Patient- and Family-Centered Care: Building Partnerships with Patients and Families

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Florida HEN & Florida Hospital Association
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In our time together . . .

- Develop a shared understanding of the core concepts and strategies of patient- and family-centered care and how they can enhance quality, safety, and experience of care.
- Describe ways to partner with patients and families effectively in quality improvement, safety initiatives, and health care redesign.
- Explore best practices for how to get started in building effective partnerships with patients, families, and communities.
- Discuss organizational commitment to patient- and family-centered care as a business model and a better way to position the hospital for the future.

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 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.
Patient- and family-centered care is working "with" patients and families, rather than just doing "to" or "for" them.

"The most direct route to the **Triple Aim** is via patient- and family-centered care in its fullest form."

Don Berwick
Transforming Healthcare: A Safety Imperative

“We envisage patients as essential and respected partners in their own care and in the design and execution of all aspects of healthcare. In this new world of healthcare:

Organizations publicly and consistently affirm the centrality of patient- and family-centered care. They seek out patients, listen to them, hear their stories, are open and honest with them, and take action with them.

... Continued


Transforming Healthcare: A Safety Imperative (cont’d)

The family is respected as part of the care team—never visitors—in every area of the hospital, including the emergency department and the intensive care unit.

Patients share fully in decision-making and are guided on how to self-manage, partner with their clinicians and develop their own care plans. They are spoken to in a way they can understand and are empowered to be in control of their care.”
Why Patient- AND Family-Centered Care and not just Patient-Centered Care?

- Individuals who are most dependent on health care are most dependent on families:
  - Those with chronic conditions
  - The very young
  - The very old

- Families are allies for quality and safety; they often are the constant support across settings and assist with transitions of care. They can participate in the development of a care plan and support the patient in following the plan.

Misconceptions about Patient- and Family-Centered Care and 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 not the same as customer service and service excellence, but there is synergy with customer service/service excellence.

- Patient- and family-centered care is about partnerships and patient and family engagement.
Effective helpgiving is not simply a matter of whether the helpseeker’s needs are met, but is in the *manner* in which they are met.

Dunst and Trivette, *Pediatric Nursing*, 1996

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**Patient and Family Engagement**

Patient and family engagement is a priority consideration essential to health reform at four levels

▶ At the clinical encounter…patient and family engagement in direct care, care planning, and decision-making.

▶ At the practice or organizational level, patient and family engagement in quality improvement and health care redesign.

▶ At the community level, bringing together community resources with health care organizations, patients, and families.

▶ At policy levels locally, regionally, and nationally.
Patient- and Family-Centered Care . . .

A Strategic Business Model

Major Unnecessary Costs in Health Care

- Inconsistent Quality
- Poor Communication
- Errors, especially in the transitions and transfers
- Infections
- Unsatisfied customers
- Poor design of facilities
A Powerful Business Transformational Tool

◆ Patient- and family-centered care can become the business model for the organization.

◆ Patient- and family-centered care has had an impact on each one of MCG’s business metrics:
  ◆ Finances.
  ◆ Quality.
  ◆ Safety.
  ◆ Satisfaction.
  ◆ Marketshare.

70% Of All Health Care Costs Are Due To Poor Hearing.
The IOM report has 10 key recommendations; the 4th recommendation states:

“Involves patients and families in decisions regarding health and health care, tailored to fit their preferences. Patients and families should be given the opportunity to be fully engaged participants at all levels, including individual care decisions, health system learning and improvement activities, and community-based interventions to promote health.” S-23


A recent (2014) report from the NPSF Lucian Leape Institute at the National Patient Safety Foundation affirms that “patients and families can play a critical role in preventing medical errors and reducing harm.”
American Hospital Association—McKesson Quest for Quality Prize

. . . integrating patient- and family-centered care with quality and safety agendas.


Entire issue devoted to Patient- and Family-Centered Care

April 2010
Sharing Stories as a Strategy to Change Organizational Culture

“Facts bring us to knowledge, Stories bring us to wisdom.”
Rachel Remen
Mame’s Story

A vibrant dynamic 94-year old breaks her left shoulder, left hip, and right hand on February 18th. This bilateral involvement imposes total dependence for 5 weeks.

