The Patient and Family Voice: Engaging Patients and Families for Improved Quality and Safety

Ohio Perinatal Quality Collaborative Learning Session

January 26, 2015

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Defining Patient- and Family-Centered Care

“An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.”

Source: Institute for Patient and Family Centered Care
Nothing About Patients, Without Patients
The question is not “if” or “when,” but “how”…

• Patient & Family Engagement is a foundational priority.
• Leading organizations are investing time, money and people in this body of work. Leaders include:
  ✓ IPFCC: Institute for Patient & Family Centered Care
  ✓ AHRQ: Agency for Healthcare Research Quality
  ✓ IHI: Institute for Healthcare Improvement
  ✓ AHA: American Hospital Association
  ✓ NQF: National Quality Forum
  ✓ TJC: The Joint Commission
  ✓ The Beryl Institute
A Framework for Patient and Family Engagement in Health and Health Care

Levels of engagement

Direct care

Consultation
Patients receive information about a diagnosis

Involvement
Patients are asked about their preferences in treatment plan

Partnership and shared leadership
Treatment decisions are made based on patients’ preferences, medical evidence, and clinical judgment

Organizational design and governance

Organization surveys patients about their care experiences

Policy making
Public agency conducts focus groups with patients to ask opinions about a health care issue

Hospital involves patients as advisers or advisory council members

Patients co-lead hospital safety and quality improvement committees

Patients’ recommendations about research priorities are used by public agency to make funding decisions

Patients have equal representation on agency committee that makes decisions about how to allocate resources to health programs

Factors influencing engagement:
- Patient (beliefs about patient role, health literacy, education)
- Organization (policies and practices, culture)
- Society (social norms, regulations, policy)

Carman K L et al. Health Aff 2013;32:223-231
“Having a patient & family representative in the room changes the conversation in every way.”

-Jim Conway
Establish Partnerships

- Teachable Spirit
- Representative Voice
- Solution Focused
- Constructive Collaboration
The Role of Patients and Families…

Patient & Family Advisors work in a variety of healthcare settings sharing their personal stories to represent all patients & families in providing an educated perspective of care by bringing authenticity, empowerment, respect and inspiration to the design and delivery of healthcare systems. Patient & Family Advisor roles include partner, educator, speaker, listener, advocate, collaborator and leader, ensuring the focus of healthcare is centered on the patient & the family.*

*Collaboratively written by the patient & family advisors in attendance at the IHI Forum, 2012
“Collaboration means that no one interest group is always right. It means taking what you think and what I think, and what someone else thinks, and coming up with something that works for everyone.”

-B. Crider
From: *Essential Allies, Families as Advisors*
Patient and Family Engagement: Changing Culture

“We are professionals with a license to practice. We don't need families to let us know if we do it wrong.”

-Nursing Staff Member at a NC Hospital
“Patient engagement is a skill, not a trait.”

Institute of Medicine (IOM) 2013 Report, *Partnering with Patients to Drive Shared Decisions, Better Value, and Care Improvement*
Hope is not a plan.
“Some” is not a number.
“Soon” is not a time.
PQCNC Patient and Family Engagement (PFE) Initiative

Mission:
Create a multidisciplinary, hospital-based community that is focused on providing a standardized approach to, and building of support for, the recruitment, training, and engagement of patients and families with diverse perspectives as meaningful members of quality improvement teams.
Perinatal Quality Collaborative of North Carolina

Patient and Family Engagement Action Plan

Overall Aim:
Create a multidisciplinary, hospital-based community that is focused on providing a standardized approach to the recruitment, training, and employment of patients and families as partners in perinatal improvement efforts by January 2014.

