Leading Quality Improvement

Essentials for Managers
Session 7: Partnering With Patients and Families

May 12, 2015
These presenters have nothing to disclose

Janet Porter, PhD
Martie Carnie
Kathy Duncan, RN

Today’s Host

Dorian Burks, Project Coordinator, Institute for Healthcare Improvement, is a current coordinator for web-based Expeditions. He also contributes to the IHI work in the Triple Aim and Improvement Capability focus areas, as well as the Leading Quality Improvement series. Dorian is a member of the Diversity and Inclusion Council at IHI, where he and fellow staff members develop strategies to enhance IHI’s inclusive culture, both internally and externally. Dorian graduated from Massachusetts Institute of Technology in Cambridge, MA where he received his Bachelor of Science degree in Biology and humanities concentration in Anthropology.
Phone Connection (Preferred)

To join by phone:

1) Click on the “Participants” and “Chat” icons in the top right hand side of your screen.
2) Click the button on the right hand side of the screen.
3) A pop-up box will appear with the option “I will call in.” Click that option.
4) Please dial the phone number, the event number and your attendee ID to connect correctly.

WebEx Quick Reference

- Welcome to today’s session!
- Please use chat to “All Participants” for questions
- For technology issues only, please chat to “Host”
- WebEx Technical Support: 866-569-3239
- Dial-in Info: Communicate / Join Teleconference (in menu)
Kathy Duncan, RN

Kathy Duncan, RN, Faculty, IHI, co-leads IHI’s National Learning Network. Ms. Duncan also directs IHI Expeditions, manages IHI’s work in rural settings, and provides spread expertise to Project JOINTS. Previously, she co-led the 5 Million Lives Campaign National Field Team and was faculty for the Improving Outcomes for High Risk and Critically Ill Patients Innovation Community. She also served as the content lead for the Campaign’s Prevention of Pressure Ulcers and Deployment of Rapid Response Teams areas. She is a member of the Scientific Advisory Board for the AHA NRCPR, NQF’s Coordination of Care Advisory Panel, and NDNQI’s Pressure Ulcer Advisory Committee. Prior to joining IHI, Ms. Duncan led initiatives to decrease ICU mortality and morbidity as the director of critical care for a large community hospital.

Schedule of Sessions

Session 1 – Coach Versus Command
Date: Tuesday, February 17, 12:00 – 1:00 PM ET

Session 2 – Understand and Manage Systems
Date: Tuesday, March 3, 12:00 – 3:00 PM ET*

Session 3 – Practice Improvement Essentials
Date: Tuesday, March 17, 12:00 – 1:00 PM ET

Session 4 – Build Sustainable Systems
Date: Tuesday, March 31, 12:00 – 2:00 PM ET*

Session 5 – Manage Connections Across Systems
Date: Tuesday, April 14, 12:00 – 1:00 PM ET

* Breakout session: Clinical & Allied Health Professions Managers 12:00-1:00 PM ET, Quality Improvement Managers 1:00-2:00 PM ET
Schedule of Sessions

Session 6 – Identify and Spread Successful Improvements  
Date: Tuesday, April 28, 12:00 – 2:00 PM ET*

Session 7 – Partner with Patients and Families  
Date: Tuesday, May 12, 12:00 – 1:00 PM ET

Session 8 – Create a Culture of Safety  
Date: Tuesday, May 26, 12:00 – 2:00 PM ET*

Session 9 – Empower Teams to Engage in Improvement  
Date: Tuesday, June 9, 12:00 – 1:00 PM ET

* Breakout session: Clinical & Allied Health Professions Managers 12:00-1:00 PM ET, Quality Improvement Managers 1:00-2:00 PM ET

Today’s Agenda

- Welcome & Introductions
- Section 6 Comments
- Patient and Family Centered Care Framework
- Getting Started
- The Brigham and Women’s ED Case Study
- Action Period Assignment
- Closing & Next Steps
#1 Evaluate the “spreadability” of a change
- Rate the change from the “ADOPTER” point of view

How would you take this info account in building your plan for taking this change to scale?

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#2 Select a change that you intend to take to scale
- Consider the infrastructure issues that you will have to take into account in moving the change to a wider part of your system
  - Physical structures
  - Human Resources
  - Delivery System Structure
  - Information system structures
  - Financial structures
- Complete the Worksheet anticipating the infrastructure issues that you will need to address at each level of scale
Infrastructure Issues to Consider in Going “Up the Scale”

<table>
<thead>
<tr>
<th># of people (units, etc.)</th>
<th>Infrastructure issues to address</th>
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</table>
| 5                         | 1. Issue 1 (e.g., staffing, funding, IT, communications, etc.)  
                          | 2. Issue 2                      |
| 25                        | 1. Issue 1                       |
|                           | 2. Issue 2                       |
| 125                       | 1. Issue 1                       |
|                           | 2. Issue 2                       |
|                           | 3. Issue 3                       |
| 625 - 1000                | 1. Issue 1                       |
|                           | 2. Issue 2                       |
|                           | 3. Issue 3                       |

