Patient and Family Engagement Strategy

April 10, 2013

Indiana Hospital Association

Webinar Agenda

- Overview & Introductions – *Kathy Wallace*
- Why is Patient & Family Engagement the Right Thing to do? – *Carrie Brady*
- Patient & Family Advisor Response – *Bob and Barb Malizzo*
- Review of Patient & Family Engagement Calendar of Activities – *Karin Kennedy*
- Commitment to Participate – *Kathy Wallace*
- Questions

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National Quality Strategy Aims and Priorities

1. Making care safer by reducing harm caused in the delivery of care

2. *Ensuring that each person and family are engaged as partners in their care*

3. Promoting Effective Communication & Care Coordination

4. Prevention & Treatment of Leading Causes of Mortality

5. Working with communities to promote wide use of best practices to enable healthy living

6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

Better Care

Healthy People/Healthy Communities

Affordable Care

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National Quality Strategy Initiatives

Patient-Centered Outcome Research Institute

Reduction of Healthcare Acquired Conditions

Focusing on Priority Conditions
- National HIV/AIDS Strategy
- Strategic Framework for
- Multiple Chronic Conditions

Safe Use Initiative

HITECH

Better Care

Partnership for Patients

Medical Homes

Value-Based Purchasing

National Quality Strategy

Accountable Care Organizations

Readmission Reduction Program

Health Insurance Exchanges

HCAHPS

Healthy People/ Healthy Communities

Affordable Care

Community Health Needs Assessment

Administrative Simplification

Patient-Centered Care Improvement Guide

CDC Community Transformation and Self Management Grants

Putting Prevention to Work in Communities

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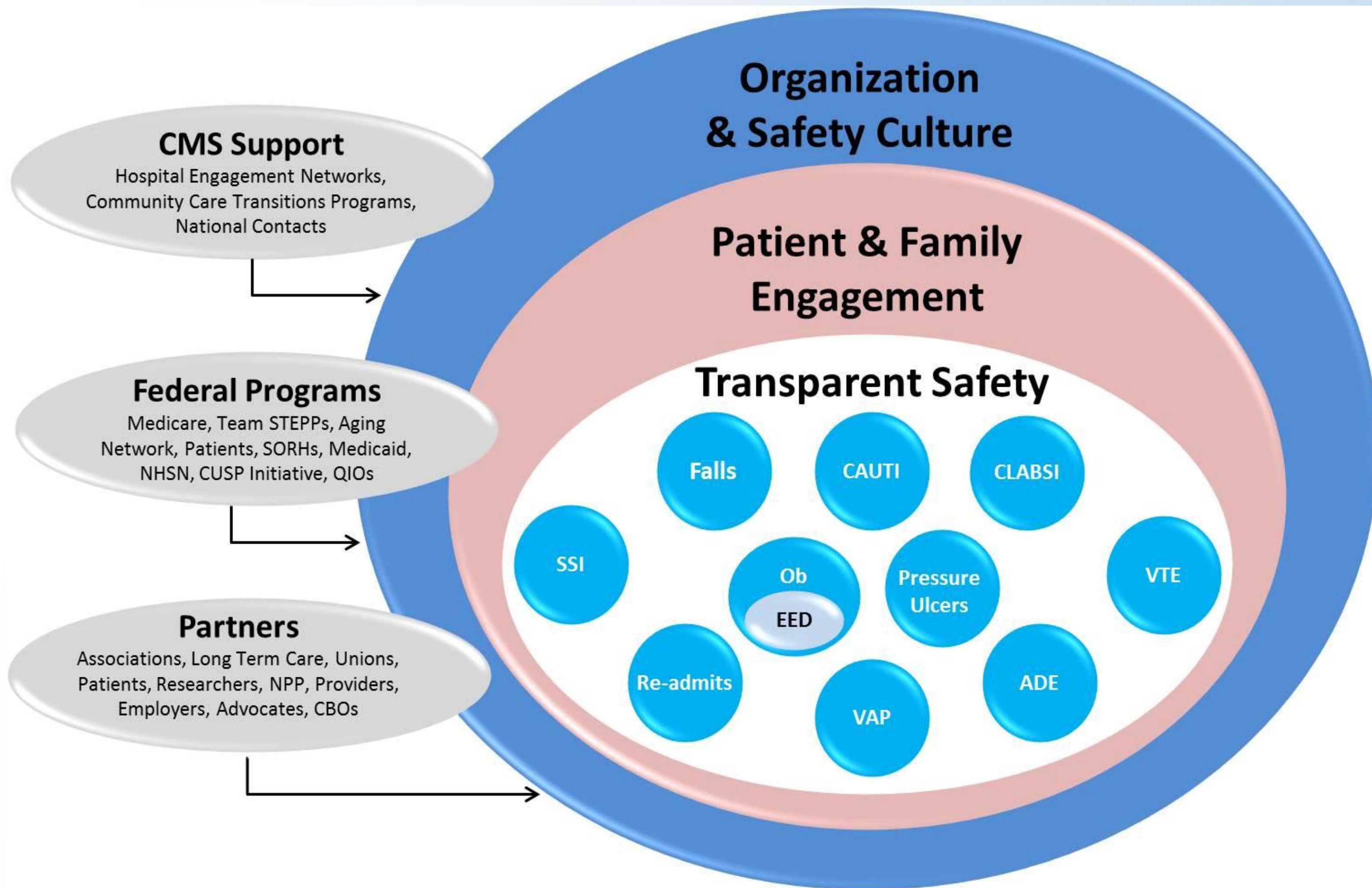
Partnership for Patients



