The presentation will begin shortly.
### Information to Help Hospitals Get Started

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Working With Patients and Families as Advisors (organizational level)</td>
</tr>
<tr>
<td>2</td>
<td>Communicating to Improve Quality (direct care)</td>
</tr>
<tr>
<td>3</td>
<td>Nurse Bedside Shift Report (direct care)</td>
</tr>
<tr>
<td>4</td>
<td>IDEAL Discharge Planning (direct care)</td>
</tr>
</tbody>
</table>
### “Information to Help Hospitals Get Started”

<table>
<thead>
<tr>
<th>How to use the Guide to Patient and Family Engagement</th>
<th>Engaging patients and families to improve the quality and safety of care we provide (PPT training)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How patient and family engagement benefits your hospital</td>
<td>Supporting patient and family engagement: Best practices for hospital leaders</td>
</tr>
<tr>
<td>Ways to learn more</td>
<td>Sample advisor confidentiality statement</td>
</tr>
</tbody>
</table>

- **AHRQ**
  - **Advancing Excellence in Health Care**
“Working With Patients and Families as Advisors”

<table>
<thead>
<tr>
<th>Implementation handbook</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tool 1:</strong> Become an advisor recruitment brochure</td>
</tr>
<tr>
<td><strong>Tool 2:</strong> Invitation to become an advisor postcard</td>
</tr>
<tr>
<td><strong>Tool 3:</strong> Patient and family advisor application form</td>
</tr>
<tr>
<td><strong>Tool 4:</strong> Sample invitation and regret letters</td>
</tr>
<tr>
<td><strong>Tool 5:</strong> Advisor information session (PPT)</td>
</tr>
<tr>
<td><strong>Tool 6:</strong> Am I ready to become an advisor? Handout</td>
</tr>
<tr>
<td><strong>Tool 7:</strong> Sharing my story planning worksheet</td>
</tr>
</tbody>
</table>
## Implementation handbook

<table>
<thead>
<tr>
<th>Tool 1: Nurse bedside shift report – What is it? How can you get involved? brochure</th>
<th>Tool 3: Nurse bedside shift report training, with video</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool 2: Bedside shift report checklist for nurses</td>
<td></td>
</tr>
</tbody>
</table>
### Tool 1: Be a partner in your care handout

**Implementation handbook**

<table>
<thead>
<tr>
<th>Tool 1: Be a partner in your care handout</th>
<th>Tool 2: Tips for being a partner in your care brochure</th>
<th>Tool 3: Get to know your health care team handout</th>
<th>Tool 4: We are partners in your care room poster</th>
<th>Tool 5: Communication competencies for clinicians handout</th>
<th>Tool 6: Clinician communication training</th>
</tr>
</thead>
</table>

**Communicating to Improve Quality**
### “IDEAL Discharge Planning”

<table>
<thead>
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<th>Implementation handbook</th>
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</thead>
<tbody>
<tr>
<td><strong>Tool 1:</strong> IDEAL discharge planning overview, process, and checklist</td>
</tr>
<tr>
<td><strong>Tool 3:</strong> Improving discharge outcomes with patients and families</td>
</tr>
<tr>
<td><strong>Tools 2a and 2b:</strong> Be prepared to go home checklist and booklet</td>
</tr>
<tr>
<td><strong>Tool 4:</strong> IDEAL discharge planning training</td>
</tr>
</tbody>
</table>

**Guide Link**

http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/patfamilyengageguide/
Questions?
Patient and Family Engagement

Patewood Memorial Hospital Ortho/Spine Unit
Greenville, South Carolina

Susan Ballew BSN-RN, Nurse Manager
Kerrie Roberson MBA, MSN, RN-BC, CMSRN, Clinical Nurse Educator
Rationale for Participating

• improve quality, safety, & patient outcomes
• enhance market share & competitiveness
• encourage a symbiotic relationship with patients, families, & staff
• encourage patients to be an active member of the healthcare team
• improve CAHPS® Hospital Survey scores
• respond to Joint Commission standards
• participating in an evidence-based research project; future use in the healthcare industry
GHS Vision: *Transform health care for the benefit of the people and communities we serve*

- organization and hospital culture is patient-centric
- Patewood has strong clinical & administrative leadership
- engaged frontline staff; close knit & “seasoned”
- Hospital is small in size, high quality staff whose focus is patient satisfaction
Implementing the Strategies

Four strategies presented; Patewood implemented two of the four

- Strategy 1: Working with Patients & Families as Advisors *
- Strategy 2: Communicating to Improve Quality
- Strategy 3: Nurse Bedside Shift Report *
- Strategy 4: IDEAL Discharge Planning
Strategy 1: Working with Patients & Families As Advisors

