Accelerating Actionable Change
Partnering with Patients and Families to Improve Healthcare Outcomes

Julie Ginn Moretz
Family Leader and Associate Vice Chancellor, PFCC
In our time together…

• Describe key concepts of patient- and family-centered care and how this can change the culture of an organization;

• Highlight strategies to effectively engage patients and families in quality improvement, safety initiatives, health care redesign, and the experience of care;

• Inspire colleagues to develop meaningful and effective partnerships with patients and families.
POLL

1) How often do you collaborate with patient/family advisors/consumers in your work?

A—Not at all  
B—Very little  
C—Somewhat  
D—To a great extent
POLL

2) How confident are you that patient/family input can impact processes that affect patient safety and outcomes?

A—Not at all
B—Very little
C—Somewhat
D—To a great extent
Building on the Past, Staying True to the Present, and Planning for the Future
Daniel
DANIEL

3 major heart defects

12 heart-related surgeries
  • neurosurgery
  • pacemakers

Several strokes

150 blood transfusions

Successful heart transplant

90 pills per day

PT/OT weekly
Powerful first impressions . . .
One Day…
“Please Wash Hands!”
Patient- and Family-Centered Care

Core Concepts

▼ People are treated with respect and dignity.

▼ Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.

▼ Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

▼ Collaboration among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.
It’s About Safety

• Families aren’t visitors;
• Nurse change of shift report at the bedside;
• Interdisciplinary rounds at bedside;
• Shared Decision Making.
“I was scared that I was going to die because of my previous reaction to Fentanyl. My husband knew, my mother knew—but they weren’t there. That terrifying situation happened because the hospital’s rules wouldn’t allow my family to stay with me.”

—a Patient
Multiple Sclerosis Outpatient Clinic
Patient- and family-centered care is **not the same as customer service and service excellence**, but there is synergy with customer service/service excellence.

Patient- and family-centered care is **not just “being nice.”** It is not just a frill, the “soft stuff,” or amenities.

Patient- and family-centered care is about **partnerships** and **engaging** patients and families.
Paradigm Shift

Deficits → Strengths
Control → Collaboration
Expert Model → Partnership Model
Gatekeeping → Sharing
Rigidity → Flexibility
Dependence → Empowerment
Professional → Paraprofessional
Stories Affect Policies and Programs

▼ Johns Hopkins: Josie King—Patient Safety Program
▼ MUSC: Lewis Blackman—Disclosure protocol/Safety Measures
▼ Dana Farber: Betsy Lehman—Culture Change
▼ Vidant Health: ‘Seal of Approval’ for educational materials
▼ Vanderbilt University: Family Presence
▼ UPMC: Rapid Response Programs
▼ Emory Health Care: Bedside Rounds
▼ Georgia Regents University (MCG): Medication Safety
▼ Toledo Hospital: Tamper control stored breast milk
▼ Washington State Hospital Association: Handwashing
▼ Legislation: Mary Ellen Minnix (James Project-Newborn Pulse Oximeter)
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<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>INFECTION CONTROL</td>
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<td>2.</td>
<td>ENVIRONMENTAL SERVICES</td>
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<td>3.</td>
<td>CONSTRUCTION MANAGEMENT</td>
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<td>4.</td>
<td>SAFETY &amp; SECURITY</td>
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<td>5.</td>
<td>INFORMATION TECHNOLOGIES</td>
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<td>6.</td>
<td>TELECOMMUNICATIONS</td>
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<td>7.</td>
<td>BIOENGINEERING</td>
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<td>8.</td>
<td>PATIENT ADVISOR / FAMILY ADVOCATE</td>
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<td>9.</td>
<td>PURCHASING</td>
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<td>10.</td>
<td>PLANT OPERATIONS</td>
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<td>11.</td>
<td>USERS</td>
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PROJECT SIGN-OFF
“We are a stronger team, a better team, with patients by our side.” —Pat Sodomka, 2005
Why involve patients/families as Advisors?

▼ Bring important perspectives.
▼ Help us address trends.
▼ Teach how systems really work.
▼ Keep staff grounded in reality.
▼ Provide timely feedback and ideas.
▼ Inspire and energize staff.
▼ Lessen the burden on staff to fix the problems … staff do not have to have all the answers.
▼ Bring connections with the community.
▼ Offer an opportunity to “give back.”
Patient/Family Leaders

Involvement Opportunities:

- Patient / Safety Meetings;
- Process Improvement teams (Access; Billing, etc)
- JC Chapter Champion;
- EMR / “MyChart”
- Leadership Institute;
- Interview potential Medical Students
- Hospital Medical Board;
- Patient Stories;
- Education Programs;
- Advisory Councils; and
- Committees / Workgroups.
Patient and Family Communication Boards

Encouraging communication and active participation in care.

