Minnesota Hospital Association’s
Include Always® PFE Campaign Kick-off
Creating authentic patient and family engagement
April 22, 2015
Crowne Plaza Minneapolis West, Plymouth

Agenda

9:00-9:10 AM  Welcome and how we arrived here
               Nora Vernon, RN, MS, MHA Patient Safety/Quality Specialist

9:10-9:30 AM  Include Always© introduction
               Lisa Juliar, MHA Patient & Family Engagement consultant

9:30-10:15 AM Ask More Questions: A Prescription for Including the Patient’s Perspective
               Janel Anderson, PhD, Working Conversations, LLC

10:15-10:30 AM Break

10:30-11:30 AM Facilitated exercise: Patient and Family Advisory Council role play
               Patients: Susan Nelsen, MHA PFAC
                         Julie Brugman, Windom PFAC
                         Jon Braband, CEO of Glencoe Regional Health Services
               PFAC chair: Tanya Lord, PhD, MHP, Director of PFE, Foundation for Healthy Communities- New Hampshire

11:30-12:00 PM PFACs and medication safety
               Dr. Brian Isetts, PhD, BCPS, FAPhA, University of MN, College of Pharmacy

12:00-1:00 PM  Lunch

1:00-1:30 PM  Together, we are better- an actual patient/family/provider story
               Patient: Emilie Juliar, Mom: Lisa Juliar, ER Resident: Dr. Alan Sazama

1:30-2:30 PM  Lessons learned by PFE pilot hospitals
               1. Lakewood Health System: “Off to the Races”
                  Jennifer Strickland, RN, BAN, Customer Experience Director
               2. Windom Area Hospital: “New PFAC starts making changes through Walk-about process”
                  Emily Masters, Director Human Resources and Marketing
                  Julie Brugman, Patient advisor
               3. Grand Itasca Clinic and Hospital: “Marketing Strategies to Increase awareness of PFE”
                  Kayla Perkins, Patient Experience Coordinator
Charity Branstad, RN/Quality  
Cindy Chamernick, RN/House Supervisor  
Neilee Spangler, HR  
Tina Karges, Patient Advisor  

4. Glencoe Regional Health Services: “PFE: From 0% to 200% in 7 months”  
   Patty Henderson, Vice President of Nursing  
   Cindy Noga, RN, Risk Management Coordinator  
   Melanie Krulikowsky, RN-LTC  
   Jon Braband, CEO  
   Gina Henderson, Patient Advisor  

5. Wrap up and action planning  
   Lisa Juliar, PFE consultant  

2:30-2:45 PM  
Break  

2:45-3:15 PM  
Engaging Patient and Family Partners at HCMC  
   Angela Oakman, Manager, Pt. Experience Services  
   Suzanne Schwartz, Director, Office of the Medical Staff  

3:15-4:00 PM  
Closing Reflections  
   Dr. Rahul Koranne, MHA SVP Clinical Affairs and Chief Medical Officer
Patient & Family Engagement – How did we get here?

Nora Vernon, RN, MS
MHA Patient Safety/Quality

First...... Some background

CMS Partnerships for Patients
Hospital Engagement Networks (HENs)

- National public/private partnership to improve the quality, safety and affordability of healthcare
- December 10, 2011 through December 9, 2014
- Bold Aims:
  - Reduce readmissions by 20%
  - Reduce 10 hospital-acquired conditions by 40%
- 26 HENs
- 12 Regional/State Hospital Associations
  (MN, GA, MI, NC, NJ, NY, OH, PA, TN, TX, WA, Dallas)
- Over 3,700 participating hospitals nationally
- 115 hospitals in MHA HEN
Progress Toward 40/20 Bold Aims

Partnership for Patients HEN Results

Minnesota
- 37% reduction in harm across the board
- 13,000 patients prevented from being harmed
- Over $93 million in cost savings

Nationally
- 17% reduction in harm
- 1.3 million patients prevented from being harmed
- $12 billion in savings

Meeting each of the CMS PFE criterion

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<tr>
<th>Criteria</th>
<th>Description</th>
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<td>P1</td>
<td>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, a planning checklist that is similar to CMS’s Discharge Planning Checklist.</td>
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<td>P2</td>
<td>Hospital conducts shift change huddles and does bedside reporting with patients and family members in all feasible cases.</td>
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<td>P3</td>
<td>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.</td>
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<td>P4</td>
<td>Hospital has and active Patient and Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.</td>
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<td>P5</td>
<td>Hospital has at least one or more patient(s) who serve on a governing or leadership board and serves as a patient representative.</td>
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MHA Patient and Family Advisory Council

