HRET HIIN
PFE SNAP
Patient and Family Engagement
Safety Network To Accelerate Performance

WEBINAR #1
FEBRUARY 15, 2018
1:00 PM CT/2:00 PM ET
## Today’s Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>1:00-1:05 pm</td>
<td>Welcome and Introductions</td>
<td>Mallory Bender, MA, LCSW</td>
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<td>- Meet the team!</td>
<td>Program Manager, HRET</td>
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<td>1:05-1:15 pm</td>
<td>Overview of the Program</td>
<td>Sue Collier, MSN, RN, FABC</td>
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<td>- Purpose and benefits of the PFE SNAP</td>
<td>Interim Vice President, Clinical Quality</td>
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<td>- High-level review PFE Metrics 1, 4 and 5 and the</td>
<td>Clinical Content Development Lead</td>
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<td>PFE Strategic Roadmap</td>
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<td>- Review and reflect on barriers to improving</td>
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<td>performance</td>
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<td>1:15-1:25 pm</td>
<td>The Relationship Between PFE and Safety</td>
<td>Martha Hayward</td>
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<td>- Dive into how PFE affects readmission and falls</td>
<td>PFE Subject Matter Expert</td>
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<td>- PFE Performance: CMS Data</td>
<td>Sue Collier, MSN, RN, FABC</td>
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<td>- HIIN leader report – where does HRET fail?</td>
<td>Interim Vice President, Clinical Quality</td>
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<td>- Hospital level scoring criteria</td>
<td>Clinical Content Development Lead</td>
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<td>- The most commonly answered barriers to implementing</td>
<td>Mallory Bender, MA, LCSW</td>
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<td>PFE, based on participants’ feedback</td>
<td>Program Manager, HRET</td>
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<td>1:25-1:45 pm</td>
<td>PFE Metrics Deep Dive – Shooting for Success</td>
<td>Sue Collier, MSN, RN, FABC</td>
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<td>- PFE Metric 1: Use of a Pre-Admission Checklist</td>
<td>Interim Vice President, Clinical Quality</td>
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<td>- PFE Metric 4: Create a PFAC</td>
<td>Clinical Content Development Lead</td>
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<td>- PFE Metric 5: Patient involvement in Governance</td>
<td>Martha Hayward</td>
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<td>- Work in the PFE metrics should:</td>
<td>PFE Subject Matter Expert</td>
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<td>- Align with other improvement activities</td>
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<td>- Align with strategic priorities</td>
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<td>- Be achievable – let’s succeed!</td>
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<td>Bring it Home</td>
<td>Mallory Bender, MA, LCSW</td>
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<td>Program Manager, HRET</td>
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Welcome!

If you can hear me raise your hand.
PFE SNAP WEBINAR 1: OBJECTIVES

• Describe the purpose and benefits of the HRET HIIN PFE SNAP
• Explain how PFE metrics can impact overall patient safety
• Outline performance improvement opportunities for PFE Metrics 1, 4, and 5 (CMS, HIIN, hospital)
• Discuss barriers to improving performance in PFE Metric 1, 4, and 5 (self-assessments)
• Create action steps to improve performance in PFE Metrics 1, 4, and 5 (Review PFE Roadmap and prepare for coaching calls)
• Purpose: To provide targeted hospitals the opportunity to participate in a rapid cycle improvement team focusing on PFE, falls and readmissions

• Benefits of Participation:
  – Opportunity to work with peers to improve performance on PFE metrics
  – Access to PFE experts who will provide tailored, focused guidance
  – Additional coaching calls from PFE experts
  – No additional cost to participate in collaborative work group to enhance performance in falls, readmissions, and patient engagement
The Five PfP 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)
Patient Family Engagement is the soil we work with. Made up of many elements, the quality of the soil will determine our success. The elements we ask you to focus on are 1, 4, and 5.

Improvement projects (i.e., safety) are the seeds we plant. In a rich environment they will thrive, in poor soil they will struggle or die. The Improvement areas we ask you to focus on are falls and readmissions.
PFE Performance: CMS

Percent of Hospitals Meeting, Not Meeting, or Not Reporting PFE Metrics, by Metric

* 493 hospitals have no scheduled admissions (exempt) and are thus excluded from the PFE 1 denominator.
PFE Performance: Hospital Level Scoring

• No, not in any area or with any patients
• Talking about it
• Started planning
• Implemented in one unit with some pre-admission patients
• Implemented in more than one unit with all pre-admission patients
• In all units with all patients
Barriers to PFE Performance
Barriers: Metric 1

• No identified hospital or unit based champion for admission planning
• Insufficient improvement process knowledge concerning admission planning
• Inability to analyze collected data to assess admission planning
Barriers: Metric 4