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<th>Outcomes</th>
<th>Change Ideas</th>
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<td>Each facility will have a process in place for identifying patients/family members to assist with the improvement team(s) they have chosen to focus on</td>
<td>- Identify a person(s) who will solicit and document patient/family member referrals&lt;br&gt;- Determine characteristics and perspective/experience desired in potential patient/family partners (e.g., time since discharge, diversity) and provider/staff champions (e.g., utilize a checklist for attitudes)&lt;br&gt;- Identify sources to approach for referrals (e.g., bedside nurses, social workers, patient relations)&lt;br&gt;- Create educational tools to share with providers/staff regarding what makes an effective patient/family partner&lt;br&gt;- Educate providers/staff regarding the referral process</td>
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<td>Each facility will contact 3 patients/family members about assisting with their improvement efforts</td>
<td>- Determine if other departments/teams should be engaged before contacting patients/family members (e.g., Patient Experience Team, Volunteer Services)&lt;br&gt;- Identify a lead person(s) to interview and document contact with potential patient/family partners&lt;br&gt;- Determine roles for patients/families (i.e., what are we asking them to do)&lt;br&gt;- Create interview/application tools to be used with every potential candidate (e.g., interview scripts, application, acceptance/rejection letters)&lt;br&gt;- Determine readiness criteria for use in selecting potential candidates</td>
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<td>Each facility will have 1 patient/family member join and attend each meeting for the improvement team(s) they have chosen to focus on</td>
<td>- Determine facility-level requirements for patients/family members (e.g., volunteer training, background checks)&lt;br&gt;- Create orientation tools for use in onboarding patients/family members (e.g., information about the unit and providers, goals of partnership, expectations regarding participation, meeting etiquette)&lt;br&gt;- Identify a person(s) to track patient/family member progress towards completing training requirements and orientation&lt;br&gt;- Identify a person(s) on the improvement team to be the point of contact for patients/family members, to track patient/family member attendance, and orient the team&lt;br&gt;- Orient improvement team members regarding the role of patients/family members on the team</td>
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<td>Each facility will have a process in place for educating providers/staff regarding the importance of the patient/family perspective</td>
<td>- Identify potential forums (new or existing) for educating providers/staff (e.g., new nurse residency, staff meetings, lunch and learns, online modules)&lt;br&gt;- Develop curriculum for educating providers/staff&lt;br&gt;- Identify a lead person(s) to facilitate and track educational opportunities&lt;br&gt;- Identify patients/family members who are able to assist with education&lt;br&gt;- Create tools for tracking the number and type of providers participating in education and a system for evaluating the effectiveness of the opportunity</td>
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Learning Sessions
Working With Patient and Family Advisors: Recruiting, Training, and Partnering

Julie Barnes
Patient and Family Centered Care Manager
Wake Forest Baptist Medical Center
September 4, 2013
Leading Partnerships with Patients & Families

Presented by: Sue Collier, MSN, RN, FABC
Performance Improvement Specialist
Patient-Family Engagement

Perinatal Quality Collaborative of NC
Learning Session 1
September 4, 2013
Working in Parallel on Multiple Change Concepts
(Aim: Engage Patients & Families)

Identify Patient/Family Advisors

Contact potential advisors

Include patients on teams

Educate and improve provider skills and knowledge
Patient / Family Engagement

The three pillars of PQNC are the spread of clinically effective, family centered and fiscally responsible care practices across the state of North Carolina. The collaborative is comprised of folks throughout the state of North Carolina who have a vested interest in PQNC’s mission including care providers, payers, family representatives, and other maternal and infant health leaders. PQNC is deeply committed to partnering with family members and is looking to family members and family advocates to provide input as to the quality initiatives that would be most beneficial to families and, most importantly, to work as team members on those initiatives. In support of that aspect of our mission we are proud to continue and support the efforts of the Patient / Family Engagement Initiative. This is a very important part of PQNC activities as the Patient Engagement Initiative will provide additional ways for us to learn from each other and discuss ways to involve patients and families in order to improve health care delivery. Ideas exchanged through the Patient / Family Engagement Initiative will enhance the collaboration between families, care providers and other stakeholders involved in perinatal care at the state and local level as well as inform the work of every succeeding initiative that PQNC undertakes.

For more information, to get involved, or to subscribe to updates of Patient / Family Engagement Group activities contact Keith M. Cordman.

