L3 Will: Patients & Families
Leaders engage with patients and families in all elements of care delivery, design, measurement, assessment, and improvement.

Domain

Leadership and Management Processes:
Processes that leaders and managers maintain every day to lead the organization, ensure efficient and effective operations, and foster improvement

Aims

Patient Centered:
Care throughout a patient’s experience that is coordinated, informed, and grounded in respectful interactions with care providers that are consistent with the patient’s values, expectations, and care decisions

Equitable:
Care delivered fairly, with consideration to need, and with no other discriminating factors

Process Attributes

Cost to Implement
The monetary resources required to implement this process

- Minimal: Just the cost of the improvement effort itself

Time to Implement
The amount of time, from months to years, it will take on average to establish this process

- 1 to 2 years

Difficulty to Implement
The challenges of implementing this process

- Most Challenging: Involves multiple units or disciplines AND requires a substantial shift in culture and/or operations

Level of Evidence
The degree to which the actions in this process are supported by research and experience; based on the Cochrane scale

- Some Evidence: Level III — Studies published with some control included
Details

Elements

- Engage patients and families in organization-wide and department level strategy development, including creation of patient and family advisory councils, and including them in design and building projects

- Share stories, both laudatory and challenging, from the patient’s and family’s perspective throughout the organization, including the Board

- Place patients and family members on improvement teams

- Make patient experience and satisfaction measures visible throughout the organization, particularly when building strategy, setting aims, and assessing results. A more advanced use of patient experience measures is to link them to performance review.

- Engage community organizations and community members, the future patients, as partners in quality and patient safety

Outcomes

- **Harm**: Decreased harm to patient (e.g., Harms per 100 patient days, as measured by the IHI Global Trigger Tool)

- **Patient Satisfaction**: Increased patient satisfaction (e.g., HCAHPS Willingness to Recommend, HCAHPS Hospital Rating)

- **Readmissions within 30 Days**: Decreased readmissions within 30 days

- **Time in ICU**: Decreased time in intensive care in the last 6 months of life (Dartmouth Atlas)

- **No Gap by Race, Ethnicity, or Language**: No gap by race, ethnicity, primary language for key measures

Service Lines and Critical Functions

- Leadership and Management

Key Measures

- Leadership and staff consistently report “more than once a month” to questions in HLQAT* Survey Section B: Knowledge Seeking, Section E: Collaboration “a lot”

  *Please see link to HLQAT in Additional Resources section

- Percent of improvement teams that include patient/families

- Year on year improvement in Key Patient Experience metric (HCAHPS overall rating)

Reasons and Implications

Importance for Patients and Families

Involving patients and their families in care is key to achieving the exceptional patient and family experience and safe, effective care.

http://app.ihi.org/imap/tool/?process=13ffdf7-9e9b-4ad0-b2af-dfe192c966c8

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Requirement, Standards, Policies, and Guidelines

- **Agency for Healthcare Research and Quality (AHRQ)**
- **Centers for Medicare & Medicaid Services (CMS)**
  CMS Conditions of Participation for Hospitals. Condition 482.12, 482.21
- **National Quality Forum (NQF)**
  Safe Practice for Better Healthcare—2009 Update
  Safe Practice 1: Leadership Structures and Systems
  Safe Practice 4: Identification and Mitigation of Risks and Hazards
  Safe Practice 7: Disclosure
- **The Joint Commission (TJC)**
  2012 National Patient Safety Goals
- **The Leapfrog Group**

Financial Implications

- Expense reduction can occur due to focusing on areas of concern to patients and families, and eliminating unwanted care.
- Expense increase can occur due to increased staff time and attention engagement.
- Revenue increase can occur due to possible positive market differentiation resulting from positive outcomes.

Prerequisites

- A leadership team that values the capacity of patients and their families to provide will and ideas for improvement
- Alignment of aims, incentives, and accountability for patient experience performance
Additional Resources

- **Agency for Healthcare Research and Quality (AHRQ)**
  Developing a Community-Based Patient Safety Advisory Council Toolkit and Resource Descriptions

- **The Commonwealth Fund**
  Why Not the Best? Comparative performance data on patient experiences

- **Patients for Patient Safety**

- **Institute for Healthcare Improvement (IHI)**
  IHI Innovation Series white papers:
  - #6 Seven Leadership Leverage Points

- **Institute for Safe Medication Practices (ISMP)**
  Benefits and Risks of Including Patients on RCA Teams

- **American Nurses Credentialing Center**
  ANCC Magnet Recognition Program®

- **Institute for Safe Medication Practices (ISMP)**
  Medication Errors 2nd Edition
  Chapter 20: Disclosing medication errors to patients and families

- **Baldrige National Quality Program**
  Health Care Criteria for Performance Excellence 2009-2010

- **Planetree**

- **American Hospital Association (in partnership with Institute for Family-Centered Care)**
  Hospital Self-Assessment Inventory for Patient- and Family-Centered Care

- **Institute for Family-Centered Care (IFCC)**
  Strategies for Leadership: Patient-and Family-Centered Care Toolkit

- **The Joint Commission (TJC)**
  Guiding Principles for The Development of the Hospital of The Future

- **The Joint Commission (TJC)**
  Speak Up Initiatives

- **Hospital Leadership and Quality Assessment Tool (HLOAT)**

- **Picker Institute**