



Avoid Readmissions through Collaboration ***The Power and Privilege*** **Partnerships with Patients and Families**

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Objectives: By the end of this session,
participants should be able to:

- Identify what the key elements are of care that is patient and family centered.
- Explain how organizations are involving patients and families in active partnerships that are leading to improved clinical, financial, service and satisfaction outcomes.
- Successfully begin to apply this partnership approach in their care delivery and settings.

Outline

Person Centered Care

- Why me talking about this?
- Why are all of us talking about this?
- What is it?
- Moving forward

Patient and Family Centered Care

A Dynamic Push/Pull

Push—Making the Status Quo Uncomfortable

- Consumer Movement:
 - It isn't ours alone to decide
- Patient Rights
- Patient Safety:
 - Voice and face of harm
 - AHRQ patient reporting
- Transparency
- Health Reform: Politicians, Governments, Nations, States
- Accreditors
- AARP, Consumer Reports
- NQF, NPP, Picker, Planetree, IFCC, IHI, Lucian Leape Institute, WHO

Making the Future Attractive

- Organizing the healthcare system around the patient and family
- Optimizing the patient experience
 - Correlates with other outcomes including staff satisfaction and financial outcomes
- Patient activation/self management
- Great stories and results busting out all over:
 - IHI BMJ International Forum
 - Health care organizations
 - Associations
- **It's the right thing to do**

Patient and Family Advisory Councils Mandatory in Mass Hospitals

...The purpose of this letter is to inform hospitals of their obligation to establish a Patient and Family Advisory Council (PFAC), as set out in the hospital licensure regulation... effective June 2009. A copy of these sections is enclosed. The regulations require each hospital to establish a PFAC by October 1, 2010; and each hospital must prepare a report outlining its plan to establish PFAC no later than September 30, 2009...



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Circular Letter: DHCQ 09-07-514

TO: Chief Executive Officers
All Hospitals Licensed Under 105 CMR 130.000

FROM: Paul Dreyer, Ph.D.
Bureau Director

DATE: July 8, 2009

RE: Patient and Family Advisory Councils

The purpose of this letter is to inform hospitals of their obligation to establish a Patient and Family Advisory Council (PFAC), as set out in the hospital licensure regulation at 105 CMR 130.1800 & 1801, effective June 12, 2009. A copy of these sections is enclosed. The regulations require each hospital to establish a PFAC by October 1, 2010, and each hospital must prepare a report outlining its plan to establish a PFAC no later than September 30, 2009.

Beginning on October 1, 2010, each hospital must prepare an annual report documenting compliance with the PFAC requirement and describing the PFAC's accomplishments during the preceding year. The hospital must make the September 30, 2009 plan and October 1st annual reports publicly available through electronic or other means, and to the Department upon request.

The regulations require hospitals to adopt and implement policies and procedures that govern a PFAC's goals, membership, training, roles and responsibilities. Hospitals will also be required to establish and implement policies and procedures for the duties and election of officers, as well as policies that address the handling of confidential patient information to the extent allowed by state and federal law. The Department interprets these regulations to require hospitals to form hospital-wide PFACs to accomplish the activities outlined within the regulations. In addition, the Department recommends that the PFAC be chaired by a current or former patient or family member, and if there are co-chairs, that at least one co-chair be a current or former patient or family member.

The formation of a PFAC is intended to facilitate patient and family participation in hospital care and decision-making, information sharing, and policy and program development. The Institute for Family Centered Care has identified core concepts of patient and family-centered care as dignity and respect, information sharing, participation and collaboration.

The Institute for Family Centered Care is a valuable resource for materials in developing a PFAC (www.familycenteredcare.org). Hospitals such as Cincinnati Children's Hospital also have helpful documents on their websites (www.cincinnatichildrens.org and www.dana-farber.org). The Agency for Healthcare Research and Quality has published a guide on PFACs (www.ahrq.gov/qual/advisorycouncil/).

Patient and Family Centered Care

What is it? Per the IOM

- Care based on continuous healing relationships
- Customized according to patient needs and values
- Patient is the source of control
- Knowledge is shared and information flows freely
- Transparency is necessary
- Needs are anticipated

Four Key Concepts of PFCC

- **Dignity and respect:** Providers listen and honor patient and family perspectives and choices.
- **Information sharing :** Providers share complete and unbiased information in ways that are affirming and useful.
- **Participation:** In care and decision-making
- **Collaboration:** In policy and program development, implementation and evaluation, as well as the delivery of care

Patient and Family Centered Care Is...