Mame’s Story

- Every person except one in the community hospital introduces themselves upon entering her room.
- No signs about visiting hours.
- The patient room has a family bed that functions as a bed, a desk, and a dining room table.
- Pre-op conversations with the surgical team.
- The transition to the rehab hospital . . . When requested, the discharge summary is provided to the family . . . the nurse asks the family to help in its completion.
Mame’s Story

◆ When a list of medications is requested, the nurse prints out the list and offers an explanation for how the list is organized.

◆ Therapists connected with Mame’s goals and priorities and with her as a person. Excellent teachers…and included the family.

Mame’s Story

Opportunities for Improvement
The rehab hospital conveys inconsistent messages about families as members of the care team.

THE TREATMENT TEAM
You and your family are integral members of your treatment team. Your team will consist of you, your family, your referring physician, and one or more of the following specialists:

Physician/Psychiatrist  Rehabilitation Nurse
Physical Therapist  Occupational Therapist
Speech-Language Pathologist  Cognitive Rehabilitation Therapist
Psychologist  Neuropsychologist
Biofeedback Specialist  Dietician
Case Manager  Therapeutic Recreation Specialist

VISITING HOURS
Visiting hours are from 11:00 a.m. to 8:00 p.m. daily. Your family and friends are invited to visit with you in the patient lounges or in your room. Due to limited space in patient rooms, we request you limit the number of visitors to two (2) in your room. Children are welcome to visit but must be under adult supervision at all times.
Mame’s Story

Opportunities for Improvement (cont’d)

◆ Discharge date set on a day impossible for family to help with transition to home.

◆ No flexibility to include the family in the rounds discussion with the physician.

◆ Discharge instructions given at the moment of discharge to Mame with the nurse's back turned to the family member and blocking the view of the medication list.

◆ Two different medication lists provided, neither consistent with Mame’s list upon admission or the bottles at home.

Mame . . . celebrating her 100th birthday with 18 great grandchildren.
Resources for Sharing Stories

A key competency of leaders of high performing organizations is the ability to share stories.

http://pulsemagazine.org/Staff.cfm?dropdown_us=1

Sharing Stories . . .
Patients and Families . . .

Essential Partners for Patient Safety, Quality Improvement, and Health Care Redesign

Learning about the patient’s and family’s experience . . .

Focus groups and surveys are not enough!

Hospitals, health systems, primary care practices, clinics, dialysis centers, and other community-based agencies must create a variety of ways for patients and families to serve as advisors.
A Key Lever for Leaders . . .
Putting Patients and Families on the Improvement Team

In a growing number of instances where truly stunning levels of improvement have been achieved...

Leaders of these organizations often cite—putting patients and families in a position of real power and influence, using their wisdom and experience to redesign and improve care systems—as being the single most powerful transformational change in their history.


Involving Patients and Families as Advisors

“Get started before you are ready.”

Jim Anderson
Former President and CEO
Cincinnati Children's Hospital Medical Center

Recipient of the 2006 AHA McKesson Quest for Quality Prize
PeaceHealth Medical Group, Eugene, OR

Organization Chart refers specifically to the Patient Advisory Council and its reporting relationships

Patient and Family Advisors, Peace Health Medical Group, Eugene, OR

The DVD Divas...the inspiration for a patient safety video: Your Safety — Your Medications — Your Medical Visit
High Plains Research Network (HPRN) Community Advisory Council, Colorado

- Since 2003, the Community Advisory Council has participated in all aspects of the HPRN research.
- An all day “boot camp” is held prior to working on a project. Projects have included:
  - Testing to Prevent Colon Cancer in Rural Colorado
  - Asthma Toolkits and Community Asthma Integration and Resources (AIR) (Asthma awareness and management)
  - Under-insurance
  - Patient-centered medical home
  - Patient harm/medical mistakes

High Plains Research Network (HPRN) Community Advisory Council, Colorado (cont’d)

Connecting with the Gun Club . . .
High Plains Research Network (HPRN)
Community Advisory Council, Colorado (cont’d)

“The Community Advisory Council has made our research ten times better, much more relevant to the communities we serve. In addition, it’s a lot of fun to work with the Community Advisory Council.”

Jack Westfall, MD, MPH

Weaving Patient- and Family-Centered Concepts into the Infrastructure of Health Care Organizations

- Vision/Values
- Facility Design
- Patterns of Care
- Information Sharing
- Family Support
  - Measurement
- Charting/Documentation
- Linkages to Community
- Quality Improvement
- Human Resources
- Professional Education
The NEW Mission Statement

The Memorial Healthcare System provides safe, quality, cost-effective, patient- and family-centered care regardless of ability to pay, with the goal of improving the health of the community it serves.
A Profile of Leadership for Advancing the Practice of Patient- and Family-Centered Care in a Community Hospital

Anne Arundel Medical Center, Annapolis, MD

This community hospital began its patient- and family-centered journey in 2010.

