other factors — not hospital type or location.
Findings: Barriers

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.

**Top 3 Barriers**

<table>
<thead>
<tr>
<th>Barriers rated a 4 or 5</th>
<th>% of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competing organizational priorities</td>
<td>45%</td>
</tr>
<tr>
<td>Time to set up and implement advisory programs</td>
<td>37%</td>
</tr>
<tr>
<td>Time available for change of shift reports at bedside, multidisciplinary rounds at bedside, etc.</td>
<td>28%</td>
</tr>
</tbody>
</table>
Conclusion

Clearest picture thus far of:

• Extent to which US hospitals use PFE strategies
• What types of hospitals have made the most progress
• The biggest barriers to PFE strategies
Soaring for Excellence: Creating a Patient & Family-Centered Culture

Dr. Airica Steed, Ed.D, MBA, RN, CSSMBB, FACHE
Enterprise Chief Experience Officer (CXO)
University of Illinois Hospital & Health Sciences System
July 30, 2014
UNIVERSITY OF ILLINOIS HEALTH SYSTEM
DEMOGRAPHICS

• First appointed Enterprise Chief Experience Officer, responsible for patient, family, provider, and employee experience

• University of Illinois Health System (UI Health) is comprised of a 495-bed academic medical center, Federally Qualified Health Centers, ambulatory services landscape, and 7 Health Sciences Colleges

• Workforce: 3500 employees and 800+ employed providers
Some Plaguing Historical Realities About Our Culture...

- Disengaged Leaders
- Highly unionized culture (>90% staff)
- State civil service environment (>90% staff)
- Poor workforce engagement and morale
- Uniquely unbound by health equity mission
- Inconsistent performance & productivity
- Vulnerable and underserved patient population
- Ranked at the 1st percentile for employee & provider engagement
We are focused on enhancing the patient, employee, and physician experience!!

“Becoming the provider and employer of choice: The premier place to work, research, and provide exceptional high-quality care and service.”
PUTTING THE **PATIENT & FAMILY FIRST** ... 

EVERY PERSON - EVERY TIME!!

- Personalized Care & Service
- Simplicity & Efficiency
- Convenience & Choices
- Communication
- Engagement & Coordination
HELPING PATIENTS AND FAMILIES TO NAVIGATE THROUGH THEIR EXPERIENCE

• Available 7 days/week
• Conducts daily service excellence rounds
• Coordinates key services (access, language support, education, pastoral care, appointments, housing, parking, concierge services)
• Supports Service Recovery & Complaint Resolution
• Equipped with innovative technology
CREATING PARTNERS IN THE EXPERIENCE – PATIENT & FAMILY ADVISORY COUNCIL

New Employee/Physician Orientation

Process Improvement

Marketing

Leadership Development

Secret Shopping

Patient and Family Education

THEIR “voice” definitely has an impact!
AND CREATING A PATIENT & FAMILY-CENTERED “ONE-STOP SHOP”

Appointment Scheduling/Transfers
Appointment Reminders
Registration/Financial Counseling
Nurse Triage/Care Advice
MY UI HEALTH Patient Portal

Referrals/Find A Doc
National Language Support Services
Pre-Discharge Scheduling/Post-Visit Follow-Up
24/7 Answering Service & Routing
Customer Service (UI Health Experience)

Focusing on the entire experience across the care continuum...
SIGNIFICANT IMPROVEMENT REALIZED IN FEWER THAN 2 YEARS!!

HCAHPS-Overall Rating of Hospital (Rating of 9 or 10)

HCAHPS - Hospital Discharge

HCAHPS-Communication with Nurses

Recommend Hospital (Definitely "YES")
LESSONS LEARNED AND STILL LEARNING…

Hearing and heeding the voice of the customer is an essential ingredient.

Prescriptive “cookie cutter” approaches don’t work in every environment.

Combining LEAN improvement methods with behavior change is our secret sauce (engaging patients & families).