Today’s Faculty

Martie Carnie
martiecarnie@hotmail.com

- Cancer Survivor
- Founding Chair of Dana-Farber/Brigham and Women’s Cancer Center Patient and Family Advisory Council (1997)
- Current Co-Chair of Brigham and Women’s Patient and Family Advisory Council

Janet Porter
jporter@stroudwater.com

- Chief Operating Officer, Nationwide Children’s Hospital
- Associate Dean, University of North Carolina
- Chief Operating Officer, Dana-Farber Cancer Institute
- Principal, Stroudwater Associates
- Board of Directors, AARP
Test the **Chat**

What do you want to know about how to partner with patients and families to improve the patient/family experience?

At the end of this program I will be able to implement plans to engage patients and family members by July 1, 2015
Partnering with Patients and Families

Objectives

By the end of Session 7, participants will be able to:

• Identify ways to engage patients and families in improving the patient experience within your department
• Recruit, select and orient patient and family members
• Listen to the voice of patients and family members and integrate their voice into improving the patient experience

The Dana-Farber Experience

What Do We Mean by Patient Engagement?

“Patient Engagement” Has Many Meanings

- The term “patient engagement” is used to convey patient and family member involvement in everything from their own care, to improving care processes for their own disease or treatment, to unit or organizational decision-making.
- The common theme is an interest in hearing the voice of the patient and the family member.
- The philosophy – or commitment – to patient engagement can be organizational, specialty-specific, unit-specific or even provider-specific.
- Hospitals, physician practices, neighborhood health centers, long-term care facilities, NHCs are embracing the philosophy.
- The common goal is to improve the patient and family member experience.
“Nothing About Us Without Us”

Patient Engagement Framework

Specific to Patient (Individual)

Specific to Disease (Dept/Unit)

Specific to Quality (Organizational)

General (Organizational)

Patient Engagement in Their Own Care
“Shared Decision-Making”
- Portals for Patient Access to Information
- Educational Tools and Provider Training

Patient Engagement in Clinical Quality Improvement and Safety
- Process Improvement (Lean: Kaizens, Workouts)
- Disease-Specific Protocols

Patient Engagement in Patient Experience Improvement
- Patient Satisfaction Committees
- HCAHPS

Patient Engagement in Organizational Decision-Making
- Patient and Family Advisory Committees
- Governing Board Roles
**Patient Engagement Framework**

**Specific to Patient (Individual)**

- Patient and family member engagement in their own care can be based on a commitment made organizationally OR by specialty, unit, department or physician
- The philosophy shifts primary decision-making about care from the physician to the patient and/or family member
- This requires the physician to provide balanced, clear information about care options, outcomes, side effects
- Patient education materials include videos, brochures, information sheets that are generated internally or that are available on endorsed websites
- Patient portals may be developed so that patients can easily access their lab results and other patient information
- Patients may access their physician 24/7 by email, through the portal, via video such as Skyping

**Patient Engagement in Their Own Care**

- "Shared Decision-Making"
  - Portals for Patient Access to Information
  - Educational Tools and Provider Training

**Patient Engagement in Clinical Quality Improvement and Safety**

- The commitment to engage patients in improving care for their own disease or specialty does not have to be organization-wide
- The process may be informal (advice sought from individual patients) to formal (the creation of a council)

- Advice may be sought on administrative processes (such as registration, discharge planning or unit design) and/or clinical (sharing outcomes and benchmarks and jointly designing strategies to improve quality outcomes) and/or research
- Typically this process starts with one specialty engaging patients and demonstrating success with improving outcomes and then championing this approach for adoption by other specialties, units

- Process Improvement (Lean: Kaizens, Workouts)
  - Disease-Specific Protocols

**Specific to Disease (Dept/Unit)**
Patient Engagement Framework

Specific to Quality (Organizational)

- Patient and family members engaged organization-wide in quality improvement and sit on key nursing, medical staff, governing board committees specific to quality
- Patients and family members are seen as consultants and their voice is actively sought
- Quality goals and outcomes are transparent and patients are actively engaged in developing and executing quality improvement strategies and monitoring performance

Patient Engagement in Patient Experience Improvement
- Patient Satisfaction Committees
- HCAHPS

- Patient and family member involvement varies from sitting on committees to active engagement in LEAN (Kaizens, Workouts) to leading customer service training to rounding on units, clinics to approving all patient education materials

Patient Engagement Framework

General (Organizational)

