Building Partnerships with Patients and Families through PFACs

Hospital Engagement Network
Webinar #2
May 6, 2014
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AHA/HRET (HEN) Building Partnerships through Patient and Family Advisory Councils Webinar

Virtual Meeting– Summary Disclosure & Accreditation Statement

May 6, 2014

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Building Partnerships with Patients and Families through PFACs

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Faculty

• Beverley H. Johnson, IPFCC President/CEO

Kaiser Permanente

• Richard Holt, Patient Advisor for the South San Francisco and Redwood City Hospitals

• Jodie Ruland, MDiv, Program Manager for Patient & Family Centered Care, Kaiser Program Office & Kaiser Permanente San Mateo Service Area

• Suzanne Graham, RN, PhD, Executive Director of Patient Safety, Risk Management and Patient and Family Centered Care, Kaiser Permanente

• Celeste Prothro, RN, MPH, CPPS, Clinical Practice Consultant, NCAL Regional Risk and Patient Safety
In Our Time Together …

▶ Discuss practical strategies for getting started in developing advisory councils and other authentic partnerships with patients and families.

▶ Describe characteristics of effective advisors and possible roles for them.

▶ Discuss best practices for creating effective and sustainable partnerships with patients and families.

▶ Discuss preparing staff and clinicians for collaboration.

▶ Describe achievements and benefits evolving from partnerships with patients and families.
Patient- and Family-Centered 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 for participation 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.
Patient and Family Engagement Selected Criteria for Hospital Engagement Networks (HENs)

- Hospitals conduct shift change huddles and do bedside reporting with patients and family members in all feasible cases.

- 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.

- Hospital has an active Patient and Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.

- Hospital has at least one or more patient(s) who serve on a governing or leadership board and serves as a patient representative.
Building the Infrastructure to Support Effective Partnerships
First Four Steps . . .

- Learn about patient and family-centered care and patient and family partnerships for improvement and health care redesign.
- Appoint a senior leader as an executive champion.
- Select and support a staff liaison for collaborative endeavors… a person with effective facilitation skills, respected by all and with access to senior leaders, and someone who is comfortable and flexible in working with people.
- Assemble a planning group.
A valuable resource . . . And its accompanying flash drive
Websites, Listservs, Seminars, Conferences

Welcome to the Groupsite for PFAC Network.

The PFAC Network - Patient and Family Advisors and Leaders Network - is for anyone interested in the work of patient and family advisory councils and other collaborative efforts in all health care settings. The PFAC Network is not limited to patients and family members: all health care staff, clinicians, and administrative leaders are welcome.

Discussions cover all topics related to promoting patient- and family-centered care in a hospital or medical center, ambulatory care clinic or office, long term care facility, and home care.

This site is a meeting place that provides members of PFAC Network with a shared calendar, discussion forums, member profiles, photo gallery, file storage and more. We encourage you to upload your photo, complete your profile and participate!

Forum Announcements

We have a new Help page which contains step-by-step instructions and screencasts to help everyone with the features of this website.

We also have a new Help Forum which is available to ask questions about website features.

http://pfacnetwork.ipfcc.org/main/summary

HRET Website
http://www.hret-hen.org/

The AHA/HRET Hospital Engagement Network (HEN) is partnering with the Institute for Patient- and Family-Centered Care (IPFCC) through 2014. This partnership is designed to enhance the patient and family engagement (PFE) resources available to the HEN hospitals as we collectively work towards eliminating harm in health care.

Collaborative patient and family engagement is a strategy to build a patient- and family-centered health care system. In a patient- and family-centered health system, patients and families are encouraged and supported as essential members of the health care team and there are meaningful opportunities for them to serve as advisors and partners in quality improvement efforts, patient safety initiatives and health care redesign.

A series of five webinars and eleven office hour sessions will be held between April and November of this year. The webinar and office hour sessions are open to all health care professionals seeking to partner with patients and families and improve their experience. The webinar series will follow a progression, building a shared understanding of patient- and family-centered care.

http://www.ipfcc.org
The Staff Liaison Role

- Serves as the support and the logistical “go to” person for patient and family advisors.

- Has a key role in the selection, orientation, and ongoing support for patient and family advisors.

- Maintains a connection between other staff, clinicians, leaders and patient and family advisors.

- Assist in communicating activities of advisors to other staff, clinicians, and leaders.

- Seeks opportunities for involvement of advisors.

- Serves as a patient- and family-centered “champion.”
What is the Initial Structure?