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Engaging Patients, Reducing Harm

- Purpose of the P&FE Collaborative
  - To accelerate the *Coalition for Care*'s progress on patient and family engagement (P&FE), IHA will implement a P&FE collaborative in 2013.
- Target number of participating hospitals
  - To recruit at least 40 hospitals to participate in P&FE collaborative
- Measurement of success
  - Measured using the CMS criteria on the monthly level of participation reports.

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Measuring Success

- P1— Prior to admission, hospital staff provides and discusses with every patient that has a scheduled admission, allowing questions or comments from the patient or family, using a planning checklist that is similar to CMS's Discharge Planning Checklist.
- P2—Hospital conducts shift change huddles and does bedside reporting with patients and family members in all feasible cases.
- P3— Hospital has a dedicated person or functional area that is proactively responsible for patient and family engagement and systematically evaluates patient and family engagement activities.

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Measuring Success

- P4—Hospital has an active Patient and Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.
- P5—Hospital has at least one or more patient(s) who serve on a governing or leadership board and serves as a patient representative.

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Introduction of P&FE Collaborative Contributors

- Carrie Brady - a national expert to serve as consultant and expert to support the IHA efforts

- Bob and Barb Malizzo - serve as the voice of the patient for the Collaborative

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Redefining the Engagement Imperative

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Why Engage?

- It's the right thing for patients and providers
- Engagement supports other organizational imperatives
  - Quality/Safety
  - Regulatory
  - Reimbursement
- Lack of engagement is a barrier to both individual and organizational success

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Published in February 2013 Issue of Health Affairs

What the Evidence Shows About Patient Activation: Better Health Outcomes and Care Experiences; Fewer Data on Costs

Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' 'Scores'

Enhanced Support for Shared Decision-Making Reduced Costs of Care for Patients with Preference-Sensitive Conditions

Survey Shows That Fewer Than a Third of Patient-Centered Medical Home Practices Engage Patients in Quality Improvement

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

HealthAffairs

February 2013 Vol. 32 No. 2 healthaffairs.org

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Patient Engagement and Adverse Events

"[T]here was an inverse relationship between [patient] participation [in their care] and adverse events . . . [P]atients with high participation were half as likely to have at least one adverse event during the admission."

Source: Weingart SN et al., *Hospitalized patients' participation and its impact on quality of care and patient safety*, International Journal for Quality in Health Care 2011; 1-9.

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What Is Engagement? As Defined by CMS Metrics:

<u>Point of Care</u>:

1. Discharge planning checklist discussed prior to admission
2. Shift change huddles/bedside shift reporting

<u>Policy & Protocol</u>:

3. Dedicated functional area for patient and family engagement
4. Active patient and family engagement committee or patient advisor

<u>Governance</u>:

5. Patient representative on governing board

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What Is Engagement? As Defined in AHRQ Report

"A set of behaviors by patients, family members, and health professionals and a set of organizational policies and procedures that foster both the inclusion of patients and family members as active members of the health care team and collaborative partnerships with providers and provider organizations. . . . [T]he desired goals of patient and family engagement include improving the quality and safety of health care in the hospital setting."