The COO-CNO is the Executive Sponsor.

The organization sets annual goals for patient- and family-centered care.

In 2010, the annual goals were to begin to partner with patient and family advisors and to change the concept of families as visitors.

Today the hospital has a Patient and Family Advisory Council has 10-12 members, and about 80 advisors involved in a variety of projects.

The CNO, CMO, and COO attend Council meetings.
Changing the Concept of Families as Visitors: A Key Strategy for Quality and Safety Through a Collaborative Process

SMART Discharge Worksheet

Picker Institute
Always Event
Anne Arundel Medical Center
Annapolis, MD

http://alwaysevents.pickerinstitute.org/?p=1129
Anne Arundel Medical Center
Annapolis, MD

In 2009, there were **NO** patient and family advisors. Today there are **80**, and they are involved in:

- Changing the concept of families as visitors.
- Implementing bedside change of shift report.
- Developing discharge/transition planning process.
- Developing the process for geographically assigning hospitalists to specific clinical units.
- Serving on Patient Safety & EHR Development Committees.

A patient/family advisor speaks at orientation for all new employees.

In 2012, patient and family advisors appointed as members to Medical Staff Peer Review Committee, and in 2013 to Board Quality Committee.

Anne Arundel Medical Center
Annapolis, MD

- Since 2009, the overall rating of the hospital has gone from 75.4% to 82% (the national average is 70%).
- The hospital regularly has the highest HCAHPS patient experience scores in the state of Maryland.
- The hospital was recognized as one of top ten surgical hospitals in the country in the August 2013 issue of *Consumer Reports*, and it was recognized as the best hospital in the region by *Washingtonian* Magazine in 2014.
A Profile of Leadership for Advancing the Practice of Patient- and Family-Centered Care in a Public Hospital

Contra Costa Regional Medical Center, Martinez, CA

Contra Costa Regional Medical Center and Health Centers
Martinez, CA

Contra Costa Regional Medical Center and Health Centers held a value stream mapping event to improve behavioral health emergency care involving patient and family advisors, community providers, and Medical Center staff.

- Reduction by 50% in average number of psychiatric patients who left ED prior to receiving care;
- Saved 255 staff hours per month spent on obtaining patient medical clearances in the ED;
- Reduction in assaults/aggressive acts reported in the ED.
- The percent of patients going back into the community with a full discharge plan has gone from 50% to 90%; and
- The percent of patients being discharged on multiple psychotropic drugs has been reduced.
Contra Costa Regional Medical Center and Health Centers, Martinez, CA

Patients and families influenced the entire process—from the initial decision to focus on behavioral health, to the timing of changes, to developing ideas for rapid cycle improvements.

“There was a prevailing concern that bringing patients and families into the room would change the conversations. This is true; it has changed the conversations for the better, a centering force that grounds us in reality. We are engaging in discussions that were out of reach for our organization previously.”

Anna Roth, CEO

Contra Costa Regional Medical Center, Martinez, CA

Implementing a new philosophy of welcoming families . . . With a commitment to learning and quality improvement as integral to the process.
A Profile of Leadership for Advancing the Practice of Patient- and Family-Centered Care in a Critical Access Hospital

Perham Health, Perham, MN
Perham Health Hospital Progress

- Partnership Council started - September, 2009
- Change of shift report at the bedside
- Signage changes
- White Board Design
- Family Resource Center
- Developed a directory of services for patients and families
- Patient/family members added to Quality Council, Patient Safety, Nursing Home Community Council
- Food Team

Perham Memorial Hospital Partners in Care Council, Perham, MN

Redesigned brochure for prevention of surgical site infections.

Signing appreciation letters for staff.

Contributing to Pharmacy's new safety strategies — presence on inpatient units, reviewing meds daily, and encouraging family presence.