- Partnership for Patients increased emphasis on PFE
- Convened in 2013
- 7 consumer members
- Had only a vague idea of how we wanted to engage our PFAC
- Decided we would build the plane while we flew

Lisa Juliari

- Recruited as member of MHA PFAC
- Asked for her assistance with verifying P1-P5 scores
- MHA PFAC Co-Chair
- MHA PFE Consultant

Translation needed

- Hospitals can only spread work so far without patients
- Patients want to participate!
- Lots of tools exist but they aren’t always intuitive or clear
- The “what” is there, but not the “how”
Conversations

- What do we mean when we say we want to engage patients?
  - Not doing “to” or “for” the patient, it’s doing “with” them
- How do we do that?
  - By inviting patients to join our teams
- And how do we do that??
  - By building relationships, generating excitement to partner with patients, and remembering why we all got into healthcare in the first place

Patient & Family Engagement Campaign Goal

Develop a campaign intended to help build relationships and translate resources into something meaningful that hospitals and patients and families can use, engage with and act upon

Which brings us to today....
Thank you for joining us in the PFE movement!
Patient and Family Engagement: Now is the Time

Lisa Julia, Patient and Family Engagement Consultant
Minnesota Hospital Association

What is the difference?

- Better Outcomes
- Lower costs of care
- Improvements in patient safety and quality
- Better patient experiences and satisfaction
- Increased healthcare professional satisfaction and retention
- Lower healthcare costs

Why is patient and family engagement important?

- From HRET/AHA & the Betty & Gordon Moore Foundation
What might patient and family engagement look like?

- Open visitation hours
- Patients on committees
- Transparency
- Discharge planning
- Walkabouts
- PFE
- Advisory Council
- Press Ganey
- Bedside report
- Patient board representative
- Family activated rapid response teams
- Patient input on policies
- Patient advisor in RCA process
- Full disclosure
- Patient experience
- Patient education
- Shared decision-making
- Speak Up campaign
- Health literacy
- Open access to medical records
- Patient speaker in new staff orientation
- Patient advisors in interviewing potential staff
- Sharing stories
- Actively listening to patient concerns
- Patients are considered experts
- Patients on focus groups

Mission

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.
Include Always Is Not:

- One more box to check off campaign to roll out
- A program or initiative
- A roadmap or checklist
- Another thing to do
- Exclusively about the patients and families

Include Always Is

A movement that gets back to the heart of health care and brings energy and joy back into the hospital

- An attitude, a mindset
- Innovative
- Beneficial to everyone
- A new way of doing business
- Trust and respect building
- Based on relationships
- The right thing to do
- A system wide change
- Capable of improving data
- Can be use across settings

Goals of MHA campaign

- Motivation to embrace the Include Always journey wholeheartedly and with true passion
- New perspective on patient and family engagement
- Culture change
- Dedicated person
- Functioning Patient and Family Advisory Council in every hospital
**Next Steps**

- Participate in MHA virtual learning sessions - will be posted on upcoming website
- Start using Include Always tools to create awareness and excitement in your hospital
- Identify a dedicated team or person to lead the work
- Start recruiting patients for PFAC
- Reach out to pilot hospitals for support
- Request 1:1 consult if needed

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*When the hospitals take that step, I have not heard one hospital say, “I wish we hadn’t brought those patients and families in.” Every single hospital is so thankful that they took that step, and they are seeing benefits to it immediately. And as it gets further down the line, they are seeing that it is saving them money, saving them time and they are getting better results.*

—Lisa Junar, Patient/Family Consultant
Minnesota Hospital Association

http://www.hpoe.org/resources/hpoehretaha‐guides/1828
Resources for patient and family engagement:

- [http://patientfamilyengagement.org/vision](http://patientfamilyengagement.org/vision) Road map recently developed by the Gordon and Betty Moore Foundation and the American Institutes for Research

Minnesota will:

- Include always.
ORID: The Focused Conversation Process
Consider that there are two objectives in every conversation:

1. The **rational** objective – or the practical goal of the conversation. What do you aim to **accomplish** by having the conversation?