• Implementing
  - Patewood Health Care Partners recruited via mail
  - Information Session: February 9, 2012
  - Nine potential partners present (7 patients, 2 family members)
    - ENT, shoulder & spine
  - Partners to participate in two projects
    - Bedside Shift Report
    - Edit/Revise Joint Day Education material
**Strategy 3: Bedside Shift Report**

### Former Process
- Shift report conducted at care stations
- Took 3-4 minutes per patient, some reports took up to 8 minutes
- Staff aware of *The Guide* implementation, staff expressed concern
  - Time
  - Information at patient’s bedside

### Current Process
- Shift report being done at patient bedside, engaging patients/family
- Focus on pain scores & management during report
- Takes about the same amount of time to report, sometimes a little less
Challenges

• During implementation Patewood experienced several competing priorities:
  - re-accreditation by the Joint Commission
  - training with the Studer Group (communication principles)

• Staff & patient and family advisors felt they could have been more engaged from the beginning of the research project

• Staff did not feel engaged in the Guide; no ownership

• Patewood benefits from high patient satisfaction scores; difficult to “move the needle”

• Elevated to full implementation in February 2012; several months after the initial implementation of the other participating hospitals
### Triumphs

**HCAHPS FY11 FY13* Peer Rank FY11 Peer Rank FY13***

<table>
<thead>
<tr>
<th>HCAHPS</th>
<th>FY11</th>
<th>FY13*</th>
<th>Peer Rank FY11</th>
<th>Peer Rank FY13*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>87%</td>
<td>90%</td>
<td>95&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>98&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Pain Management</td>
<td>80%</td>
<td>82%</td>
<td>95&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>96&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Communication regarding Medications</td>
<td>71%</td>
<td>73%</td>
<td>92&lt;sup&gt;nd&lt;/sup&gt; percentile</td>
<td>95&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Overall Hospital Rating (9-10s)</td>
<td>91%</td>
<td>92%</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>99&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
</tbody>
</table>

- Staff reports benefits of P&FE/Bedside Shift Report:
  - time
  - patient satisfaction
  - staff satisfaction & teamwork

*FY13 (June 2013)
Lessons Learned

• Strategy 1: Working with Patients & Families as Advisors
  - struggled with a significant time lapse between recruiting & engaging advisors
  - planning, recruitment, & execution of Strategy 1 took more time than originally anticipated
  - tailoring advisor recruitment
  - keeping the Patewood Health Care Partners more engaged/better communication

• Strategy 3: Nurse Bedside Shift Report
  - tailoring bedside shift report to emphasize a quality improvement initiative that had meaning
  - allowing nurses to personalize their approach to bedside shift report; benefits/drawbacks
  - asking frontline staff to participate from the beginning of the research; fully engage
Long Term Goals with Patient & Family Engagement

• Continue to work with frontline staff on Strategy 3: Working With Patients and Families at the Bedside: Nurse Bedside Shift Report

• Continue to enhance participation with the Patewood Health Care Partners, Strategy 1: Working with Patients and Families as Advisors

• Implement Strategy 2: Working With Patients and Families at the Bedside: Communicating to Improve Quality

• Implement Strategy 4: Working With Patients and Families at the Bedside: IDEAL Discharge Planning
Our Team

• Staff of Patewood Memorial Hospital Ortho/Spine Unit

• Susan Ballew BSN-RN, Nurse Manager

• Kerrie Roberson MBA, MSN, RN-BC, CMSRN, Clinical Nurse Educator

• Matthew Hudson, Ph.D., Comparative Effectiveness Research Director

• Peggy Wagner, Ph.D., Clinical Professor, Executive Director, Clinical Diagnosis and Reasoning Department of Biomedical Sciences University of South Carolina School of Medicine Greenville
Advocate Trinity Hospital: Implementation of the Guide
250 Bed Community Hospital located on the Southeast Side of Chicago

1 of 14 hospitals in Advocate Health Care System which is the largest health system in Illinois and one of the largest health care providers in the Midwest

Implementation of “The Guide” to promote patient and family engagement occurred on 3 South -29 bed post-op unit
4 Strategies from “The Guide “ Implemented

- **Strategy 1**: Working with Patients and Families as Advisors
- **Strategy 2**: Communicating to Improve Quality
- **Strategy 3**: Nurse Bedside Shift Report
- **Strategy 4**: IDEAL Discharge Planning

Advocate Trinity Hospital
Why We Implemented “The Guide”

- Strategies of “The Guide” are consistent with Advocate Health Care’s Vision and supports the Advocate Experience

Our Vision
A faith based system providing the best health outcomes and building lifelong relationships with those we serve

Advocate Experience
Creating the best place for patients to heal, physicians to practice and associates to work
Key Elements Prior to Implementation of “The Guide”

