



Leveraging Person and Family Engagement (PFE) Strategies To Maximize Results: The Strategic Vision Roadmap for PFE

Partnership for Patients (PfP) PFE Affinity Group and Learning Event

January 12, 2016

Welcome and Roll Call

Welcome Back!

Who is in the room?



Knitasha Washington, DHA, FACHE
Executive Director
Consumers Advancing Patient Safety
(PfP PFE Contractor)

How To Be

- **Engaged**
- **Thoughtful**
- **Innovative**
- **Committed**
- **Supportive**

A Framework for Today

- **The Strategic Vision Roadmap for PFE** (Pam Dardess)
- **HEN Perspective: The Value and Impact of a PFE Roadmap** (Barbara Olson)
- **Patient Advisor Perspective: Applying the Roadmap** (Lisa Julian)
- **Moving Forward in Action: Steps We Can Take Today** (Tom Workman)
- **Remarks from Centers for Medicare & Medicaid Services (CMS) Leadership** (Jeneen Iwugo)
- **PfP PFE Affinity Group Discussion** (Knitasha Washington)

PfP Strategic Vision Roadmap for PFE

Objectives

- Present a vision and definition of PFE.
- Share strategies to promote and support PFE.
- Discuss the application of PFE strategies to five PfP metrics and beyond.



Pam Dardess, M.P.H.
Principal Researcher
American Institutes for
Research (PfP PFEC)

PfP Vision for PFE 2.0

Hospitals and other health care providers achieving quality and safety goals by fully engaging patients and their families, determining what matters most to them in every situation, and partnering with them to make improvements to all aspects of care

PfP 2.0 Definition of PFE

Persons, families, their representatives, and health professionals (clinicians, staff, leaders) working in active partnership at various levels—direct/point of care; organizational design, policy, and procedure; organizational governance; and community/policymaking—across the health care system and in collaboration with communities to improve health, heath care, and health equity

PFE Strategies: Background

- Development of the strategies
 - Multistakeholder input: patients, families, clinicians, health care leaders, insurers, payers, researchers
 - Input from HENs
- Purpose of the strategies
 - To develop or review a broader strategic plan for PFE
 - To implement and execute specific PFE efforts

Six Strategies To Promote and Support PFE



Organizational Partnership



Care, Policy, and Process
Redesign



Patient and Family
Preparation



Measurement and
Research



Clinician, Staff, and
Leadership Preparation



Transparency and
Accountability

Applying Strategies to PFE Metrics



1. Planning Checklist
2. Shift Change Huddles/Bedside Reporting
3. PFE Leader or Functional Area
4. PFAC or Representative on Quality Improvement Team
5. Patient and Family Advisor on Board



Using Strategies To Plan Implementation of PFE Metrics

Use each

To identify

And find

STRATEGY

TACTICS

TOOLS



Implementation Planning PFE Metric 4

(PFAC or Representative on Quality Improvement Team)



Patient and Family Preparation

Orientation manual, training
for new advisors

Sample advisor orientation
manual, PowerPoint (PPT)
from Agency for Healthcare
Research and Quality's
(AHRQ's) Guide to PFE

Clinician, Staff, and Leadership
Preparation

Information sessions about
seeking input and working
effectively with advisors

Clinician/staff PPT training and
handouts from AHRQ's Guide
to PFE

Example of Applying PFE Strategies to PFE Metric 1

Applying PFE strategies to support effective implementation of preadmission and discharge-planning checklist (PFE1)

| PFE strategy | Tactics |
|--|--|
| Organizational Partnership  | <ul style="list-style-type: none">Get feedback from patients and families to better understand how they experience the current admission process.Ask patient and family advisors to review the preadmission and discharge-planning checklist and processes to suggest improvements that better address patient and family needs, and key safety and quality issues. |
| Patient and Family Preparation  | <ul style="list-style-type: none">Help patients and family members understand what they can do during their hospital stay to be engaged in the quality and safety of care provided, including whom to talk to if they have questions.Educate patients and families about expectations for their active participation during and post hospital stay—for example, asking questions and providing clinical care staff with important information about their health. |

Example of Applying PFE Strategies to PFE Metric 1 (continued)

Applying PFE strategies to support effective implementation of preadmission and discharge-planning checklist (PFE1)

| PFE strategy | Tactics |
|--|--|
| Clinician, Staff, and Leadership Preparation  | <ul style="list-style-type: none">Inform clinicians and staff about the use and purpose of the preadmission and discharge-planning checklist, including why it is important and how it can help engage patients and families.Educate clinicians and staff about how the preadmission and discharge-planning checklist should be used at various stages during the hospital stay. |
| Care, Policy, and Process Redesign  | <ul style="list-style-type: none">Examine the process around the use of the preadmission and discharge-planning checklist. Identify changes that may be needed to ensure that the checklist facilitates discussion and is updated throughout the hospital stay.Review how the preadmission and discharge-planning checklist is being incorporated into the care planning process to determine whether it is reaching all patients and family members at the appropriate time and via a mechanism that is most appropriate for them. |

