EVOLVING PARTNERSHIPS: ENGAGING THE PATIENT AND FAMILY IN CARE

NEBRASKA HEALTHCARE QUALITY FORUM
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OBJECTIVES

1. Discuss evolving national priorities related to patient/family partnerships
2. Identify required culture changes to demonstrate success
3. Identify programs that assist the provider with a patient/family partnership model of care
4. Share “wisdom from the field”
A LITTLE ABOUT ME. . .

• Work at Good Samaritan Hospital, Kearney
• Involved with the Planetree model of patient-centered care since 1994
  • Patient/family advisory council in 2004
• Co-led CHI national team on PFACs = 68 hospitals
• Member of National Quality Forum (NQF) team on patient/family engagement

INSTITUTE OF MEDICINE: CROSSING THE QUALITY CHASM, 2001

Patient Care Should Be:

• Safe
• Timely
• Effective
• Efficient
• Equitable
• Patient-centered
IOM: PATIENT-CENTERED CARE

Defined: “Care is respectful and responsive to individual's preferences, needs, and values”

IOM’s Simple Rules for the 21st century

<table>
<thead>
<tr>
<th>Current</th>
<th>New</th>
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<tbody>
<tr>
<td>Care based on visits</td>
<td>Care based on continuous healing</td>
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<tr>
<td></td>
<td>relationships</td>
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<tr>
<td>Professional autonomy</td>
<td>Care customized to patient's needs and</td>
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<tr>
<td></td>
<td>values</td>
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<tr>
<td>Professionals control care</td>
<td>Patient is the source of control</td>
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<tr>
<td>Information is a record</td>
<td>Knowledge is shared</td>
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THE JOINT COMMISSION

RI.01.01.04: The hospital respects the patient’s rights to participate in decisions about his or her care, treatment, and services

1. Involves patients in decisions

8. Involves the patient’s family in care, treatment and service decisions to the extent permitted by the patient
THE JOINT COMMISSION

LD.04.04.03: New or modified services or processes are well designed
7. Leaders involve staff and patients in the design of new or modified processes or services

THE JOINT COMMISSION

The Guide of Patient and Family Engagement in Hospital Quality & Safety (AHRQ/AIR)

• Patients and family participate as advisors
• Improve communication (patients, family, and healthcare team) from point of admission.
• Implement continuity of care through nurse bedside change-of-shift reports.
• Engage patients and families in discharge planning throughout the hospital stay.
THE JOINT COMMISSION

Dr. Mark Chassin article “The Ongoing Quality Improvement Journey: Next Stop, High Reliability, 2011 (Health Affairs)

Definition (AHRQ):
HRO’s are organizations with systems in place that are exceptionally consistent in accomplishing their goals and avoiding potentially catastrophic errors.

HIGH RELIABILITY ORGANIZATIONS

<table>
<thead>
<tr>
<th>Specific Considerations</th>
<th>General Orientation</th>
<th>Impact on Processes</th>
<th>Ultimate Outcome</th>
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</thead>
<tbody>
<tr>
<td>Sensitivity to Operations</td>
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<td>Preoccupation with Failure</td>
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<td>Deference to Expertise</td>
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<tr>
<td>Resilience</td>
<td></td>
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<tr>
<td>Reluctance to Simplify</td>
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State of Mindfulness → High Reliability → Exceptionally Safe, Consistently High Quality Care
HRO: KEY CONCEPT

3. A Deference to Expertise
   a. Leaders and team members defer to the person with the most knowledge relevant to the issue they are confronting
   b. Decisions are made by those involved
   c. Authority is given to those with the most expertise, not the highest title
   d. Experience ≠ expertise
HIGH RELIABILITY ORGANIZATION

GOOD SAMARITAN’S MODEL OF HRO

Connecting the Dots...

- A fair and just culture (Just Culture)
- Communication/teamwork (TeamSTEPPS)
- Engaging the patient’s voice (Planetree)
- System design (SafetyFirst)
PATIENT VOICE

The Planetree model is our framework for patient/family-centered care delivery since 2001

Founded by a patient in 1978 who experienced a series of hospital experiences that did not address the “person”

PLANETREE

“The Planetree model enhances healthcare from the patient’s perspective. It empowers patients and families through information and education, and encourages “healing partnerships” with caregivers to support active participation. Through organizational transformation, the Planetree model creates healing environments in which patients can be active participants and caregivers are enabled to thrive.”
NATIONAL QUALITY FORUM

HHS → CMS → NQF → PfP → HEN

NQF GOALS:
PATIENT/FAMILY CENTERED CARE

• Improve patient, family, and caregiver experience of care related to quality, safety, and access across settings.

• In partnership with patients, families, and caregivers—and using a shared decision-making process—develop culturally sensitive and understandable care plans.

• Enable patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively.
Effective October 2010, all acute, chronic and LTC hospitals in Massachusetts are required to establish a Patient and Family Advisory Council (PFAC).

