The Power of the Patient: The Path from Engagement to Equity

Presented by HRET HIIN

December 11, 2018, 12:00pm – 1:00pm CT
Jessica T. Claudio, HRET HIIN
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>12:00 – 12:05 PM</td>
<td>Welcome</td>
<td>Jessica T. Claudio, HRET HIIN, Project Manager</td>
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<tr>
<td>12:05 – 12:30 PM</td>
<td>The Relationship Between Patient and Family Engagement and Health Equity</td>
<td>Tara Bristol Rouse, HRET HIIN, Patient and Family Engagement Project Consultant</td>
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<tr>
<td>12:30 – 12:45 PM</td>
<td>Meaningful Engagement from the Patient Perspective</td>
<td>Cameron Manning, Patient Partner</td>
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<td>12:45 – 12:55 PM</td>
<td>Questions &amp; Feedback</td>
<td>Participants and Facilitator</td>
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<tr>
<td>12:55 – 1:00 PM</td>
<td>Closing Remarks</td>
<td>Jessica T. Claudio, HRET HIIN, Project Manager</td>
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Upcoming Health Disparities Educational Series

- **Wednesday, December 19, 2018** 12:30-1:30 pm CT
  Measuring What Works to Achieve Health Equity (FINAL)
  Register [here](#)
Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant, HRET HIIN
American Hospital Association, Center for Health Innovation
After this session, you will be able to:

- Describe patient and family engagement
- Discuss how patient and family engagement intersects with health equity
- Identify patient and family engagement strategies that hospitals can use to strengthen patient-provider relationships and promote health equity
- Understand, from the patient perspective, how meaningful engagement can address health disparities and improve health outcomes
UNDERSTANDING PATIENT AND FAMILY ENGAGEMENT
Definition of PFE in the Partnership for Patients

Persons, families, their representatives, and health professionals (clinicians, staff, leaders)

- working in **active partnership**
- at **various levels** across the health care system—point of care; organizational design, policy, and procedure; organizational governance; and community/policymaking
- to improve health, health care, and health equity
Vision for PFE

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.
PFE Metrics

Point of Care
- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

Policy & Protocol
- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

Governance
- Patient and family on hospital governing and/or leadership board (Metric 5)
PFE and Readmissions

- N = mean of 98 hospitals
- High PFE performers meet 4 or 5 of the PFE metrics
- Low PFE performers met 3 or less of the PFE metrics
HEALTH EQUITY AND PATIENT AND FAMILY ENGAGEMENT
What are health disparities?

- Inequalities that exist when members of certain population groups do not benefit from the same health status as other groups.
- Disparity affects the health of individuals and communities.
Outcomes Tell the Story

**Outcomes**

<table>
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<tr>
<th><strong>Outcomes</strong></th>
<th><strong>Disparity</strong></th>
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<tr>
<td><strong>Mean</strong></td>
<td>Race/Ethnicity</td>
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<td><strong>Mortality</strong></td>
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<td><strong>Health Related Quality of Life</strong></td>
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**Determinants/Factors**

- Health Care
- Individual Behavior
- Social Environment
- Physical Environment
- Genetics

**Policies and Programs**
What is health care quality?

▪ “The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” *

▪ Quality domains include:
  ▪ Safety (actual or potential harm)
  ▪ Timeliness (reducing waits and harmful delays)
  ▪ Effectiveness (care supported by scientific evidence)
  ▪ Efficiency (avoid waste of supplies, ideas, energy)
  ▪ Equity (quality is equal in quality even when there are differences in personal characteristics)
  ▪ Patient centeredness (respectful, responsive care that meets needs and preferences)

* Institute of Medicine
Personalized Whole Health Care

Do To

Do For

Do With

Patient and Family Centered Care
Quality and Equity

- Skills, knowledge and competence
- No “single” intervention
- Leadership and staff that reflect the community it serves
- Collection and use of data
- Partnerships and trust are key
- Culturally and linguistically responsive care = patient-centered care
- Bottom line – no quality without equity
Questions to Consider

• How does your organization connect health care equity and patient safety?
• How can your leadership and board reflect the people/community served?
• How do you engage the diverse voices and input of the patients and families you serve?
• What is your organization doing to meet the changing needs/expectations of the people/communities served?
• How will your organization gauge progress on diversity, equity, and patient safety and quality efforts?
# PFE Strategies for Achieving Equity of Care

## Measurement & Research: Identifying & Understanding Disparities
- Collect data and examine quality and safety performance indicators, as well as PFE measures, by demographic and socioeconomic subgroups of patients.
- Use a community health needs assessment to identify pressing social determinants of health for the community and link them to impacts on health and healthcare.
- Assess whether the staff composition accurately reflects the patient populations and communities served by the hospital.
- Document and monitor the use of services and supports related to the provision of culturally and linguistically appropriate services.
- Based on the above information, identify gaps in care delivery and other factors that may influence health outcomes.

## Organizational Partnership: Working with Diverse Partners to Identify Problems & Potential Solutions
- Identify cultural and community leaders through social services agencies, nonprofit organizations, and community and social institutions (e.g., churches and schools) in the public sector.
- Collaborate with identified partners to address disparities in care quality and safety.
- Create effective and sustainable partnerships by intentionally including as many diverse partners as possible, acknowledging their perspectives and values, establishing clear and consistent communication, and demonstrating willingness to tackle issues collaboratively.