Example of Applying PFE Strategies to PFE Metric 1 (continued 2)

Applying PFE strategies to support effective implementation of preadmission and discharge-planning checklist (PFE1)

| PFE strategy | Tactics |
|---|---|
| Measurement and Research  | <ul style="list-style-type: none">Develop plans for collecting and recording information about use of the checklist, including clearly defining what it means to “use” a preadmission and discharge-planning checklist in a way that reflects the core principles of PFE.Set specific goals to assess progress (e.g., provide and discuss the preadmission and discharge-planning checklist with 100 percent of patients who have planned admissions). |
| Transparency and Accountability  | <ul style="list-style-type: none">Let patients and families know about the emphasis placed on preadmission and discharge planning, why it is important for quality and safety, and what the hospital is doing to make improvements.Report data collected about use of the preadmission and discharge-planning checklist to leaders, clinicians, staff, and patients and families. Capture successes and acknowledge areas for improvement. |

HEN Perspective: The Value and Impact of a PFE Roadmap

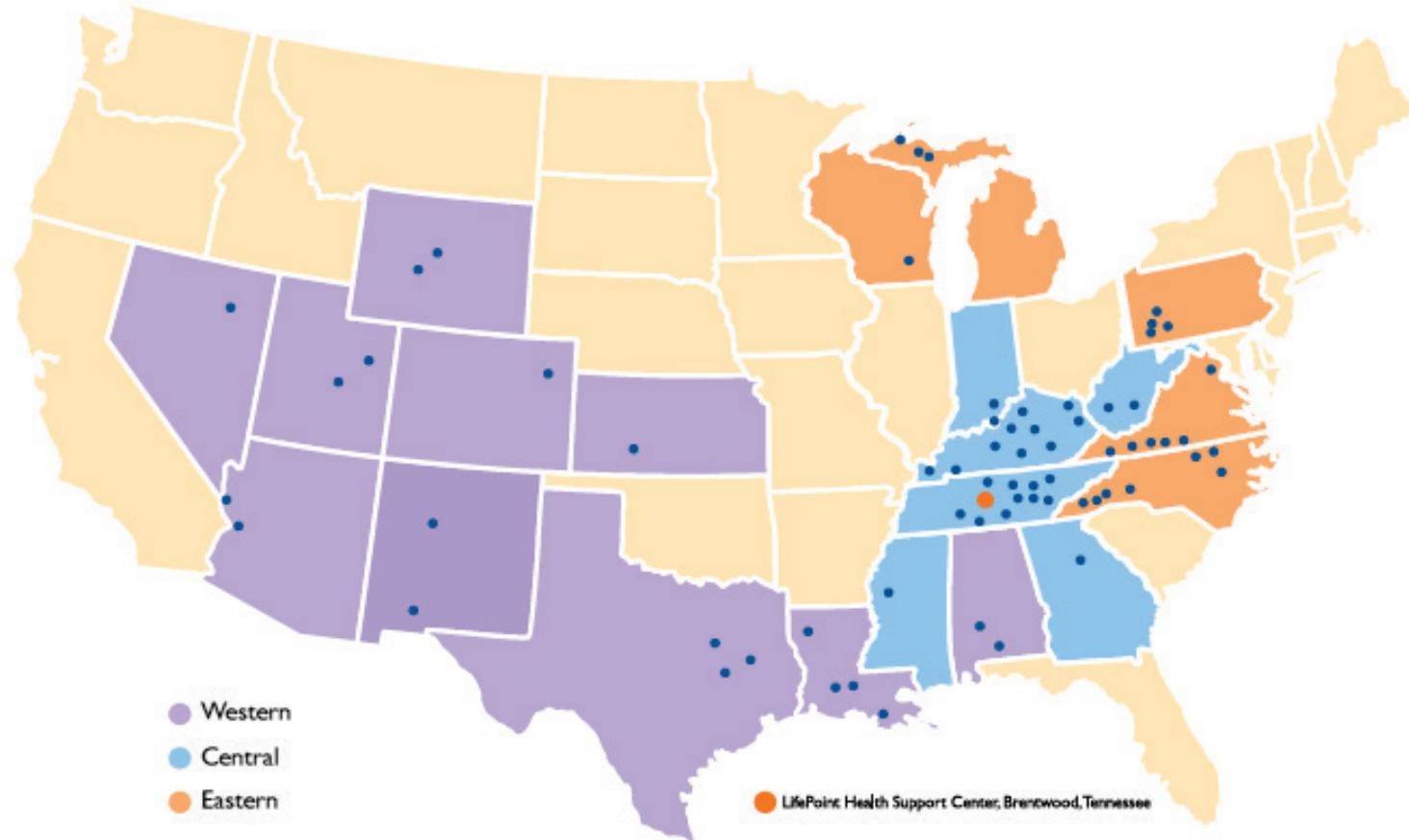
Objectives

- Discuss experiences developing and using a PFE roadmap to advance LifePoint's PFE goals.
- Discuss opportunities to use the Strategic Vision Roadmap.



Barbara Olson, M.S., R.N.
Senior Patient Safety Officer
LifePoint Health, Inc.

LifePoint Health



67 Hospital Campuses in 21 States

LifePoint HEN's Patient and Family Engagement Journey

LifePoint's formal PFE journey began in



2013

- LifePoint hospital leaders chose how or whether to engage patients and families.
- Researched proven ways to improve PFE.
- Defined “levels” of engagement.
- inventoried PFE level by hospital.



Prior to 2013

Levels of Engagement

- I “In the Moment”
- II In Process Improvement
- III In Governance

Patient and Family Engagement Tactics

In the Moment
of Care

1. **Bedside Shift Report**
(2013: 80% hospitals)

In Process
Improvement

1. **Patient or family member on PI Committee/Work Group to improve operational process**
(2013: 19% hospitals)

In Governance

1. **Designated Patient/Family Seat on Board**
2. **Patient and Family Advisory Council**
3. **Nominate a member to the LifePoint's National Patient and Family Advisory Board (PFAB)**
(2013: 31% hospitals)

LifePoint HEN's Patient and Family Engagement Journey

2014

- Created a national **PFAB**.
- Met each hospital at its readiness level.
- Each hospital picked at least one PFE tactic.