Discussing improvements in end-of-life care and developing a “walk of honor,” building on the Perham Home's experience.
Perham Memorial Home's Community Council
...with leaders and resident participation discussing a variety of issues including end-of-life care

In 2014, Partners in Care Council are wanting to repeat PFCC education and include it in new employee orientation.
Partnerships Expanding

- Desire to have patient and family advisors’ input for specific areas of the new hospital building project
- Patient and family representation on key committees:
  - Quality Committee
  - Safety Committee
  - Readmission within 30 days
  - Falls Committee
  - How to operate out of two sites when new hospital opens (nursing home will no longer be adjacent)
  - Strategic planning process

Perham Memorial Hospital Partners in Care Council, Perham, MN

Perham Health Philosophy of Patient and Family Centered Care

We believe:
- Patients and families are at the center of everything we do.
- Care of the whole person includes body, mind, and spirit.
- Family is defined by the patient. We honor the diversity, values, and priorities of each.
- A partnership exists between patients, families, and healthcare professionals. We rely on the expertise of all and treat each other with dignity, respect, and compassion.
- Communication and information sharing strengthen the ability of patients and families to make informed choices and accept responsibility.
Perham Memorial Hospital
Perham, MN

In 2014, the Partners in Care Council initiated a new patient interview program to identify dissatisfying issues earlier during a hospital experience.

Patient partners have a general script for questions and have practice sessions to prepare for their roles.

Perham Health (Hospital) — Measuring Change and Improvement 2009-2014

- Likelihood to Recommend
  33rd to 83rd Percentile on Press Ganey
- Overall Satisfaction
  18th to 63rd Percentile on Press Ganey
- Top of Mind and General Perception (2014 to be conducted)
- Stability
  Increased Outpatient Services by 20% and stable Inpatient Admissions (in last two years) … 90% of Minnesota hospitals saw a decrease.
Perham Living (Nursing Home) — Measuring Change and Improvement 2009-2014

- Quality of Life - Residents
  71st to 91st Percentile on State Interview Survey
- Quality of Life - Families
  65th to 91st Percentile on State Interview Survey
- CMS Rating
  3 Star to 5 Star

Stability
Maintained 98 Beds while State reduced by 25% and neighbors reduced by 45%.
A Profile of Leadership for Advancing the Practice of Patient- and Family-Centered Care in an Academic Medical Center and Across a System

Vidant Health, Eastern North Carolina

Formerly, University Health Systems of Eastern Carolina, Greenville, NC

The Board and senior executive team have made an explicit commitment to patient- and family-centered care.

The health system's new core values include a commitment to “patient and family engagement.”

The Clinical and Service Quality Pillar reinforces this commitment with the words: “Partner with patients and families to achieve safe, high quality care and exceptional experiences.”

Within the Office of Patient/Family Experience, there is an Administrator that serves as a staff liaison for collaborative endeavors and builds synergy with all efforts to improve the patient experience.
Vidant Health, Greenville, NC
5-Year Quality Plan (partial)

Strategy: Safety and quality work is patient- and family-centered

- Educate leaders, front-line staff, and families about patient- and family-centered care.
- Establish that patient and family experiences are drivers for quality improvement.
- Board provides leadership for quality and safety.
- Physicians are engaged in patient safety and quality as partners.
- Process of leadership rounding.
- Patients and families serve on quality teams.
- Family involvement in Rapid Response Team implemented across the Health System.

Vidant Health: Changing the Concept of Families as Visitors

The message of partnership is now a first impression for cardiac patients and their families.
**Outcomes**

**SSEs**

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**Infections**

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**Optimal Care**

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**Number of Patient Advisors**

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**Vidant Health, Greenville, NC**

**2013 John M. Eisenberg Patient Safety and Quality Award**

- Dramatic improvement in the UHC Quality and Accountability Performance composite for patient-centeredness: 12th in 2008 and ranked # 2 in 2013.

- System-wide HCAHPS patient experience at 91st percentile.

- Home care experience of care surveys improved from below the 50th percentile to the 85th percentile in less than one year.

- Results of 2011 employee opinion survey indicated PFCC as strength at the unit-level and at the organization-level.
Enhancing Safety and Changing the Culture of an Organization . . .

A Journey, not a Destination

Leadership is Key for Developing Authentic Partnerships with Patients and Families

Questions and Comments
References and Resources


References and Resources (cont’d)

References and Resources (cont’d)


References and Resources (cont’d)

- Institute for Patient- and Family-Centered Care: www.ipfcc.org.

References and Resources (cont’d)

References and Resources (cont’d)

References and Resources (cont’d)


References and Resources (cont’d)