Purpose:
Serve as the “patient voice” and advise hospitals on:

- Patient/provider relationships
- Institutional review boards
- Quality improvement
- Patient education
- Quality and safety
CULTURE CHANGES NEEDED

I am NOT a guest in your hospital -- YOU are a guest in my life!
CULTURE CHANGES NEEDED

Organizations
- Silos across the continuum
- Discipline equality
- Transparency

Patients/Families
- Partnerships
- Language

Health care is changing

RESOURCES: CONVERSATION READY

RESOURCES: NEXT STEP IN CARE

www.nextstepincare.org
RESOURCES:
PROJECT RED

Tool 7: Understanding and Enhancing the Role of Family Caregivers in the Re-Engineered Discharge

Carol Levine and Jennifer Rutberg, United Hospital Fund
Brian Jack MD and Ramon Cano MD, Boston University School of Medicine

Purpose of This Tool

Patients who benefit from the Re-engineered Discharge (RED) frequently rely on family members or friends to help them manage their health at home. While families are mentioned in other tools, this tool is different: it targets family caregivers as a critical element in the success of the discharge plan. This tool systematically reviews the challenges they face and the support and training they need from staff in the hospital and beyond.

It is often assumed that the person at the bedside is the family caregiver, but that may not be the case. Identifying the family caregiver—or caregivers, if there is more than one—is an important first step.

We use the term “family caregivers” to refer to individuals who are related by:

- Birth, marriage, or commitment
- Adoption

Who take on responsibilities for providing various kinds of assistance to the patient. In addition to the emotional support that is the mainstay of family life, family caregivers manage medications, coordinate care, take care of financial matters, and provide personal care, skilled medical and nursing care, and household tasks.

People who care for my health please read
**SHARED DECISION-MAKING (SDM)**

**Defined:**
“SDM is a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.”

Source: Informed Medical Decisions Foundation

**SHARED DECISION-MAKING**

**Affordable Care Act:** encourages greater use of SDM

**There may not be one superior course of treatment**

**Suggest use of ‘patient decision aids’**
- Written, videos, interactive presentations
- Designed to inform about options (benefits, side effects, team skills needed, cost)

**Article NEJM:** CMS should certify aids

**Resource:** Informed Medical Decisions Foundation
HOW CAN WE ENGAGE PATIENTS/FAMILIES

• Recruit “familiar faces” who have had frequent transitions of care
• Interview patients and families and LISTEN
• Observe patient experiences in healthcare settings and seek understanding of the patient’s experience of care
• Invite patients and/or family members to share their stories at your meetings

TOOLS FOR FAMILIES IN HOSPITALS

• Family-initiated Rapid Response
• Condition H
• TeamSTEPPS
  • Huddles
  • CURS (concerned, uncomfortable, rapid response, safety issue)
PATIENT/FAMILY ADVISORY COUNCILS

- Planetree
- Sentara Virginia Beach General Hospital
- Dana Farber/Brigham and Young
- Massachusetts General
- Kaiser Permanente
- Cincinnati Children’s
- Institute for Family Centered Care (IFCC)
- Catholic Health Initiatives
- Good Samaritan Hospital & Saint Elizabeth Medical Center

FAQ

1. Is the work of this group relevant to a patient/family member?
2. Why not just have an employee participate instead?
3. Aren’t these conversations sensitive?
4. Will patient/family involvement harm the dynamic of the group?
5. Will it set a precedent for other groups?
FAQ

1. Is the work of this group relevant to a patient/family member? **YES**
2. Why not just have an employee participate instead? **That’s not our role**
3. Aren’t these conversations sensitive? **They are; they trust us with their most sensitive information, we can do the same with them**
4. Will patient/family involvement harm the dynamic of the group? **Usually it does just the opposite**
5. Will it set a precedent for other groups? **We hope so!**

GOOD SAMARITAN PFAC

October 2003
- Newspaper Op/Ed Ad
- Letters

January 2004
- First meeting
- 20 members
GOOD SAMARITAN PFAC

- Patient Information Guides
- Wayfinding “You Are Here”
GOOD SAMARITAN PFAC

- Transition July 2010
- PFAC Charter
- PFAC member as co-leader
- Development of priorities
  - HCAHPS, Quality, Safety
- Annual report to Board
- Members on various teams, committees

GOOD SAM: PATIENT RX

Patients write orders on admission and daily

Includes:
- Care Partner
- Access to medical record
GOOD SAMARITAN: PATIENT STORYBOARD

BEDSIDE SHIFT REPORT: TAG UR IT

T = time pain meds
A = abnormals
G = goals for day
U = update whiteboard
R = review meds/IV’s
I = introduce oncoming nurse
T = tests, tx, transfers

thank you
TOUCHBASE/DISCHARGE ROUNDS

- LEAN team (nurses, pharmacists, MD hospitalist, care management, patient)
- Daily group huddle; daily patient rounding
- LACE(s) tool to determine high risk
- Attention to length of stay
“In our exploration of what’s possible, we are led to search for new and different partners. Who we become together will always be different than who we are alone. New relationships create new capacities.”

Wheatley and Kellner

BIBLIOGRAPHY