- Made tools and learning communities available.

2015

- Continued tactical support.
- Deepened familiarity and relationships with patients organizationally.
- Measured progress of tactics (BSR ↑17.5%; PI Involvement ↑ 95%).
- Recognized and rewarded progress.
- Celebrated successes!



2016

- Use of perspective of national **PFAB** members to refine strategies and tactics.
- Intensive tactical support:
 - BSR optimization
 - PI Committee membership
 - Patient seat on Board

Key Elements of LifePoint PFE Roadmap's Successes

- Tactical Approach
 - Evidence- and leading-practice-based
 - Recognizable behaviors (observable/measureable)
 - Developmental approach
- Executive Attention
 - Senior leaders set and communicated expectations
 - Hospital selected PFE tactics from an endorsed Roadmap
 - Tactics supported by HEN staff and resources
- Sensitivity to Change Management
 - Understand effort and resources needed to create and *sustain* any PFE effort. We sought to learn from industry examples of missteps (abandoned/incomplete bedside shift reporting, Patient and Family Advisory Councils' disbanding after a few meetings).
 - PFE paced and designed to complement other important goals (e.g., harm and readmissions prevention)

Patient Advisor Perspective: Applying the Strategic Vision Roadmap

Objectives

- Discuss Minnesota Hospital Association's (MHA's) approach to PFE.
- Discuss how MHA will use the Strategic Vision Roadmap to better address the sustainability challenge.



Lisa Juliar
Patient Engagement Consultant
MHA

PFE Success in Minnesota

Relationships

- Everything starts here: cultural shift.
- Patient/health care lead partnership.

Simplify

- Inspiration: Include Always campaign
- Awareness: Kickoff, consultation
- Education: Site visit, virtual learning sessions (VLS), networking calls

Go for it

- Designate PFE lead/team.
- Training hospital-wide.
- Recruit and train advisors.
- Start PFAC.
- Initiate meaningful work.
- Celebrate each success.

MHA PFE Mission Statement

Include Always. That's what we aim to do. Include patients and families at every level throughout the health care system. Through conversations, sharing ideas, and inviting the patient in, the outcome will be better health care for everyone. We're not launching a campaign that begins and ends. Together, we're creating a cultural shift, a unified mindset where the patient is truly one of us. It's a whole new health care approach. It takes a whole lot of change. It takes courage. It takes all of us working together to make our system the best it can be. We will listen more, engage often, and Include Always.