2. The **experiential** objective – or the actual experience of having the conversation with you. How do you want them to **feel** when the conversation is over?

1. **Objective level**
   What facts are needed to understand the situation?
2. Reflection level
   How do people feel, what are their opinions?

3. Interpretation level
   What does this mean to people? What are the implications?
4. Decisional level

What should we decide?

About Your Presenter

Dr. Janel Anderson is an expert in workplace communication and employee engagement. Janel combines her research background with many years in the corporate sector to provide engaging, motivating programs that are research-based and realistic and practical.

After starting her career in a start-up company where venture capital investors kept a revolving door on the senior leadership, Janel went to graduate school to better understand what makes for transparent, open communication in the workplace. After completing a PhD in organizational communication at Purdue University, she taught at the college level before returning to corporate America to run a global department for a multinational corporation. Janel is now seen as one of the top emerging motivational keynote speakers for organizations that want their people to increase their leadership, teamwork, and communication skills and ultimately achieve better results.

From her opening story to her closing quote, Janel engages and inspires. Attendees leave her presentations ready to create positive change in their workplace and in their lives. They are motivated to meet challenging situations head on!
**Ask questions. Be curious.**

Asking instead of telling builds relationships.

- Humble inquiry
- Diagnostic inquiry
- Confrontational inquiry
- Process-oriented inquiry

_Humble Inquiry, Edgar Schein (2013)._
Words create reality.
What we say and how we say it to matters greatly.

What is the experiential objective you have for the conversation?

How do you demonstrate that objective verbally and nonverbally?

Questions for the new frontier.
“Judge a man by his questions rather than by his answers.” ~Voltaire
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Resources


PFACs and Medication Safety – A New Era of Accountable Medication Use
MHA Include Always PFE Campaign Kick-Off – Plymouth, MN
April 22, 2015
Brian J. Isetts, RPh, PhD, BCPS
University of Minnesota College of Pharmacy

Agenda
- Progress toward a medication use system we all deserve
- Patient and family engagement in demanding accountable medication use
- Taking action to routinely achieve treatment goals with zero tolerance for preventable medication harm

This is Reality in Homes across America
Power of the Patient Story in Improving Medical Care

“We would all be far better off if we professionals recalibrated our work with patients and families not as hosts in the care system, but as guests in their lives.”

Don Berwick, M.D. (former CMS Administrator), Institute for HealthCare Improvement

Open Letter to the Natl. Quality Forum

Dear Health Care Experts:

We request your guidance in establishing a medication use system focused on helping patients and families find the answers to three essential questions:

1) What is the intended medical use for each of my medications?
2) What are the realistic, patient-specific goals for the medications used to treat each of my conditions?
3) What are the unique safety concerns specific to my mix of conditions & medications?

We look forward to your response,

Sharon and Edward Jungbauer, Maplewood, MN (11/30/2012)

What’s Wrong with the Medication Use “System” we have Now?

Drug-related Morbidity & Mortality—a National Crisis

- Spend $300 billion annually to fix the ineffective & unfortunate consequences of medication use
- Largest category of hospital acquired conditions
- Most common cause for hospital readmissions
- 3 categories of drugs related to over 70% of harms
- Approximately 10 people die every HOUR from preventable medication harms

So why has it taken so long to do something about this national crisis?
Current Characteristics of Medication Use

- Bad things happen to patients routinely
- Are considered a normal cost of doing business
- Patients don’t always know the intended medical use for each of their medications
- Don’t know the goals of therapy for their medications
- And we haven’t built systems around the way patients take medications at home

Reasons for Dysfunctional Medication Use

- Fee-for-Service (f-f-s) inadvertently rewards providers/organizations when drug therapies don’t work or harm patients
- No one has stepped back and designed medication use systems from the patient perspective
- No one is responsible or accountable for what happens to patients when they take medications – that is, UNTIL NOW!