• Competing priorities for time/resources
• Insufficient staff engagement/support for engaging patients on safety or quality teams
• Insufficient middle management engagement/support for engaging patients on safety or quality teams
Barriers: Metric 5

• Competing priorities for time/resources
• No identified hospital or unit based champion to ensure patient perspectives are part of hospital governance or leadership board decisions
• Insufficient improvement process knowledge on how to engage patient perspectives in hospital governance or leadership board decisions
Share Your Thoughts

• Use the chat box to talk with your peers and the HRET team concerning the barriers in your hospital
• What are you doing to address the PFE barriers in your organization?
PFE Metric 1: Planning checklist for scheduled admissions

The intent of this metric is not the distribution of the physical checklist alone but the use of it by admissions staff, an admitting nurse or physician, or other health care professional to guide a conversation with patients and families at the earliest point possible before their care.
Preparing Patients and Families

- Provide patients and family members with information to help them prepare for and understand their hospital stay
- Provide patients and family members with the opportunity to ask questions regarding the admission
- Help patients and family members understand what they can do during their hospital stay to be engaged in the quality and safety of care provided
- Educate patients and families about expectations for their active participation during the hospital stay
- Inform patients and families about opportunities for partnership during the hospital stay
- Encourage patients and families to ask questions about the pre-admission discharge planning checklist and to voice their preferences, concerns, and needs.
Clinician, Staff and Leadership Preparation

• Inform clinicians and staff about the use and purpose of the pre-admission discharge planning checklist, including why it is important and how it can help engage patients and families.

• Educate clinicians and staff about how the pre-admission discharge planning checklist should be used at various stages during the hospital stay.

• Delineate key roles and responsibilities to ensure accountability for reviewing and discussing the checklist with patients and family members.
• Patient preference, concerns, and expectations expressed by patients/family members
• Share with the entire hospital care team for ongoing communication
• Patients and families should retain a copy of the checklist.
PFE METRIC 4: PFAC or Representative on Hospital Committee

The intent of this metric is that a hospital has a formal relationship with patient and family advisors from the local community who provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts.
• Hold an information session to help former patients and family members who may be interested in serving as advisors

• Hold an orientation Session

• If hospital already has advisors, identify existing advisors who can serve as mentors to new advisors during the onboarding process.

• Prior to working with PFAC members or advisors on specific projects, provide a clear description of the project, activities, scope of work, related work that has been done in the past, and how advisor input will be used.

• Educate patient advisors about key quality and safety terms, and ensure that plain language is used in all materials and conversations.
Clinician, Staff and Leadership Preparation

• Gather information about clinician, staff, and leadership ideas for changes and improvements.
• Talk to hospital leaders about the benefits, importance, and value of working with patient and family advisors or including patients as members of quality and safety teams.
• Identify and address attitudes, beliefs, and experiences that may serve as potential barriers to effective partnership with patients.
Clinician, Staff and Leadership Preparation

• Hold small group meetings to encourage clinicians, staff, and leaders to brainstorm ideas for involving PFACs and patients in specific projects.
• Identify clinicians and staff who can serve as informal leaders and champions for working with PFACs and advisors.
• Provide training for leaders, clinicians, and staff about how to work effectively with patient and family advisors.
PFE Metric 5: Patient and family on hospital governing and/or leadership board

The intent of this metric is to ensure that at least one Board member with full voting rights and privileges provides the patient and family perspective on all matters before the Board, similar to other Board members who represent specific interests in the community.
Prepare Patient and Families

• Provide training for the patient board member to describe expectations, roles, responsibilities, and procedures.
• Identify someone who can serve as a resource for or mentor to the patient member of the governing or leadership board.
• Educate patient governing and leadership board members about quality and safety issues, financial terms, PFE, and overall responsibilities of the governing / leadership board.
• Prepare them to interact effectively at an equal level with other board members.
Clinician, Staff and Leadership Preparation

• Provide training to hospital board members about quality and safety issues, health equity, and PFE, including orientation for all new board members.
• Provide training to hospital board members about how to partner effectively with patients representatives on the board.
• Share success stories and effective practices from other hospitals who have worked with patients as members of boards and governing bodies.
• Align with other improvement activities
• Align with strategic priorities
• Be achievable – let’s succeed!
PFE SNAP: Next Steps

• Prepare for personalized coaching calls
  - Decide which metric you’d like to discuss
  - Identify team who will participate in calls
  - Identify day/time to talk with HRET faculty
  - Review the PfP Roadmap content for PFE Metric 1, 4, and 5
  - Update performance score as needed for each PFE Metric

Put next PFE SNAP webinar on calendar and invite team members to participate
  – March 1, 2018 @ 1-2 CT
RESOURCES

• PfP Strategic Vision Roadmap for PFE* (PFEC)

*Available at the PfP Resource Center:
https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx
THANK YOU!