**Day Planner**
- **Today is:** Jan 25
- **Today’s Goals:**
  - Walk to end of hall 3 times
  - Remove chest tube
  - Remove catheter

**Patient & Family Area**
- **Family or Friend Contact:** Bill English 870-555-1212
- **Notes to My Care Team:**
  - Bill really wants to be home for our daughter’s birthday on the 28th. Grandkids will be there.
  - Please be sure he eats if I’m not here. Thanks, Sue

**Medical Information**
- **My Room Number:** F-613
- **Doctor:** Dr. Johnson, Dr. Smith
- **Nurse:** Martha
- **Tech:** Kendrick
- **Other Team Members:** OT: Betsy
- **Phone Numbers:**
  - Nurses Station: 526-1600
  - Charge Nurse: 526-0000
  - My Room: 526-1613
  - Nursing Unit Manager: 526-0000
  - Housekeeping: 526-0000
- **Meals:** 562-4100
- **If you need to tell us about a concern, please talk with your nurse or contact the charge nurse as soon as possible.**

**Discharge Plan:**
- I have a ride home.
- I have someone to care for me.
- I have a pain management plan.
- I have the equipment, supplies, medicine, and follow-up appointments I need.
- All my questions have been addressed.

**Special Instructions:**
- Vision: 
  - Contacts
  - Eyeglasses: Not real good
- Hearing: 
  - Other:
Design Planning

- Design for minimizing separations of patients from their families.
- Design for supporting the presence and participation of families.
- Design for enhancing patient and family access to information and support.
- Design a healing environment that fosters patient and family choice.
- Design environments that will be inviting and comforting for the diversity of patients and families served.
- Design environments to use technology in creative ways.
- Design for supporting staff in PFCC practice.
Impact of PFCC Design Features of Hospital Facilities

<table>
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<tr>
<th>Percentage</th>
<th>Impact</th>
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<tbody>
<tr>
<td>30%</td>
<td>Fewer patient falls</td>
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<tr>
<td>60%</td>
<td>Patient transfers reduced</td>
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<tr>
<td>20%</td>
<td>Adverse drug events reduced</td>
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<tr>
<td>20%</td>
<td>Hospital acquired infections reduced</td>
</tr>
<tr>
<td>10%</td>
<td>Length of stay reduced</td>
</tr>
<tr>
<td>50%</td>
<td>Nurse turnover reduced</td>
</tr>
<tr>
<td>50%</td>
<td>Nurse injuries reduced</td>
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Influencing Factors on Patient Experience

• Population Health / Triple Aim
• Health Literacy
• Value Based Purchasing / CAHPS
"The most direct route to the **Triple Aim** is via patient- and family-centered care in its fullest form."

--**Don Berwick**, **MD**, June 5, 2012
“A focus on the experience of patients and families is not an initiative or a program. Rather, it is essential to our work in bringing value to our society.”

--Dan Rahn, MD
Chancellor, University of Arkansas for Medical Sciences
Safety

72% of patients unable to list medications they take

58% of patients unable to recite their own diagnosis

30% of prescriptions never filled by patients

Mayo Clinic Proceedings/LexusNexis Risk Solutions, July 2016
Value Based Purchasing

1.75% ↑ 2% - Reimbursement at Risk

Source: Studer Group/CMS
## PFE Practices and CAHPS Scores

<table>
<thead>
<tr>
<th>PFE Practice</th>
<th>Percentage points of patients rating 9 or 10</th>
<th>Statistical Significance</th>
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<tr>
<td>Patient &amp; family advisory council compared to no PFAC</td>
<td>1.5 pts. higher</td>
<td>p&lt;.05</td>
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<td>Over 50% of PFAC is patient &amp; family members compared to under 50%</td>
<td>1.7 pts. higher</td>
<td>p&lt;.05</td>
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<td>PFAC meets at least quarterly compared to less often or never</td>
<td>1.8 pts. higher</td>
<td>p&lt;.05</td>
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<tr>
<td>Inclusion of patients &amp; family members in other committees above average</td>
<td>1.0 pts. higher</td>
<td>p&lt;.05</td>
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<td>compared to average or below</td>
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Your Role…

- **Believe** that the experience of care matters.
- **Embed concepts** of patient- and family-centered care in your work.
- **Communicate the vision** for patient- and family-centered care and how engaging patients and families links to quality, safety, and the best outcomes consistently.
POLL

3. As a consumer of healthcare, how important is the patient experience to you or your family?

—Not important at all
—Minimally important
—Somewhat important
—Extremely important
POLL

4. How important is it for you to make decisions about your health care (input at bedside, choosing physicians, hospitals, clinics, etc)?

—Not important at all
—Minimally important
—Somewhat important
—Extremely important