(Maurer M et al., Guide to Patient and Family Engagement: Environmental Scan Report, AHRQ Publication No. 12-0042-EF, May 2012)

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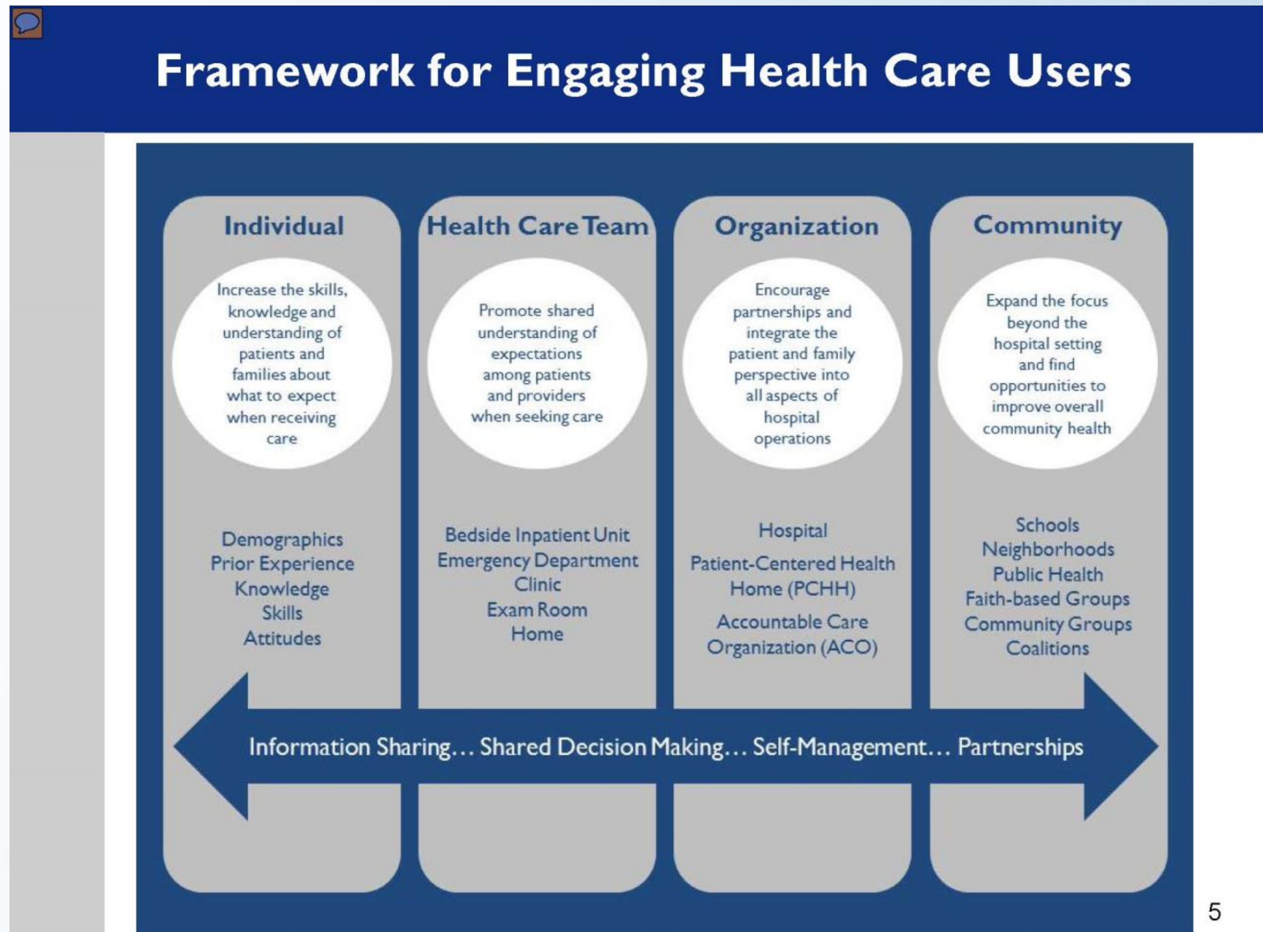
AHA Framework for Engaging Healthcare Users



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Attempting to Engage without Truly Engaging

"Most of the literature on patient and family engagement focuses on what patients could do (or what researchers and policymakers want patients to do), instead of discussing what behaviors patients and family members currently engage in or would be willing to engage in."