- The organization has committed to engaging patient and family members in organizational decisions
- Patient and family advisory committees (PFACs) have been established either organization-wide or specific (examples: ER, NIC) Patients and family members sit on key medical staff, nursing staff, administrative and/or governing board committees
- PFACs vary in terms of self-governance; some have their own bylaws, select new members, establish annual goals, etc.
- PFACs vary in terms of scope; some are involved in broad organizational decision-making such as search committees for senior leaders, space or building design, policy committees, organizational improvement (cost reduction), budget meetings
- An office, a budget, paid staff are provided to support the PFACs

Patient Engagement in Organizational Decision-Making
- Patient and Family Advisory Committees
- Governing Board Roles
Setting the Stage

- Connect with the Director of Volunteers
- Identify champions of patient engagement
- Discuss at a staff meeting the concept of engaging patients and family members
- Brainstorm ways patients might be involved in providing feedback
- Tell a story of listening to patients with a positive outcome
- Explain this is a pilot, experiment
- Identify departmental patient liaison

Establishing the Liaison Role

- Not a full-time job but an assignment for someone in current role
- Advocate for inclusion of patients and families
- Informal leader within department
- Point person for patient and family involvement
- Recruit, selects, orients patient and family members
- Structures patient engagement experiences
- Provides feedback to patient and family members
- Serves as interface between staff and patients
Recruiting Patient and Family Members

- Staff identify patients and family members who have expressed constructive suggestions, gratitude and interest in giving back
- Background check with other care providers
- Telephone the patient/family member to discuss role, commitment
- If interested, invite in for interview
- Formalize invite with welcome letter and orientation materials and expectations and support (free parking, business cards, etc)
- Specify time commitment and time frame (term)

Patient/Family Member Interview Guide

- Describe your patient care experience here.
- What would you like us to improve?
- What contribution do you think you can make?
- What would others say are your strengths?
- Have you volunteered in any hospitals or other health facilities? Tell us about that.
- Do you have any questions or concerns?
Desired Qualities and Skills of Patient and Family Volunteers

- The ability to share personal experiences in ways that others can learn from them
- The ability to see the big picture
- Broader interest in many issues (does not have a specific agenda based upon their own agenda)
- Listening skills and appreciation for others viewpoint
- Ability to connect with people
- A sense of humor
- Patience

Orientation Check-List

- Set expectation that patient is a candidate – not official until through orientation
- Application completed with contact information
- Hospital volunteer orientation (flu shots, etc) completed – hospital overview and mission, confidentiality
- Occupational health visit
- Received ID badge, parking pass
- Orientation to specific role
- Mentor assigned
- Shadowing of mentor and by mentor
- Coaching/feedback – Candidate become official Volunteer
Questions/Discussion

Raise your hand
Use the chat

The Brigham and Women’s ED Case Study

- What are the barriers to patients and family members being involved in the design and delivery of care?
- One mechanism for involving patients and family members is the creation of a Patient and Family Advisory Council. What are some other means that can be used to include them and to hear their voice?
- What policies or processes need to be in place to ensure patients and/or family members are a constructive force?
- How is culture shaped in an organization? What could ED leadership do to change the culture about family member inclusion – in addition to revising the policy?
Brigham and Women’s ED Patient Satisfaction

Mean Score

Resources

- Institute for Patient and Family Centered Care (www.ifpcc.org)
- IHI (http://www.ihi.org/explore/PFCC/Pages/default.aspx)
- American Hospital Association (http://www.aha.org/advocacy-issues/quality/strategies-patientcentered.shtml)
Drivers of Exceptional Patient and Family Experience

<table>
<thead>
<tr>
<th><strong>Leadership:</strong> Governance and leadership demonstrate that everything is focused on patient and family-centered care</th>
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<tr>
<td><strong>Hearts and Minds:</strong> The hearts and minds of all staff and providers are engaged through respectful partnerships and shared values</td>
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<tr>
<td><strong>Respectful Partnerships:</strong> Every care interaction is anchored in a respectful partnership responding to patient and family needs</td>
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<tr>
<td><strong>Reliable Care:</strong> Hospitals deliver reliable, quality, safe patient care</td>
</tr>
<tr>
<td><strong>Evidence-Based Care:</strong> The care instills confidence by providing collaborative, evidence-based care</td>
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IHI Patient and Family Experience White Paper, 2011

“Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day saying, ‘I will try again tomorrow.’”
Mary Anne Radmacher

IHI Open School: [http://app.ihi.org/lms/home.aspx/EssentialsForManagers](http://app.ihi.org/lms/home.aspx/EssentialsForManagers)
Action Period Assignment

- One mechanism for involving patients and family members is the creation of a Patient and Family Advisory Council.
  - What are some other means that you can utilize to include them and to hear their voice?
- What is one thing that you can do in the next two weeks to seek out the patients and listen to them?

Next Session

Session 8
Create a Culture of Safety

Frank Federico

Tuesday, May 26th, 12:00 – 2:00 PM EST
Thank You!

Please let us know if you have any questions or feedback following today’s session.

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