## Care, Policy, and Process Redesign: Adapting to Meet Identified Needs Better
- Assess the changes that are necessary, the hospital’s readiness to implement those changes, and the resources and infrastructure necessary to execute changes successfully.
- Recognize that improving care delivery processes to ensure that all patients receive the same level of quality and safety in care may require greater investment in the hospital’s infrastructure and workforce.
- Consult with community, patient, and family partners to help identify low- or no-cost alternative methods for addressing barriers.
- Make tangible changes that improve care experiences for patients, particularly those from vulnerable populations.

## Clinician, Staff, and Leadership Preparation: Delivering Patient-Centered Care
- Encourage providers and leaders to self-assess conscious and unconscious biases and assumptions in their behavior, as well as in their approach to data collection and care delivery.
- Provide education and training in culturally competent communication and care practices.

## Patient and Family Preparation: Empowering Patients to Engage Actively
- Provide tailored educational materials and resources, with clear examples of what engagement in care means, at critical points of care (e.g., admission, immediately prior to procedures, discharge).
- Incorporate adult learning principles and use relatable and plain language examples.
- Create support opportunities (e.g., sign or language interpreters, patient navigators, or community partners) and make them accessible to all patients and their families.

## Transparency and Accountability: Communicating Open & Consistently
- Collect and share data on quality and safety measures with patient, family, and community partners on an ongoing basis.
- Provide organizational rewards for meeting quality and safety performance goals.

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Collect data and examine quality and safety performance indicators, as well as PFE measures, by demographic and socioeconomic subgroups of patients.

Use a community health needs assessment to identify the most pressing social determinants of health for the community and link them to impacts on health and health care.

Collaborate with identified partners to help identify low- or no-cost alternative methods for addressing barriers.

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How Person and Family Engagement (PFE) Can Help Hospitals Achieve Equity in Health Care Quality and Safety.

American Institutes of Research (AIR)

March, 2017
## Example Tactics: Patient and Family Preparation

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  • Educate patients and families on the types of questions they can ask during the checklist review that can help improve quality and safety. |
| 2. Shift change huddles/bedside reporting | • Inform patients and families of any services available at the hospital that will help them participate in bedside shift reporting (e.g., sign language interpreters, patient navigators, community partners, peer mentors) and how they can access them.  
  • Educate patients and families on the types of questions they can ask during the bedside reporting and shift change huddles that can help improve quality and safety. |
| 3. PFE lead or functional area | • Inform patients of the PFE leader and how they can contact him or her to provide feedback; provide examples of the types of information they should report regarding their quality and safety experiences.  
  • Have the PFE leader conduct PFE rounding to reinforce the importance of their engagement and confirm that communications and education efforts were successfully understood by patients and family members. Consider preparing a PFAC member to participate on these rounds. |
| 4. PFAC or representative on quality improvement team | • Hold information sessions in various areas to expand reach to diverse patients who may be interested in serving on the PFAC.  
  • Leverage peer-to-peer support programs and connections to help recruit members from vulnerable patient populations to serve on the PFAC.  
  • Promote the achievements of the PFAC related to addressing disparities and equity widely (e.g., community meetings, health fairs, hospital and public media) . |
| 5. Patient(s) and family members on hospital governing and/or leadership board | • Leverage peer-to-peer support programs and connections to help recruit members from vulnerable patient populations to serve on governing or leadership boards.  
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Key Strategy and Implementation Resources

- PfP Strategic Vision Roadmap for Person and Family Engagement and Health Equity Addendum
  - [https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary/CategoryID/836894/EntryID/107862](https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary/CategoryID/836894/EntryID/107862)

- AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety
Understanding Our Attitudes and Beliefs

https://implicit.harvard.edu/implicit/takeatest.html
A Gardeners Tale – An Allegory of Racism

- Institutionalized Racism
  Structural barriers, differential access, inaction in face of need, privilege

- Personally-Mediated Racism
  Intentional or unintentional, commission, omission

- Internalized Racism
  Erodes individual sense of value

Levels of racism: a theoretic framework and a gardener’s tale.
C P Jones
Words of Advice: 5 Ways to Support Vulnerable Patients

1. Look to resources developed by the communities you serve to give you guidance for supporting your patients and their families (e.g., Standards of Care from the World Professional Association for Transgender Health)

2. Ensure educational handouts are patient-friendly (e.g., appropriate reading level, diverse images) and race, ethnicity, and gender inclusive

3. Provide resources and support to patients who are uninsured or underinsured (e.g., information re: prescription assistance programs and free, low-cost, or sliding-scale clinics)

4. Cultivate a diverse workforce and/or volunteers who represent your patient populations

5. Get involved in local activities that will connect you with your patient populations (e.g., cultural and awareness events, fundraisers)
Questions & Feedback
Platinum

The Golden Rule

Do unto others as you would want done unto you
Join HRET HIIN Health Disparities LISTSERV®

HRET HIIN uses the Health Disparities LISTSERV® platform to encourage peer-to-peer networking, share HRET HIIN events and resources, and highlight innovative approaches to reduce harm.

Register here
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