MHA PFE Goals for HEN 2.0

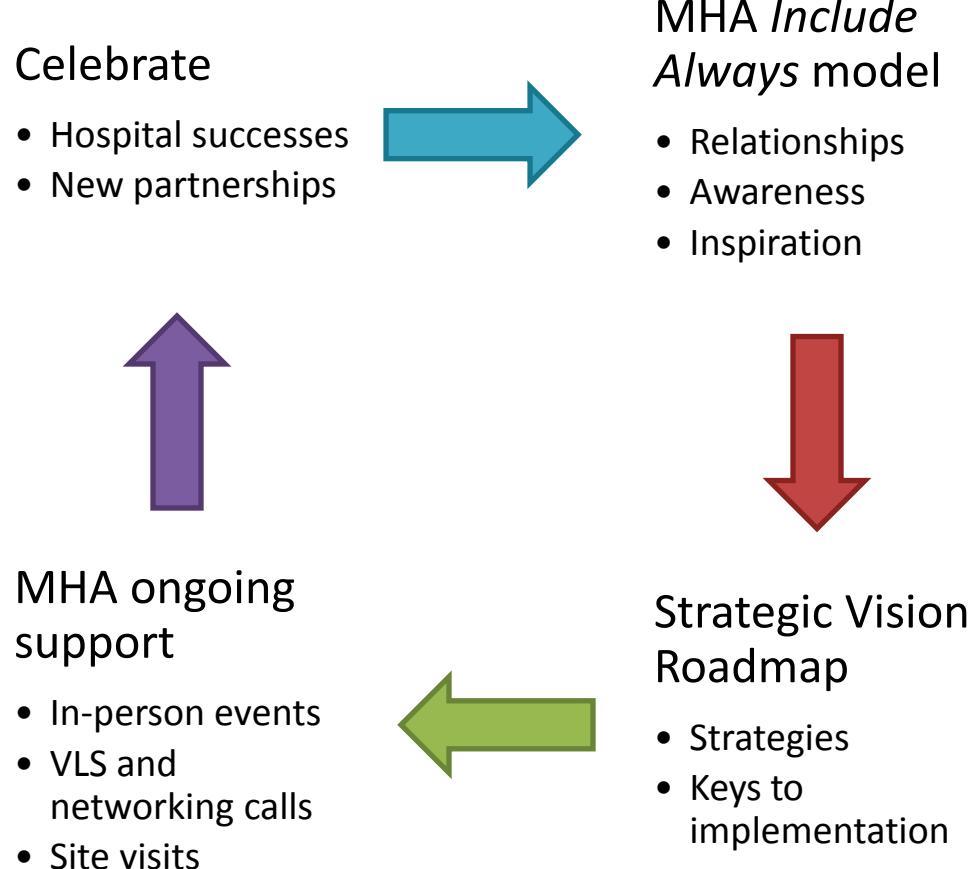
These are intentionally ambitious, as MHA considers them to be foundational for PFE success.

- 100 percent of Minnesota Hospitals will have a dedicated person or team actively pursuing increased patient and family engagement.
- 100 percent of Minnesota Hospitals will have a functioning PFAC working on meaningful projects related to safety and quality.

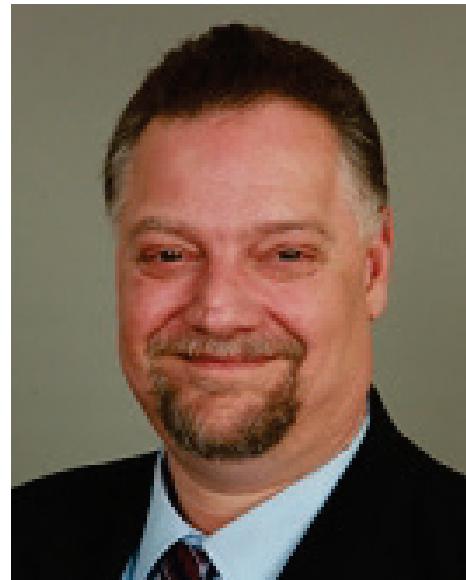
Celebrating Alignment



Meeting the Challenge of Sustainability



Discussion



Thomas Workman, Ph.D.
Principal Communication Researcher and Evaluator
American Institutes for Research
(Project Director, PfP PFEC)

Moving Forward in Action: Steps We Can Take Today

CMS Leadership



Jeneen Iwugo, M.P.A.

Deputy Director, Quality Improvement and Innovation Group
Center for Clinical Standards and Quality
CMS

PfP PFE Affinity Group Discussion

PfP PFE Affinity Group

Purpose:

To offer opportunities for PfP HENs, hospitals, patient advocates, and their caregivers with a shared interest in connecting on a meaningful level to advance PFE as a crosscutting quality improvement strategy

See You Next Month!

**PfP PFE Affinity Group and Learning Event:
Measuring the Impact of PFE**

Tuesday, February 9

2:00 to 3:30 p.m. ET