Environmental Scan, p. 27

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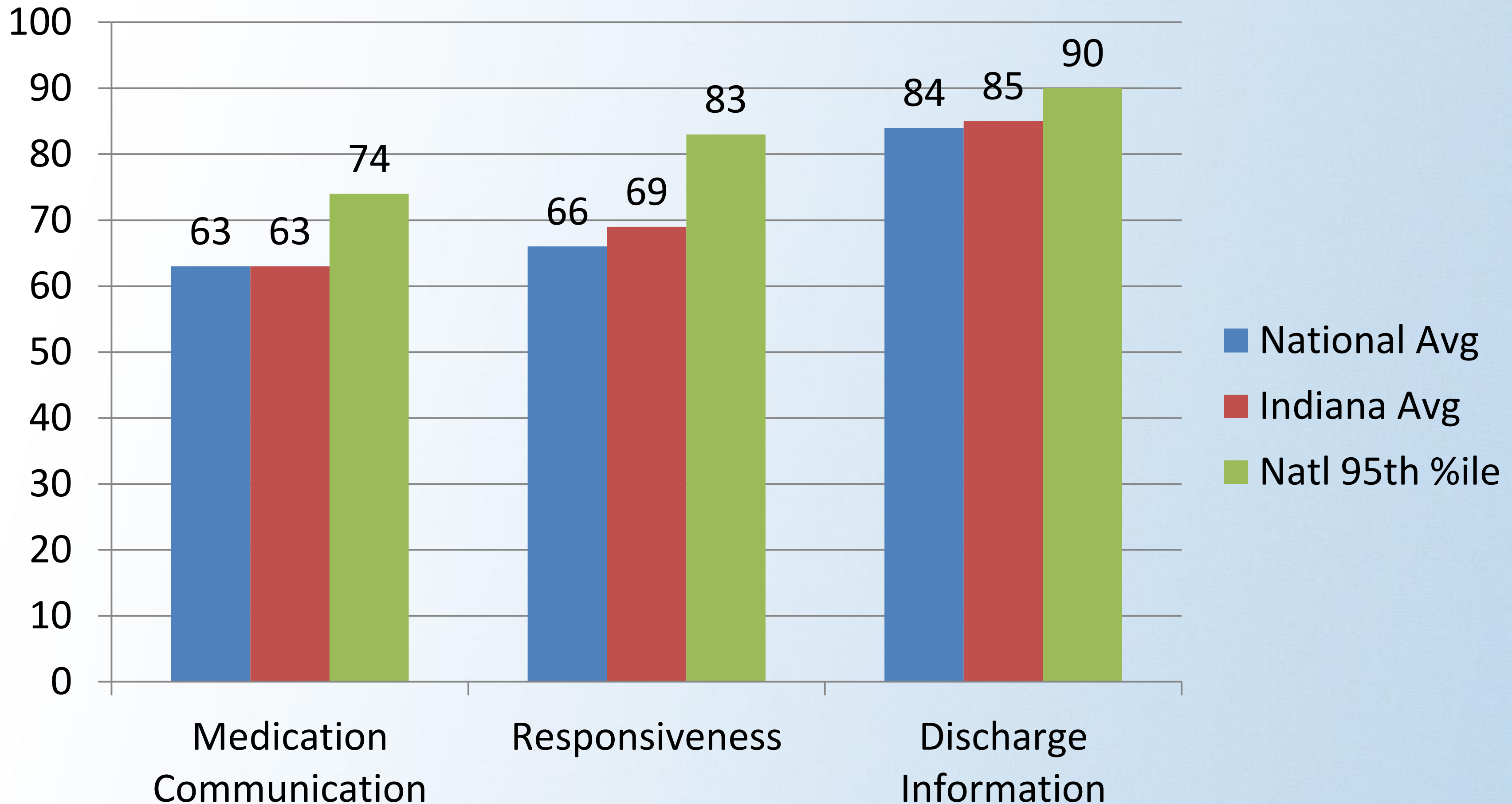
What HCAHPS Tells Us About Engagement



Source: CMS, Summary of HCAHPS Survey Results and HCAHPS Percentiles December 2012 Public Report Summary (April 2011 – March 2012 discharges) available at www.hcahpsonline.org

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Engagement at the Front Lines

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We Have An Appointment to Engage

- Engagement as obligation
  - CMS Requirements
  - Focus on Compliance
- Engagement is on the "to do" list but not a priority or core part of the organizational culture

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The Battle Begins

Are you ready to engage?