Innovation and imitation are the best forms of flattery in patient & family engagement.
Patient Family Engagement Webinar

Bibi Alley, Patient Advocate
Health Central Hospital
July 30, 2014
Bibi Alley, Patient Advocate

- 22+ years devoted to raising patient and public awareness, President - Florida Society For Patient Representatives (2011), Society for Health Care Consumer Advocacy Chapter Award (2010)
- Coordinates programs that foster collaboration between the patients, their families, the community, and hospital staff.
- Establishes hospital-wide patient satisfaction goals.
- Directs the Patient Advocacy Program and the Patient and Family Advisory Council.

Health Central Hospital

- Joined the Orlando Health hospital system in April 2012.
- 171-bed, full-service, acute care hospital, not-for profit, non-teaching, Joint Commission accredited.
- Stroke certified & Leapfrog grade “A” for past 3 years.
Mission Statement:
To ensure that the voices of patients and families are represented in an effort to enhance their entire experience at Health Central.

Goal:
To collaborate with Health Central’s team to create an environment that fosters the Patient First experience. Where the service standards are:

- Commitment to quality
- Attitude is the key
-Realizing everyone creates a lasting impact
- Improving the experience with everyone you come in contact with
- Noticing and anticipating needs
- Greeting/welcoming everyone
Patient and Family Advisory Council

Why was PFAC formed?

- Started with focus groups conducted during one year (2011).
- Over 100 community members voiced their concerns.
  - It was painful to hear their accounts of overwhelming opportunities for improvement.
  - Their feedback revealed that issues were approached with Band-Aid solutions.

A partnership with patients on an ongoing basis was needed to ensure patient-centered care.
Nuts and Bolts of Establishing a PFAC

Strategic planning to create a PFAC

- Find best practices from those who have successfully involved patients and families in quality improvement.

- Use sources such as Press Ganey and IHI in order to form a framework.

- Evaluate Hot Comments reports, Quarterly Analysis Press Ganey Standard Questions report, and HCAHPS report to determine the focus areas for improvement.
Forming a PFAC

- **Recruiting potential PFAC members**
  - Must be either a former patient or family member of patient
  - Must reside in qualifying zip codes
  - Must meet target demographic and literacy requirements
  - Must complete questionnaire
  - Interview conducted by hospital leadership

- **Leadership and team member involvement**
  - President, CNO, Chief Quality Officer, Patient Advocate, directors, hospitalists/physicians, clinical and non-clinical team members

- **Establish meeting frequency, charter, expectations**
  - Bi-monthly and quarterly meetings
  - Create organizational structure
Forming PFAC

- **Barriers**
  - Competing agendas
  - Availability of participants

- **Resolution**
  - All parties agreed that the primary concern is the best interest of the patients.
  - Rapport was established between the patient/family members and team members.
  - Providing exceptional care is tied into reimbursement.
  - Ongoing process as patient/family members become more woven into the fabric of Health Central Hospital and interaction with team members increases.
PFAC Patient First

PFAC Initiatives

➢ Whiteboard
  o Consistent updating of the whiteboard throughout admission
  o Reduce the communication barrier between patients and team members
  o Patients feel well informed about their care

➢ Internal/External Way finding
  o Improve the overall patient experience by adding directional signage to aid in navigating the hospital campus
  o Increasing and improving facility security

➢ Patient Experience Rounding
  o PFAC members round on inpatient floors to obtain feedback from patients and family members in areas such as hourly rounding, bedside shift report, handoff communication, and the whiteboard.
PFAC Patient First

PFAC Initiatives

 ED Improvement
  o PFAC members round to obtain feedback from patients and family members in areas such as wait times for ED beds and treatment, communication with team members, and responsiveness.

 Newsletter
  o A quarterly newsletter was created to inform team members and the community of PFAC initiatives that improve the patient experience.

 By Laws
  o Establishing operational guidelines and procedures

 Patient Guide
  o An evaluation of the guide from a patient perspective to review what information should be included
PFAC Looking Ahead

➢ Long-Term Goals

- Advise on the infrastructure necessary to create a patient- and family-centered-care culture.