Expectations of the Health System we Deserve

It is difficult to be an Accountable Care Organization (ACO) if you’re not accountable for what happens when patients take medications
The Medication Use System We Can Have

Key Characteristics

- Every drug in use in America is assessed to ensure: it has an intended medical use, is effective and safe, and can be taken by the patient as intended
- Patients, family members, and caregivers contribute to establishing realistic, achievable goals of therapy
- Clear care plan responsibilities for achieving goals

Patients will Demand our Health System Help Them:

- 1) Describe the intended medical use of each medication
- 2) Set realistic, patient-specific goals of therapy
- 3) Understand safety for their co-morbidities & medications

Comprehensive Team-based Medication Management

All team members help set patient-specific drug therapy goals for each medical condition:

- Assessment of intended use, effectiveness, safety, and adherence embedded across the care continuum
- When patient is not achieving goals of therapy there is more efficient and effective use of pharmacists
- Coordination of care as pharmacists transfer their assessments across settings and transitions
- Patients/care-givers help team define “high-risk” as core element of the patient-centered health home

Role of the MHA PFAC in Designing a Medication Use System we Deserve

- A national exemplar in the CMS Partnership for Patients initiative
- Recent PFAC meetings have focused on prioritizing areas of medication use we need to fix (soon)
- Collaborative ownership of our own medical records, medication discrepancies at transitions of care
- Recent pilot project grant proposals for patient-driven medication management
- We now need to join our collective voices to demand the medication use we deserve, and attract national attention/funding
Lessons Learned Along the Journey

- Value-based financing is good news for patients who want to be confident taking their medications
- We have a second chance to make a first impression in designing a medication use system we deserve
- Can’t be an ACO if not accountable for medications
- Outcomes of Comprehensive Medication Management are good for our 3-part national aims
- Patient demand for Medication Management will accelerate progress toward a medication use system our country deserves

Patient Ownership of Comprehensive Team-based Medication Management

Achieving a New Vision

➢ How can we accelerate progress toward a medication use system in which patients routinely achieve their goals of therapy with zero tolerance for preventable medication harms?

➢ How can we support Ed and Sharon Jungbauer’s vision of team-based medication use led by a patient and family focus on three essential questions?

Discussion
Off to the Races
Patient and Family Engagement

'In or into a process of energetic engagement in some activity; in or into a phase of conspicuously increasing satisfaction'

Lakewood Health System
Strengths...

• Strong Culture of Service
• High Level of Administrative Support and Vision
• Tremendous Employee Engagement
• Provider Integration

Opportunities...

• Listening to the voice of the patient and family member
• Including their perspective and vision

AHA Moment

• Project to improve the discharge process
LHS Experience Council

“The mission of the LHS Experience Council is to increase communication, collaboration and engagement by focusing on patient and family centered care. We will work to build loyalty and enhance the patient experience in an evolving era resulting in exceeding expectations, always.”

Patient Advisory Groups

• Health Care Home
• VOICE
• Flash Mob Invitational’s
Patient & Family Advisory Council

Increased level of...
- Consistency
- Accountability
- Transparency

Leading to...
- Trust
- Safety
- Quality
- Ownership

Racing on...to Include Always

"Soon after admission the treatment plan is reviewed with the treatment team...the psychiatric provider, medical provider, social worker, therapist, nurse manager, pharmacist, and the patient and/or family. The team - including family/patient - leads the patient’s treatment. It empowers the patient and their family to become involved in the treatment and creates personal responsibility for the outcomes."

– Cathline, Behavioral Health Manager

"We do have a resident council where the residents help make decisions for the Care Center"

– Stacy, Director Of Nursing, LHS Care Center

"If we involved families more in our day to day, support from family would result in improved compliance, patient might feel more confident if family was aware of safety concerns in the home, and staff would have another touch point if we needed to follow up or confirm that equipment is working properly/safely for patient."

– Christy, Medical Marketplace Director

Thank you!
Windom Area Hospital
PFAC
ER Walk-Through

Windom’s PFAC
• Internal Team
  ▪ Director of Patient Care
  ▪ Asst DON/Performance Improvement/Risk Manager
  ▪ Director of HR/Marketing
  ▪ Director of Social Services
  ▪ IT Coordinator/Registration
• PFAC
  ▪ Julie Brugman – Board Member
  ▪ Judy Woizeschke – Former Board Member
  ▪ Barb LaCanne
  ▪ Justin Espenson

PFAC Roll-Out
• PFAC was formed and kicked off in January, 2015
• Roll-out was to entire facility:
  ▪ PFAC Teams – internal/external team members
  ▪ Providers/Clinic Managers
  ▪ Management Team
  ▪ Board
  ▪ Nurse’s Meeting
  ▪ General Employee Sessions – 2
• PFAC meets monthly with our Employee Focus Team
  ▪ Mixture of managers, staff, and PFAC
    ▪ Cross-functional
Emergency Room Walk-Through