- Senior Leadership Support

- Involved Patient Safety and Quality Teams in the implementation process

- Involved Physicians in the Implementation of “The Guide”

- Utilized tools in “The Guide” and incorporate Advocate Trinity’s mission, value and philosophy into printed documents

- Utilized unit nursing leadership to implement “The Guide”
Implementation Plan for the Unit

- Unit Nursing Leadership revised the tools in “The Guide“ for each Strategy

- Utilized the 3 South Unit-Based Council and RNs promoted through our STEPS program to educate the front line staff on each strategy

- Unit Based Council participated in all practice changes at the unit level so there was accountability among the peers on all shifts
Challenges Encountered During Implementation

- Incorporating all team members in the strategies
- Emphasizing not a RN initiative but a team project
- Current Visiting Hours did not support patient and family engagement throughout the hospital stay and planning for the transition of care
- Staff’s comfort in implementing strategies in semi-private rooms
Solutions to Challenges

- Created specific roles for RNs, Certified Nursing Assistants, and our Unit Secretaries in supporting each strategy

- 3 South instituted open visiting hours – Unit-Based Council developed Guidelines to educate patients and family members on concept of open visiting

- Education plan for staff included role playing to increase comfort of staff implementing strategies in semi-private rooms
Patient’s Perception

- Unit Leadership developed rounding tool to capture patient perception of strategies, what is working well, and opportunities for improvement.

- Acknowledges patients and families as partners in their care.
Working with Patients and Families as Advisors

- Advocate Trinity Hospital has recruited Patient/Family Advisors to assist with projects, such as new construction in GI Lab

- Patient Advisor participated in the Patient Experience Team

- Continuing efforts to recruit family and patient advisors to be members of key committees such as Ethics and Patient Safety Committees
Communicating to Improve Quality

- Open visiting allowed the family members to be at the bedside during key times (Physician rounding, bedside report and during treatments).

- Utilized Teach Back Technique for all education provided throughout hospital stay.

- Research shows patient-centered communication can improve patient safety.
  - More than 70 percent of adverse events caused by breakdowns in communication.
Nurse Bedside Shift Report

- Gives patient and family an opportunity to ask questions and correct any inaccuracies in handover

- Informs patient and family members about the patient’s care throughout the stay, helping with transitions to home
IDEAL Discharge Planning

- Engaging patients and families in the discharge planning process helps make sure this transition in care is safe and effective.

- Offer to schedule follow-up appointments with all providers as needed (primary care, specialists, therapy)

- Prevent readmissions through effective discharge planning
Sustaining Patient and Family Engagement at Advocate Trinity Hospital

- 3 South continues to utilize all four strategies outlined in “The Guide” in their current practice today

- Bedside shift report, as outlined in the guide, was implemented to all hospitals in Advocate Health Care System during 1st Quarter 2013

- Advocate Trinity Hospital is utilizing principles in IDEAL Discharge Planning and developing a model for all inpatient nursing units to utilize – Goal 3rd Quarter 2013
In a patient centered model, **patients and families become active participants in the care** and receive services designed to focus on their individual/family needs and preferences, in addition to advice and counsel from health professionals.
Patient and Family Engagement

- Advocate Health Care is committed to patient and family engagement—everyone plays a critical part.

- Patients and families won’t engage if they believe that you don’t want them to—it is simply too risky for them.

- Your job is to make it safe for them to be involved, not just as patients, but as partners in their care.
Objective Measures - HCAHPS

Consistent Behaviors

Aligned Processes

The Exceptional Patient Experience
### Advocate Trinity Hospital - Inpatient HCAHPS for 3 South
**By Received Date**

<table>
<thead>
<tr>
<th></th>
<th>1Q12</th>
<th>2Q12</th>
<th>3Q12</th>
<th>4Q12</th>
<th>1Q13</th>
<th>2Q13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication with Nurses</strong></td>
<td>90%</td>
<td>85%</td>
<td>45%</td>
<td>73%</td>
<td>61%</td>
<td>96%</td>
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<tr>
<td><strong>Discharge Information</strong></td>
<td>31%</td>
<td>41%</td>
<td>15%</td>
<td>46%</td>
<td>14%</td>
<td>28%</td>
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<tr>
<td><strong>Goal=75th%tile</strong></td>
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Inpatient HCAHPS Scores for Communication with Nurses
Advocate Health Care System

Bedside Shift Report with Emphasis on Patient Engagement
Initiated 1st Quarter 2013

![Bar chart showing HCAHPS scores for communication with nurses]

- 3rd Q 2012: 49
- 4th Q 2012: 57
- 1st Q 2013: 52
- 2nd Q 2013: 70

AHC System
Please complete the evaluation survey by clicking on the link that will appear momentarily.
Q & A