Barriers to Patient Engagement

(Environmental Scan)

Patient Barriers

- Fear and uncertainty
- Low health literacy*
- Provider reactions

Provider Barriers

- Professional norms and experiences
- Fear of litigation
- Perceived effort

*In a recent study, **53%** of survey respondents agreed or strongly agreed that "most medical information is too hard for the average person to understand" - Environmental scan, p.25

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Facilitators of Patient Engagement

(Environmental Scan)

Patients

- Self-efficacy
- Information
- Invitations to engage
- Provider support

Providers

- Motivation
- Organizational processes
- Implementation strategies

Organizational Process Factors Influencing Ability to Implement/Sustain Change

(Environmental Scan)

- Understanding of/experience with patient and family engagement
- Formal and informal leadership
- Hierarchy
- “Slack” resources
- Internal alignment
- Absorptive capacity
- Culture

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Engaged in Participation

P.C. VEY

"Give it to me straight, Doc. How long do I have to ignore your advice?"

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Engagement as a Responsibility

- Engaged in pursuit of a common goal
- Partnering with patients and families becomes a core part of how you do business
- Expectations are clear – everyone understands their respective roles
- The responsibility doesn't end at discharge

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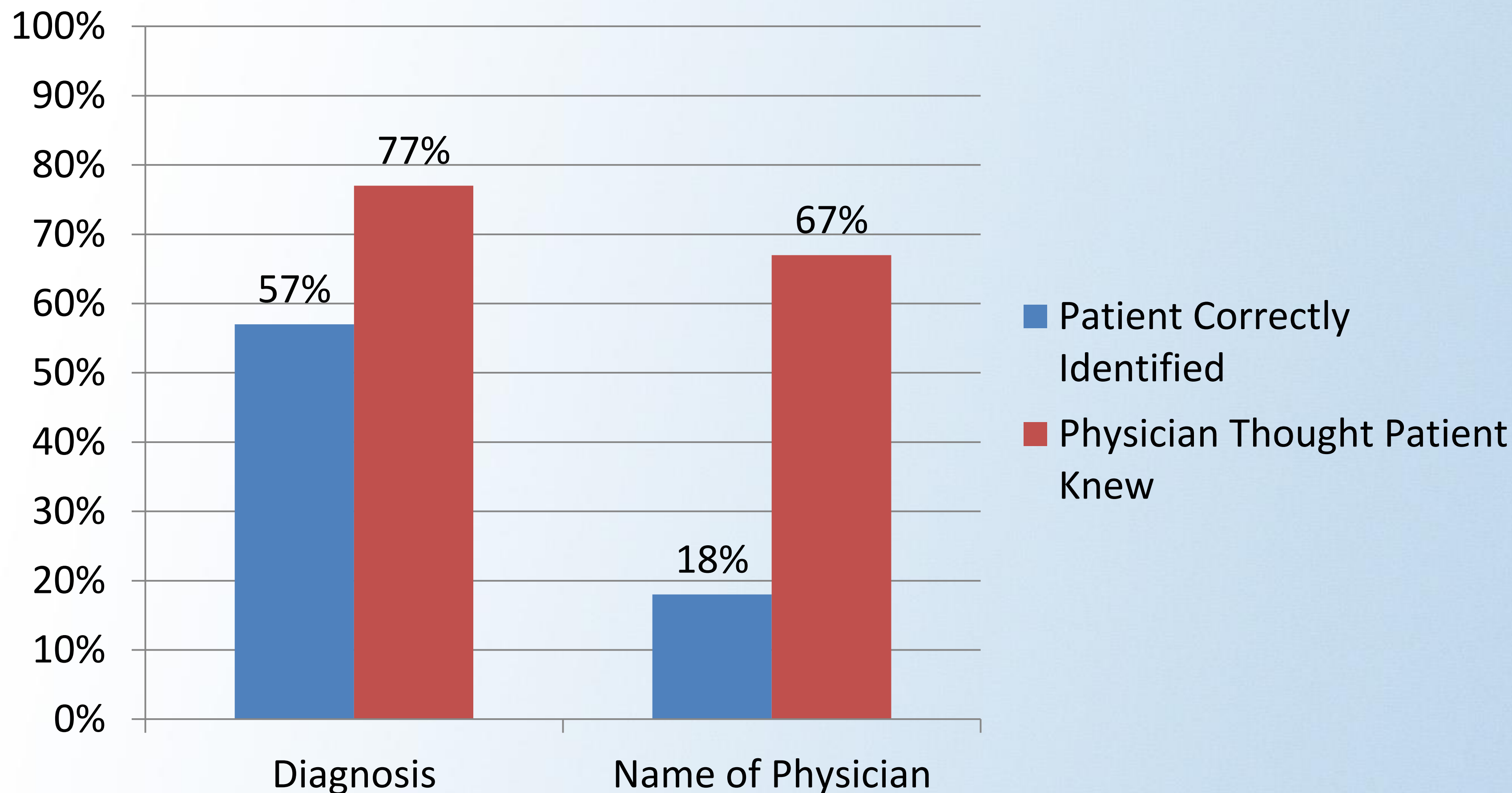
Missed Connections