Why?
- Frequent complaints on surveys; lower scores
- Area of the hospital not significantly changing with current construction

Preparation
- Used several resources; some from MHA
- Created a form with sections for the ER; space for notes
  - Waiting Room
  - Nurses Station
  - Exam Room #1, #2, etc.
  - Provided clipboard/pens for taking notes on the spot
- Flexibility for actual use by patients

Emergency Room Walk-Through – Cont’d

Structured as a combination of a tour and letting PFAC members ‘explore’
- Started at the entrance, just like a patient would
- Reactions: May need additional signage for entrance button

Emergency Room Walk-Through – Cont’d

Waiting Room
- No flat screen (old TV)
- Not child friendly; no toys

Exam Rooms
- Eye Charts – look old, torn and tattered
Emergency Room Walk-Through – Cont’d

- Exam Rooms – cont’d
  - Laminate internal signage
  - Paint not matching
  - Privacy
  - 2 bays have curtains, easy to hear other’s info

Emergency Room Walk-Through – Cont’d

- Nurses Station
  - Clean but cluttered
  - Everything is out in the open
- Sink Area
  - Area above cluttered with supplies

Patient Chairs

- Another ‘quick hit’
- Complaints about patient chairs
- Wanted PFAC to weigh in on new chair sample
Debrief

- After the walk-through, the group met back in a conference room and identified the previous findings
- Several ‘spin off’ suggestions were made after the walk-through
  - Teddy bears for kids getting ‘poked’
  - Talked about long-term plans for privacy

Learnings

- Many suggestions were ‘quick hits’
  - Allows the PFAC members to feel they make an impact quickly
  - Shows us that many suggestions are easily accomplished (versus daunting)

But how do they all get done?

- We have yet to establish an effective internal process for:
  - Determining feasibility
  - Allocating resources
  - Assigning responsibility to already full plates
  - Getting approval

- Many other departments showed interest in having walk-throughs
  - Engaged committee members, no defensiveness
Marketing Strategies

• Informational Brochure
• Paper Application
• Website Information and Application
• Internal Communications
• Button Use
• Bracelet Program
• External Communications
Paper Application

Available...
- Patient Experience Coordinator
- Clinic lobbies
- Waiting Rooms
- ER Registration
- Department managers
- Surgical packets

Website

http://www.granditasca.org/
Internal Communications

- All Employee Email sent from Marketing
  Announcing the launch of Include Always
- Staff Emails from Administration asking for participation and cooperation from all staff
- Intranet communications regarding the program and new announcements
- Newsletters - Company and Quality
Announcing the Launch of Include Always

Include Always is a patient partnership program which will incorporate patient voice into our operations here at Grand Itasca. Through in-house advisory groups, patient and family committees, ... Help us spread the word and let patients be HEARD!

External Communications

Grand Itasca Clin & Hospital

Grand Itasca is excited to announce a patient and family partnership program that will incorporate patient voice into our everyday operations. There are several ways you and your family can participate, including membership in the patient and family advisory groups and the development of patient and family advisory programs. We encourage patients and their families to be heard in our decision-making and to develop programs for our advisory groups. Be heard and advise advisory groups that focus on specific topics related to your experiences. To learn more about the different ways to participate and get information about our program, please visit our website. For information, call 320.263.7700.

Caring For You
Press Release

- First of May
- 3+ local papers
- Pitching the story to the paper - front page?

Bracelet Employee Incentive Program

- Incentive to participate in patient and family engagement

Employees who are recognized either by a patient, family member, or co-worker for participating in patient and family engagement will be receiving an include always bracelet and having their name posted on our intranet site (monthly).