Personal and Public Engagement Is...

	Location	Examples
Environment	Community, Region, State	<ul style="list-style-type: none"> •Community groups •Care Coordination, ACOs, Medical Homes, STAAR •Advanced care planning, POLST, MOLST •School & church programs •Public health & other consumer campaigns
Organization	Health System, Trust, Hospital, Nursing Home	<ul style="list-style-type: none"> •Experience Surveys •PFACs, Advisors, Faculty, Committees, Board •Resource Centers, patient portals •Access to help and care 24/7 •Medication lists
Micro-system	Clinic, Ward, Unit, ED, Delivery	<ul style="list-style-type: none"> •Parent, Advisors, & advisory councils •Open access, optimized flow •Family participation in rounding
Experience of care	Bedside, Exam Room, Home	<ul style="list-style-type: none"> •Access to the chart •Shared care planning •“Smart Patients Ask Questions”



Innovation Series 2011

Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care

23

Primary and Secondary Drivers Exceptional Patient Experience

- Exceptional patient and family inpatient hospital experience (safe, effective, patient-centered, timely, efficient, equitable) as measured by HCAHPS willingness to recommend



Primary Drivers

- Governance and executive leaders demonstrate that NOTHING is more important in the culture than patient- and family-centered care practiced everywhere in the hospital.
- The hearts and minds of staff and providers are fully engaged.
- Every care interaction is anchored in a respectful partnership anticipating and responding to patient and family needs (physical comfort, emotional, informational, cultural, spiritual and learning).
- Hospital systems deliver reliable quality care 24/7.
- The care team instills confidence by providing collaborative, evidenced-based care.

Financial Benefits of Patient- Centered Care in Planetree

- Reduced length of stay
- Lower cost per case
- Decreased adverse events
- Higher employee retention rates
- Reduced operating costs
- Decreased malpractice claims
- Increased market share

Conclusions. *Most hospitalized patients participated in some aspects of their care. Participation was strongly associated with favorable judgments about hospital quality and reduced the risk of experiencing an adverse event.*

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Hospitalized patients' participation and its impact on quality of care and patient safety

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Abstract

Objective. To understand the extent to which hospitalized patients participate in their care, and the association of patient participation with quality of care and patient safety.

Design. Random sample telephone survey and medical record review.

Setting. US acute care hospitals in 2003.

Participants. A total of 2025 recently hospitalized adults.

Main Outcome Measures. Hospitalized patients reported participation in their own care, assessments of overall quality of care and the presence of adverse events (AEs) in telephone interviews. Physician reviewers rated the severity and preventability of AEs identified by interview and chart review among 788 surveyed patients who also consented to medical record review.

Results. Of the 2025 patients surveyed, 99.9% of patients reported positive responses to at least one of seven measures of participation. High participation (six of >4 activities) was strongly associated with patients' favorable ratings of the hospital quality of care (adjusted OR: 5.46, 95% CI: 4.15–7.19). Among the 788 patients with both patient survey and chart review data, there was an inverse relationship between participation and adverse events. In multivariable logistic regression analyses, patients with high participation were half as likely to have at least one adverse event during the admission (adjusted OR = 0.49, 0.31–0.78).

Conclusions. Most hospitalized patients participated in some aspects of their care. Participation was strongly associated with favorable judgments about hospital quality and reduced the risk of experiencing an adverse event.

Keywords: medical error, adverse events, patient participation

Introduction

Patients who participate in their care may reduce the risk of medical errors by providing clinicians with current information about their medical histories, medications and drug allergies [1]. They could notify clinicians of unexpected side effects or of difficulty completing recommended tests or treatments [2–8]. Some patients may recognize and inform clinicians of lapses in care in time to prevent an adverse event [9–13]. Patient participation could foster collaboration and empowerment [11], and in turn, enhance patients' perceptions of the quality of care [14–16].

Although there is limited empirical evidence that patient participation enhances patient safety, prominent organizations implicitly endorse this approach by producing consumer advisories that encourage patients to 'speak up,' 'ask questions' and follow recommendations for protecting themselves against medical errors [17–20]. Case reports [21, 22] and several small studies document patients' ability to identify errors and adverse events [6, 9, 12, 13, 23–26]. To our