- Identify opportunities for improving the patient and family experience.

- Advise on policies and practices to support patient- and family-centered care.

- Recommend how to better measure/quantify/evaluate patient- and family-centered-care evolution.

- Understand the role and needs of patient and family advisors in order to best engage and support members of the Patient and Family Advisory Council.
Lessons Learned...

- Build trust in the community/ under-promise/ over-deliver

- Delivering newsletter to community improves communication by giving the patient a voice
Partners in Care
Patient & Family Engagement

Sheryl Tiemeyer, Director Patient Services
Suki Wright, Director Organizational Excellence

July 30, 2014
**Schneck Medical Center, Seymour, Indiana**

- **Shery Tiemeyer**
  - Organizational Leader: Customer Service & RN Case Manager
  - Oversees VOC initiatives throughout the system

- **Suki Wright**
  - Quality Outcomes & Performance Improvement
  - Incorporating VOC for organizational alignment and effectiveness

**Schneck Medical Center**

- Main campus, 93 all-private suites
- State-of-the-art Cancer Center
- Three Family Care Centers
- Approximately 900 Employees
- Active Physicians (60), 52% hospital employed
- 150 Volunteers
Engagement Begins With…

Common knowledge & shared vision

• Education & Communication
  • Educating Board Of Trustees (BOT), community, and workforce on national changes and impact at a local level

• Transparency
  • Share good, bad, and ugly
  • Patient testimonials
  • Daily Safety Huddles

• Involvement
  • Patient Family Advisory Council
  • Leadership are active board members on many community programs and committees
Visiting Hours

Visitors permitted any time

• Guidelines
  • Refrain from visiting if you have a cold, sore throat, or any contagious disease
  • Visitors may be asked to step out when a medical procedure needs to be done

• Visitation may be limited:
  • When there may be infection control issues
  • Visitation interferes with the care of other patients
  • Behavior presents a direct risk or threat to the patient, hospital staff, or others
Bedside Shift Reports

• Family / caregivers are encouraged to be present for bedside shift report to stay current on patient’s progress and discharge needs and to ask questions

• Opportunity to manage up incoming staff

• Update patient’s goals on white board and answer any questions or concerns patient, family, and caregivers may have
Multidisciplinary Rounds

• ICU patients – goal is to include family and caregivers

• Discharge multidisciplinary rounds for chronically ill
  • RNs, Case Managers, Home Care, Pharmacy, Respiratory, Physical Therapy, Dietitian, etc.
  • RN and Case Manager discuss with family / caregiver
Patient Family Advisory Council

- Community representation from all service markets

- Hospital representation includes:
  - BOT member (also on Customer Service Team)
  - CEO
  - EVP COO
  - VP Financial Services
  - Risk Manager
  - Director of Patient Services
  - Director of Marketing
Patient Family Advisory Council

• Safety survey from PFAC revealed that their top three biggest concerns for safety were:
  1. Hospital-Acquired Infections
  2. Lab Errors
  3. Surgical Errors

• Risk Manager presented results for these three areas and explained our Just Culture.
Patient Family Advisory Council

• Shares VOC information that they have heard or experienced in the community about the hospital

• Provided input on
  • CRT & Code policy
  • Patient’s rights & responsibilities
  • Discharge instructions

• Tours different areas of the hospital to gain better understanding of the operations and departments of the hospital
What’s New - PFAC

- Adding PFAC members to New Employee Orientation training
- Members from PFAC will be a part of customer service training
- Patient Testimonials

PFAC members participate on internal hospital committees
Strengths

• Because we are a small-town community hospital, we know the connection that each member has to the hospital.

• They agree to participate with PFAC because of these connections.

• What engages them is our level of commitment to use their feedback to improve our hospital together.
Lessons Learned

• Transparency and open communication lay a strong foundation for engagement.

• Common knowledge and understanding break down many barriers.

• It is important to recruit the right mix of people on the Patient Family Advisory Council.
Partners in Care
Patient & Family Engagement

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