Source: Olson DP and Windish DM, "Communication Discrepancies Between Physicians and Hospitalized Patients" *Arch Intern Med* 2010; 170 (15): 1302-1307.

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- 50+ pages of written materials provided at discharge

- Instructions to obtain appointments with five different providers

- No identified point of contact

-No one knowledgeable about the comprehensive care plan

-No follow-up or coordination

Beth Ann Swan, Dean of Jefferson School of Nursing, Thomas Jefferson University, PA *Health Affairs, 31, no.11 (2012):2579-2582*

NARRATIVE MATTERS

DOI: 10.1377/HLTHAFF.2012.0516

A Nurse Learns Firsthand That You May Fend For Yourself After A Hospital Stay

Following her husband's stroke, it falls to a registered nurse and nursing school dean to coordinate care and manage her recovering spouse's transitions among several hospitals and home.

BY BETH ANN SWAN

At 9:45 on the evening of Tuesday, April 26, 2011, the phone rang in our home in suburban Philadelphia. When I answered, I heard the voice of my husband Eric's colleague, who was with him in Chicago on a business trip. They wouldn't be flying home that evening, he told me.

Had they missed the plane? "Not exactly," he answered. Eric was in the emergency department of a hospital near O'Hare International Airport. He had collapsed while boarding the plane to Philadelphia.

In an instant, we were thrown into the unreal world of medical "care coordination" and "transition management." There would be no easy way for us to get Eric from a hospital there to a hospital here and then to home. And along the way there would be gaps in the care Eric received—gaps so large they were more like chasms. We just didn't know it yet.

Chicago

What had felled Eric was a brain stem stroke, which had caused what is known as Wallenberg's syndrome. The stroke had blocked an artery on the right side of his neck, depriving part of his brain of the blood it needed. A formerly healthy fifty-three-year-old male, Eric now was far from home, hospitalized with a serious stroke.

My thoughts were racing. Thank goodness he wasn't alone, thank goodness the stroke happened before the plane took off, and thank goodness I'm a registered nurse who works at a world-renowned academic health center where I have friends and resources.

My first call was to the president of the academic health center in Philadelphia where I work, who is himself a neurologist. He immediately started working to get Eric into the best stroke center in Chicago. Next I called my mother to come stay with Eric's and my thirteen-year-old daughter. By midnight I was running around the house packing a suitcase, with no idea how long we'd be in Chicago.

The next morning I left the house at 5:00 to fly to Chicago. I cried all the way to the airport. How was I going to get Eric transferred from the community hospital where he was at that moment to the Chicago academic health center with specialized stroke care, and then get him home?

I arrived at Eric's bedside at 11:30 a.m. on April 27. Although a bed was waiting for him at the stroke center, it took me until 5:30 p.m. to get Eric into a hired ambulance. By 6:30 p.m. he was in the neurologic intensive care unit at the Chicago academic health center. As his wife, I wanted to cry. Instead I put on a brave face and became his care manager.

Illustration by Brett Ryder

Downloaded from content.healthaffairs.org by Health Affairs on November 12, 2012 by guest

CLINICAL

Relationship Between Patient Satisfaction With Inpatient Care and Hospital Readmission Within 30 Days

William Boulding, PhD; Seth W. Glickman, MD, MBA; Matthew P. Manary, MSE; Kevin A. Schulman, MD; and Richard Staelin, PhD

"Higher patient satisfaction with inpatient care and discharge planning is associated with lower 30-day readmission rates even after controlling for hospital adherence to evidence-based practice guidelines."