Updates
Getting ready for kick-off - August 2013
August 15, 2013 - The Expert Team has completed an incredible amount of work over the past month to prepare for the Patient and Family Initiative Kickoff in September! The last few weeks have been defining the scope of the initiative. Read more...

Patient / Family Engagement Expert Team Notes - July 2013

Results
Results to date include the development of an action plan...

Resources
- PTE Action Plan
- PTE Expert Team “Action Plan” Call
- PTE Learning Session 1 Registration
- PTE Expert Team “Report” Call
- The Role of Executive Support for Quality Improvement Initiatives
- Perinatal Quality Improvement Team...
Patient / Family Engagement September Webinar

Next Webinar: Thursday, September 12, 2013  2:30 PM

Audio: 832.551.5100, passcode 222655#

Click here to access Webinar

Agenda: TBA

Using Elluminate:

Enter your name and click ‘Login’

Elluminate Session Log In

Please enter your name for the session.
What have you been working on this month?

**PDSA WORKSHEET**

**Team Name:**

**Overall team/project aim:**

**What is the objective of the test?**

**What 90 day goal does the change impact?**

**PLAN:**

Briefly describe the test:

How will you know that the change is an improvement?

What driver does the change impact?

What do you predict will happen?

**DO:**

Test the changes.

Was the cycle carried out as planned? ☐ Yes ☐ No

Record data and observations.

What did you observe that was not part of our plan?

**STUDY:**

Did the results match your predictions? ☐ Yes ☐ No

Compare the result of your test to your previous performance.

What did you learn?

**ACT:**

Decide to Adopt, Adapt, or Abandon.

☐ Adopt: Improve the change and continue testing plan. Plans/changes for next test:

☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

☐ Abandon: Discard this change idea and try a different one

**Plan for collection of data:**

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<th>Plan</th>
<th>Do</th>
<th>Study</th>
<th>Act</th>
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PFE Action and Data Resources

The following documents are available to assist you in planning your work, understanding what to collect, collecting, and submitting your data:

- PFE Action Plan
- PFE PDSA Worksheet
- PFE Team Planning Form
- PFE Monthly Data Collection Form
- PFE Data Dictionary
Patient and Family Engagement Initiative
Monthly Data Collection Form

1. Do you have a process in place for identifying patients/family members to assist with the work of your improvement team? (circle one) Yes ☐ No ☐

2. How many patients/family members have you identified in the past month? (total #) ________

3. Of those identified, how many have you contacted? (total #) ________

4. Of those contacted, how many were approached prior to patient discharge? (total #) ________

5. Of those contacted, how many were approached following patient discharge? (total #) ________

6. Of those contacted, how many have agreed to assist? (total #) ________

7. How many improvement team meetings have been held in the past month? (total #) ________

8. How many patients/family members attended the improvement team meeting(s)? (total #) ________

9. Do you have a process in place for educating providers/staff regarding the importance of the patient/family perspective? (circle one) Yes ☐ No ☐

10. Which modes of education have been used in the past month? (check all that apply)

   ☐ In-person training/single discipline of providers/staff
   ☐ In-person training/multi-disciplinary
   ☐ Web-based training/single discipline of providers/staff
   ☐ Web-based training/multi-disciplinary
   ☐ Provision of written materials/single discipline of providers/staff
   ☐ Provision of written materials/multi-disciplinary

11. How many providers/staff have received education in the past month? (total #) ________

12. How many patients/family members have assisted with provider/staff education? (total #) ________

13. How many patients/family members have attended PQCNC webinars this month? (total #) ________
PQCNC PFE
By the numbers...

15 Hospitals
8 Months
166 Contacted Patients and Family Members

Percentage of Patients and Families Members who Agreed to Assist: 55%

220 Volunteer Hours from Patients and Family Members
1200 Over Providers Educated
Contact:
Tara Bristol
tara.bristol@pqcnc.org

IF YOU WANT TO GO FAST, GO ALONE.
IF YOU WANT TO GO FAR, GO TOGETHER.
-AFRICAN PROVERB