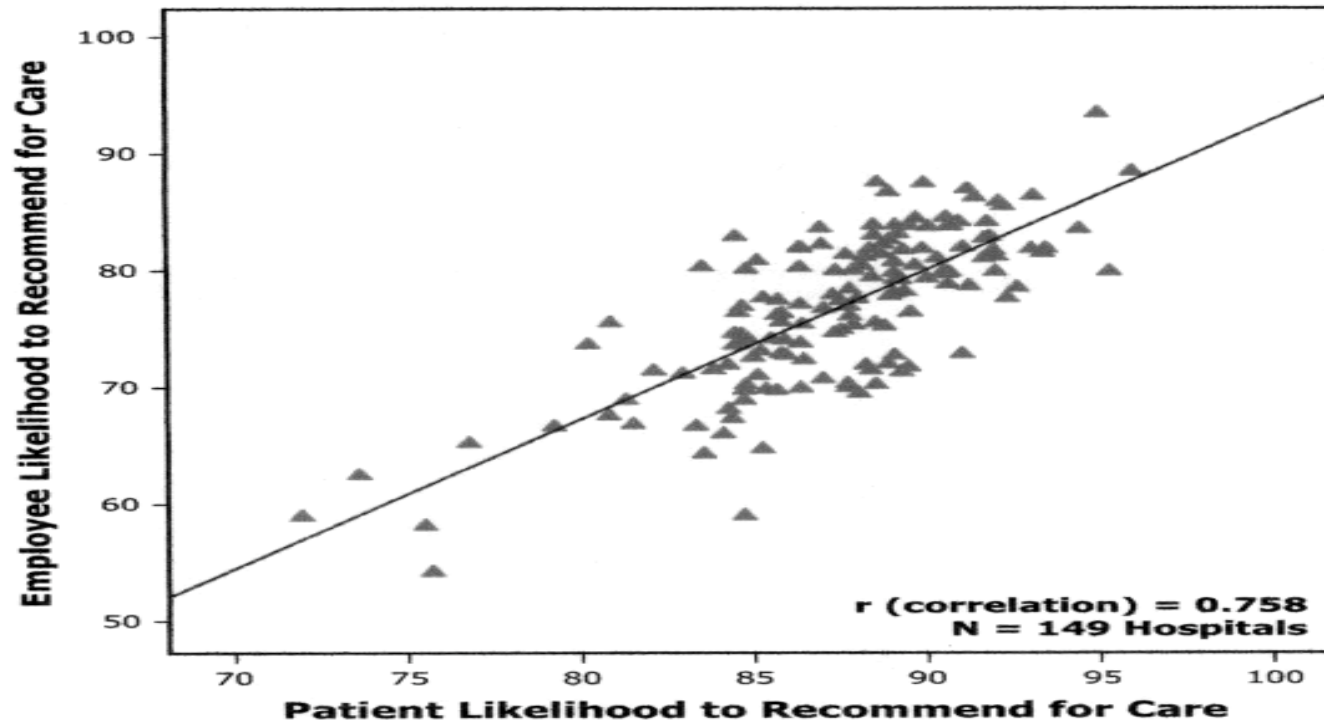
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Press Ganey Patient–Hospital Employee Loyalty Link

Figure 1 displays the patient–hospital employee loyalty link. The extent to which a hospital meets its patients' expectations for care is strongly related to how the hospital's employees feel about their workplace.



What Will It Take As Leaders?

- Setting the expectation
- Positioning people for success
 - Great stories to draw courage from
 - Amazing learning opportunities: IPFCC, Picker, Planetree
 - It's new for boards, leadership, staff, communities
 - It's new for patients and families.
- Holding staff and organizations accountable
 - If healthcare is on the table, the patient / family is at the table, every table, NOW. (Lucian Leape Institute)
- Extending an Invitation to “Come on down”
 - Invite patients and families in
 - Start small
 - Watch successes mount

A Powerful Evolution

Do it to me.

Do it for me.

Do it with me.

Martha Hayward
Patient Advocate



Comments, Questions, Answers

"Do not go where the path may lead; go
instead where there is no path and
leave a trail"

Ralph Waldo Emerson

Sample Self Assessment Tools

- Family Voices
 - http://www.familyvoices.org/pub/projects/fcca_UsersGuide.pdf
- Institute for Family Centered Care. Strategies for leadership. Patient and Family Centered Care. A Hospital Self Assessment Inventory.
 - <http://www.aha.org/aha/content/2005/pdf/assessment.pdf>.
- IHI. Patient- and Family-Centered Care Organizational Self-Assessment Tool.
<http://www.ihl.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/EmergingContent/PFCCOrgSelfAssess.htm>
- American Hospital Association-McKesson *Quest for Quality Prize*® Criteria
<http://www.aha.org/aha/content/2008/pdf/2009Q4Qcriteria.pdf>.