- **An Informal Workgroup**
  
  *Allows time to build trust among advisors and staff, supports the development of processes, begin to address issues, and explore ways to work together effectively.*

- **A Patient and Family Advisory Council**
  
  *A formal mechanism for involving patients and families in hospital policy and program development and quality and safety initiatives.*

- **QI and Safety Teams on a Specific Issue**
  
  *Improvement partners reducing harm and improving transitions.*
Application Form and Database or Spread Sheet

Interviewing and Selecting Advisors and Matching and Skills and Interests with Clinic Needs and Priorities.
Supporting Advisors as Volunteers

- Use of Volunteer Department or Human Resources
  - Background Checks
  - Health Assessment
  - Portion of Hospital Orientation
    - Safety-Security Protocols
    - Infection Control
  - Confidentiality and Privacy
    - HIPAA Training
    - Signing Confidentiality Statement
  - Maintain Volunteer Advisor Hours
  - Recognition Efforts
  - Annual Compliance for Joint Commission
Identify some initial, tangible ways to involve patients and families before beginning a formal recruitment process.
Possible ways to involve patient and family advisors

- Participating in a “walkabout.”
- Envisioning the ideal experience in your hospital.
- Creating positive, welcoming first impressions in your hospital. Think broadly about first impressions.
- Developing the Web site or newsletters for the hospital.
- Developing informational materials about the medical home.
- Planning renovation and new construction projects.
Qualities and Skills of Successful Patient and Family Advisors

- The ability to share personal experiences in ways that others can learn from them.
- The ability to see the bigger picture.
- Interested in more than one agenda issue.
- The ability to listen and hear other points of view.
- The ability to connect with people.
- A sense of humor.
- Representative of the patients and families served by the hospital and clinics.
Recruiting Patient and Family Advisors

- Ask staff and physicians for suggestions.
- Contact support groups and community organizations such as Rotary, Kiwanis, fire stations, and religious organizations.
- Ask current patient and family advisors.
- Call or send a mailing to patients and families.
- Ask patients/families during a clinic visit or during a hospital stay when appropriate.
- Post signs/brochures on bulletin boards in waiting areas, corridors, and lobbies.
- Place notices in the clinic’s, hospital’s, or nursing home’s publications, websites, and TV systems.
- Post information on Twitter and Facebook.
I value your perspective and our partnership. I’d like you to consider becoming a Patient/Family Advisor. Advisors volunteer to help us with program/policy review, review education materials and forms, provide input on quality and safety efforts as well as facilities planning. We are also using patient advisors to help design better processes of care.

Would you be interested in volunteering to be on a Patient Family Advisory Council? Please contact Sheila Miller at 687-6203 to get more information about this unique opportunity.

Sincerely,

[Peace Health Medical Group]

Qualities of an Advisor:
- Shares insight and experience in productive ways
- Sees beyond his/her own personal experience
- Respects diversity and differing opinions
- Listens well
- Collaborates on solutions
- Has passion for enhancing the healthcare experience of all

Important Considerations:
- Current PeaceHealth Medical Group patient and/or family member
- Make commitment for 1 year at minimum
- Willingness to attend information session to learn more in mid-September
- Ability to attend monthly meetings on the fourth Thursday from 5:30 – 7:30 pm, starting in October
Highlights of Best Practices

Suzanne Graham, RN, PhD, Executive Director of Patient Safety, Risk Management and Patient and Family Centered Care, Kaiser Permanente

Jodie Ruland, MDiv, Program Manager for Patient & Family Centered Care, Kaiser Program Office & Kaiser Permanente San Mateo Service Area

Richard Holt, Patient Advisor for the South San Francisco and Redwood City Hospitals

Celeste Prothro, RN, MPH, CPPS, Clinical Practice Consultant, NCAL Regional Risk and Patient Safety
Patient and Family Centered Care—Advisory Councils

Nothing About Me Without Me

Suzanne Graham, RN, PhD
Jodie Ruland, MDiv
Richard Holt, Patient Advisor
Celeste Prothro, RN, MPH
Our Journey

♦ Pilot/demonstration
♦ Word spread – site visits
♦ Medical Center wide councils
  - SCAL 12/12 medical center wide councils
  - NCAL 7/21 with expectation that all 21 will have councils by end of 2014

♦ Member/Patient Involvement Call
Focused and Service Line Advisory Councils

- Spanish Language
- NICU
- Teen
- Senior/Geriatric
- HIV
- Pediatric Parent
- Oncology
Patients on Committees and Teams

- Quality
- Medication Safety
- Patient Safety
- Medical Education
- Facility Design
- Executive Walkarounds
- Staff Nurse Council
- Patient Experience
- Infection Prevention
Examples of Patient/Member Advisory Council Work

- **Community Outreach**
  - Diabetes management, “take back” medication days

- **Working with Leaders**
  - Executive Walkarounds, physician/staff orientation, grand rounds

- **Members helping other members**
  - Patient Safety Awareness Week, Advance Directives booth at KP Farmers’ Market, eliminating visiting hours

- **Members involved in initiatives and improvement projects**
  - Secret shoppers for hand hygiene, clinic registration process improvement, nutrition services process improvement