MHA Buttons

Buttons are being distributed at department meetings which include a brief presentation on the include always program by PFAC members.
Thank you,
PFE: From 0%-200% in 7 Months

- 25-bed critical access hospital
- 110-bed long term care skilled nursing facility (nursing home)
- Orchard Estates: 40-unit independent senior housing
Glencoe Regional Health Services

- Glencoe Clinic
- Stewart Clinic
- Lester Prairie Clinic

GRHS PFAC Champions

- Cindy Noga- Risk Management Coordinator
- Melanie Krulikosky- LTC Director of Nursing
- Patty Henderson-VP of Nursing and Clinical Services
- Jon Braband-President and CEO
- Gina Henderson- PFAC member

The Beginning of Our Journey

- Lisa Juliar’s August Phone Call
- Facility Assessment
- Identification of Attainable Goals
  - Include patient engagement in our Mission Statement
  - Identify plan for member recruitment
  - Arrange speaking opportunities for Lisa to tell her Patient Story to the Board, Senior Team, Medical Staff and the potential PFAC members
Recruitment Efforts

- Care Coordinator’s Role
- LTC DON Role
- Letter of Invite to our December Tea
- Application for committee membership and membership responsibilities
- Tea held on November 24th with Lisa Juliar invited to share her patient story

Information Session with Lisa Juliar

- We invite you to learn more!
  - Monday, November 24, 2014
  - 4:00 p.m.
  - GRHS Conference Room A
  - We invite you to learn more! Jon’s Support for Our Journey
  - “We think we know how to deliver excellent care, but we want to know what excellent care means to YOU”.
GRHS PFAC Committee

- Story of Engagement

Gina- PFAC Member

- Before: hard for patients to access wardrobe because of computer and curtain. Patients felt space was for nursing staff.

Gina- PFAC Member

- After: new wardrobes were installed near the bathroom. They are easily accessible for patients.
Examples of PFAC Successes

- PFAC Member Involvement
  - Amenities Committee
  - LTC Bed Trial
  - LTC Resident Story and Outcome

PFAC Members
Engaging Patient and Family Partners at HCMC

Angela Oakman
Manager, Patient Experience Services
Suzanne Schwartz
Director, Office of the Medical Staff

Introduction and Agenda

1. Introduction
2. About Hennepin
3. Patient Experience Journey
4. 2014 Highlights
5. Leadership Engagement in Partnering with Patients
6. Recruitment Tips and Criteria
7. Future Plans
About Hennepin

- 472 Staffed beds
- 2,224 Births
- 3,899 Hyperbaric Medicine treatments
- 9,619 Surgeries
- 21,943 Discharges
- 69,571 Ambulance runs
- 64,454 Poison Center calls
- 110,000 Emergency Services visits
- 550,000 Clinic visits

Patient Experience Journey

2008-2009: ‘Packaged’ Approaches
2010: Created the ‘why’
2011: #1 Focus Area on Annual Plan
2012: Ongoing Education
2013: Hardwired Communication and Rounding Strategies
2014: Expanded Use of Patient Partners
2014 Annual Plan Tactic

“Let’s ask the patient”

The Voice of the Patient

- Focus Groups
- Faces of Inspiration
- Patient Experience Education
- Unit/clinic councils
- Lean events
- Interview panels
- Organizational committees

Continuum of Participation

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<th>Special Projects</th>
<th>Interviews</th>
<th>Unit Improvement Based Excellence Councils</th>
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2014 Roundtable Topics

2014 Highlights
• Reestablished Roundtable Group
• Interview panels
• Leadership Coffee
• Patients on Board Level Committees
• Over 100 Patient Partners
  = 250 hours

Medical Staff Leader Interviews
• Evolution
• Recruitment
• Preparation/onboarding
• Follow up/thank you
• Feedback
• Future plans
Medical Executive Committee

- Patient Partner recently named
- Recruitment
- Preparation/onboarding
- Initial appointment

Tips for Patient Recruitment

- Referrals from staff & providers
- Patient and Family Rounding
- Patient Representatives
- Welcome Services
- Public Relations/Social Media
- Comments/Feedback

*Criteria for a Patient Partners

- Demonstrates interest in improvement
- Representative of the population you serve
- Share insights and information about their experiences in ways that others can learn
- See beyond their own experiences
- Show concern for more than one issue
- Listen well
- Respect the perspective of others

*Criteria adopted from the Institute for Patient and Family Centered Care.
What’s Next?

- Staff/Leadership Education
- Healing Environment Patient/Community Council
- Patients involved in new Resident Interviews

It has changed us

- Patient Satisfaction is improving
- Values project: 6 of 8 groups (1500+ respondents) named patient-centered as the top choice from 150 words.
- Behaviors are changing
- Staff are contacting us for patient feedback!

Thank you!

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