Source: Am J Manag Care. 2011; 17(1): 41-48.

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Engaged to be Married

Mutual respect

Life-long commitment

Continuous partnership across the continuum

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Rules of Engagement

1. Define roles.
2. Ask (before and after you tell).
3. Recognize and utilize your allies.

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Defining Roles

Individual Level Example

Patient as Commander in Chief

- Patient identifies the goal
- Patient has expertise in and educates provider about personal health, habits, feasibility of recommendations
- Patient is the ultimate decision maker

Health Care Provider as General

- Healthcare provider identifies the diagnosis
- Healthcare provider has expertise in range of treatment options
- Healthcare provider educates patient about options and makes recommendations

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Ask (before and after you tell)

- Patient and family engagement requires an ongoing open dialogue with providers at all levels
  - Individual, healthcare team, organization, and community
- Identify what is most important to the patient
  - E.g. Twin Rivers Regional Medical Center Sacred Moment http://alwaysevents.pickerinstitute.org/?p=1789
- Verify understanding
  - E.g. Iowa Health System Teach Back Toolkit www.teachbacktraining.com/

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Recognize and Utilize Your Allies

- Patients
- Families
- Volunteers
  - Former Patients
- Non-clinical staff
- Community partners
- Peers/hospital association

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Patient and Family Advisor Response from the Malizzo Family

Bob and Barb Malizzo

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Review of Patient & Family Engagement Calendar and Activities

Karin Kennedy

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Key Strategies for P&FE Collaborative

- Conduct monthly coaching calls on the second Wednesday of the month* from 11 a.m. to noon Eastern Time
  - Call to Action will be made during each call
  - The next month's call will begin with a report out on progress
- Incorporate P&FE topic into the Patient Safety Summit May 7
- Compile a resource guide for the hospitals to assist them in their implementation strategies

*Subject to availability of speaker

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Focused Webinars

Date	Type of Meeting	Audience	Focused Topic
May 7	In-person (Patient Safety Summit)	CEO, CMO, CNO, PFE team lead	Implementing P&FE Strategies at the Organizational Level • Transforming the patient safety culture by developing and sustaining meaningful partnerships with patients and families
June 12	Webinar Dr. Tim McDonald (unconfirmed)	CEO, CMO, CNO, PFE team lead	Implementing P&FE Strategies at the Organizational Level • Patient representation on a governing or leadership board • Incorporating patient and family advisory councils into patient safety, quality improvement and other hospital committees
July 10	Webinar Carrie Brady present	PFE team lead, CNO, nursing directors, nurse managers, case managers	Implementing P&FE Health Care Team Level Strategies • Patient and family involvement in beside change-of-shift reports • Patient- and family-activated rapid response • Discharge planning checklist

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Focused Webinars

Date	Type of Meeting	Audience	Focused Topic
Aug. 15	In-person meeting Carrie Brady present – topic TBD	PFE team lead	P&FE Strategies at the Community Level • Providing health education and literacy classes • Understanding diverse populations Other • Engaging patients and families through the generations – how to approach through generational differences • Dedicating resources for P&FE
Sept. 11	Webinar		• TBD
Oct. 9	Webinar	PFE team lead	P&FE Strategies at the Community Level • Supporting safe and healthy working environments
Nov. 13	Webinar Carrie Brady present	PFE team lead	Implementing P&FE Strategies at the Organizational Level • Evaluating P&FE activities
Dec. 11	Webinar Carrie Brady present	PFE team lead	The Future of Health Care Engagement

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Focused Webinars

- Access to the monthly webinars will remain the same throughout the year. Currently, pre-registration is not required.
  - Participant Access Numbers: **Toll-Free (US & Canada):** (888) 390-3967
  - Webinar Access: log into www.infiniteconferencing.com/join, participant code: 67131058

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Commitment to Participate

- Complete Commitment via Survey Monkey located at https://www.surveymonkey.com/s/PFE_Commitment by April 30
- Agree to the following:
  - Work on adopting and implementing as many of the Patient and Family Engagement Strategies as possible throughout 2013
  - Actively participate in the webinars and events
  - Respond to the Call to Action, and
  - Agree to willingly share our engagement experiences.
- Identify someone from your organization who is coordinating P&FE
- Identify your Senior Executive who will be your champion

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Thank you