- **Members identify issues that can be improved**
  - Safety, Care Experience, Health Literacy Issues, kp.org, Pharmacy, Health Education

- **Members provide input on communications, initiatives & projects**
  - “Ask me 3” on appointment reminder cards, Admissions Booklet, Breast Cancer Care Center, New Hospital Design and Move In
San Mateo PFCC Advisory Council  
Started August 2012  
8 Patient/Family Advisors KP-SSF & KP-RWC  
9 Senior Leaders and Physicians from KP-SSF & KP-RWC  

Advisors on Committees  
• KP-SSF  
  • Patient Safety  
  • Project Improvement  
  • Recruiting for Care Experience  
  • Recruiting for Stroke  

• KP-RWC  
  • Ambulatory Care Service  
  • Public Affairs  
  • Neurosciences Advisory Council  
  • Recruiting for Bioethics  
  • Planning for Latino Advisory Council
It Takes Time and Hard Work
Why Engage Advisors?

1. They help us see things that we don’t see any more
   - MRI building and After Hours clinic

2. They bring the perspective of the patient/member
   - SSF Lab remodel

3. They help us think outside of the box
   - Shadowing discharges

4. They hold us accountable
   - Patient Safety Committee
Don’t Engage Advisors if….

Richard Holt, Patient/Family Advisor

• Shared Medical Stories at Meetings and Grand Rounds
• Participated in a Focus Group for a Regional Life Care Planning Project
• Participated in a Focus Group for Lab Remodel
• Participated in a Two Day Regional Meeting About New Electronic Whiteboard
• Attended Georgia Regents Learning Lab
• Attended Kaiser’s Quality Conference
• Observed Joint Replacement Pre-op Class and Gave Feedback
• Presented PFCC Appreciation Letters to Staff
• Joined the K-SSF Patient Safety Oversight Committee
What Matters to Me

- Listen to me
- Don’t use acronyms and medical jargon
- Let me know what can be done, can’t be done, will be done later
- Don’t make me feel like window dressing
- Don’t overwhelm me with power points—discuss things with me
- Let me know your expectations and my role
- Keep me informed
- Make sure the committee/workgroup is ready for me
- Use my time wisely
- Make it easy for me to speak up
- Provide me with a buddy who can answer questions, go over materials, etc.
- Let me know if I am making a difference
Regional Councils

- Regional Member Advisory Council (SCAL)
- Life Care Planning Council (NCAL)
- Behavioral Health Council (NCAL and SCAL)
Learnings

- Take leaders from where they are—and don’t leave home without them
- Diversity will come
- Recruitment is key
- Council coordinator with the right skills
- Charters and ground rules
- Advisor visibility with senior leaders
- Strategic planning
Patient and Family Advisors, Staff, and Clinicians: Prepared for Success
WORDS OF ADVICE
A GUIDE FOR PATIENT, RESIDENT, AND FAMILY ADVISORS

Marie Abraham
Elizabeth Ahmann
Deborah Dokken

On the next page you’ll find Activity 2: Patients, Residents, and Families as Advisors. What’s in It for Me? This activity will help you think about the benefits that come as a result of advisors working as partners with health care professionals at the program and policy level.

To do this activity, think about the possible benefits when patients, residents, and families are involved as advisors. In the left-hand column, list the benefits to you and your family; in the middle column, list the benefits to other patients, residents, and families; and in the right-hand column, list the benefits to health care professionals and to the hospital, clinic, long-term care communities, or agency. There are no wrong answers. Write whatever comes to your mind.

You will have more time to talk about the benefits during orientation sessions or during discussions with the staff liaison and other advisors at the organization.

New Resource for Orienting Advisors
Orienting Patient and Family Advisors

- Mission, values, and priorities of the clinic and the medical home.
- Speaking the language – Medical and QI Jargon 101.
- Who’s who in the organization and on committees.
- Day in the life of a physician, nurse, and/or therapist.
- Meeting attendance expectations.
- Logistical details:
  - What to wear
  - Where to find food
  - Location of bathrooms
  - Transportation and parking
  - Child care
  - Stipends/reimbursement of expenses
Orienting Patient and Family Advisors

- Roles and responsibilities
  - Confidentiality and privacy — HIPAA training
- Staff roles and responsibilities
- Provide a clinic tour
- How to be an effective advisor
  - How to ask questions
  - What to do when there is disagreement
  - Listening to and learning from other’s viewpoints
  - Thinking beyond your own experience
  - Sharing a story and how to tell a “negative” story
  - The impact of anger
Fostering a Successful Beginning

▲ Set ground rules for discussion.
▲ Rules of good communication:
  ◆ Listen carefully.
  ◆ Clarify what is being said.
  ◆ Only one person speaks at a time.
▲ Set the stage for open, respectful, and candid discussions.
▲ Share experiences and perspectives.
▲ Keep emotions even.
▲ Always have a meeting facilitator.
Fostering A Successful Beginning: Orienting Staff

- Explain how staff should be involved.
  - The importance of listening.
  - Effective approaches to meeting facilitation.
  - Act on advisors observations and recommendations when appropriate and provide information when not implemented.

- Be open to questions and challenges.

- Try not to be defensive.
  - Respond/explain without being defensive.

- Defensiveness usually has a negative effect.
Conducting Effective Meetings

- Spend extra time on introductions.
- Begin some meetings with patient and family stories.
- Discuss the concept of collaboration explicitly at the beginning of a new endeavor and assess how it is working at the end of meetings.
- Have a manageable agenda and stay on the agenda.
- Avoid using jargon.
- Encourage the participation of patient and family advisors, validating their role as committee members.
- Plan proactively for challenging situations.
- Establish ground rules for conducting meetings.
One patient or family advisor on a committee is NOT sufficient . . .

“Now the round table symbolizes our equality, while my fancy chair and golden crown signify that perhaps I’m just a smack more equal.”
What if – not a good fit …

- Review skills and attributes.
- Is there another advisory role? A role as a volunteer in another capacity?
- Keep name on a list.
- Be clear and honest.
What keeps advisory councils active, growing, and successful?

- Meetings are enjoyable and productive.
  - Agendas are not too long.
  - Meetings are of substance and value.
- Leaders recognize and value the contributions.
- Genuine openness and transparency exists.
- Organization celebrates successes.
Cambridge Health Alliance
Cambridge, MA

Celebrating and Thanking Patient and Family Advisors

This organization, serving the immigrant gateway communities near Boston, holds a Thanksgiving turkey dinner with all the trimmings to celebrate and thank patient and family advisors.
The Valley Hospital
Patient and Family Centered Care
2013 Year-End Report

Core Elements of PFCC: Dignity and Respect, Information Sharing, Participation, and Collaboration
Connecting the Dots

In 2013, we took the message of PFCC on the road across the health system and into the community.

- Our two hour sessions challenged over 600 staff members to incorporate PFCC into their practices.
- PFCC materials appeared on the digital displays throughout the main hospital lobby, bringing patients and visitors to the forefront of our awareness.
- We moved our annual PFCC fair, including a “ride on the rails” for the new staff members, introducing over 600 staff members to the key concepts and benefits of PFCC.
- Our PFCC consultant, Melinda Jones, worked directly with staff members at the hospital and performed the annual PFCC fair, introducing a broader range of PFCC initiatives.
- A patient and family advisory committee met with leadership to discuss the principles of PFCC and implementation.

Pink shoe box to staff, nursing assistant at Harborview Hospital adopted the principles of PFCC and became PFCC Champion.

"Since joining the PFCC community, my mindset has completely changed when working with patients. Patients in PFCC, I would have never thought of. I have come to understand the value of patient and familyinput. I am now more open and I would encourage others to join the team to make a difference."

Patient and Family Council Member

"During my years working as a nurse, I have had the opportunity to work with various hospitals in the region. When I joined the Valley Hospital, I was immediately impressed by their commitment to patient and family-centered care. They have implemented many initiatives that have had a positive impact on the patient experience."

Director of Patient and Family Centered Care

(http://www.ipfcc.org/advance/topics/annual-reports.html)
Questions and Comments
• Join us for follow-up *Office Hours*
on Tuesday, May 13, 11-11:30 am CT.

Bring your questions, burning issues, and ideas and join the dialogue.
Mark your calendars for **Webinar #3:**

Supporting Family Presence and Participation

Friday, July 11, at 11 am CT, and the follow-up **Office Hours** on Tuesday, July 15 at 11-11:30 am CT
Continuing Education

• 1 hour of the virtual event attended
• Following the session an email sent to all registered participants with instructions
  – Email sent by Hospital Engagement Network (hen@aha.org) 48-36 hours after the event
  – Check any spam or junk folders if you do not receive the instructions
  – Complete the ABQAURP survey listed in the email
Group Continuing Education

• Complete CME/CEU Event Group Listing form
  – Username and password required

• List name and email address for each individual

• Submit to Jamal Turner (jturner@aha.org) no later than 24 hours after the event
  – Subject line: Group Listing
  – Expectation that the group facilitator meets the 1 hour viewing requirement
Group Continuing Education

Hospital Engagement

Designed to help identify solutions to reduce hospital acquired conditions and readmissions and spread them to hospitals and other health care providers.

WHAT'S NEW:

How do I log into the website?

This question has become popular, so we thought we would post the answer. Every participating healthcare facility within the HEN has an unique number that is three to four characters long ending in their state abbreviation [Format = HRETxxxxST]. This ID becomes the "Username" for the facility's profile. The
Thank you for joining us