Today’s Agenda

- Welcome & Introductions
- Health Central Hospital’s PFAC Journey
- Overview of the AHRQ Health Care Innovations Exchange’s PFA Rounding Program Profile
- Questions
- PFE LC Overview
- Closing
Upcoming PFE Events in June and July

National Events

• June 13, 2017 (2:00PM to 3:00PM, ET), Registration
  PFE Affinity Group: How to Maximize Your PFAC to Improve Patient Safety
• June 20, 2017 (12:00PM to 1:00PM, ET), Registration
  HRET HIIN PFE Fundamentals: PFAs: We Got Them! Now What?

FHA Events

• June 23, 2017 (1:00PM to 2:00PM, ET), Registration
  FHA PFE LC Webinar
• July 21, 2017 (9:30AM to 4:30PM, ET), Registration
  FHA PFE LC Statewide Convening, Powerful Partnerships: Improving Quality and Outcomes
• July 27, 2017 (12:00PM to 1:00PM, ET), Registration
  FHA PFE LC Webinar & FHA We Have Your Back Worker Safety Collaborative Co-Webinar
ReadyTalk Webinar Platform Overview
CMS PFE Metrics

How is this data collected?

1. HIIN Needs Assessment
2. Quarterly Updates
3. FHA
Percent of Hospitals (National Aggregate) that are Meeting, Not Meeting, or Not Reporting PFE Metrics, by Metric

CMS PFE Metrics: May 2017 National HIIN Aggregate Data

* 438 hospitals have no scheduled admissions (exempt) and are thus excluded from the PFE 1 denominator.
CMS PFE Metrics: FHA HIIN Baseline Data

Percentage of Florida Hospitals Meeting, Not Meeting, or Not Reporting PFE Metrics, by Metric

- **Pre-Admission Planning Checklist(s)**: 47% (n=38)
- **Shift Change Huddles & bedside reporting**: 6% (n=6)
- **Accountable Leader**: 45% (n=42)
- **Active PFE Committee**: 22% (n=21)
- **Patient Representative(s) on the Board of Directors**: 33% (n=31)

Legend:
- **Green**: Meeting Metric
- **Orange**: No Reported Data
- **Red**: Not Meeting Metric
The Health Central Patient and Family Advisory Council (PFAC)

- Established in 2012
  - From focus group to PFAC
- First in the Orlando Health System
- Leadership support
- Membership growth
- Committee participation
- Meetings conducted monthly
PFAC Participation

The Health Central PFAC members are actively embedded in projects and committees throughout the hospital.
Measuring the Impact and Contributions

562
Meeting & Activity Hours

6,096
Patient Rounding Hours

11,306
Patient Experience Visits

As PFAC programming and activities increased, a new tracking process was developed to accurately account and track all time and involvement.

The 2016 Health Central Patient and Family Advisory Council
Innovations

- Whiteboard redesign
- Patient guide and informational handout review and revision
- Simulations
- New-hire orientation
- Facility Design
- Committee Presence
- Bedside shift reports
- Patient Rounding
- Policy review and development
- Way-finding
Learning Opportunities

- Scripting was provided
  - Acceptable ways to discuss the patient experience surveys
  - Dealing with difficult conversations
- Provided information related to:
  - Fall risk precautions
  - Nutrition Services
- Build trusting relationship with clinical team members
  - Staff meetings
  - Huddles
  - Councils
- Administrative support and presence is vital to success
- Reciprocal learning opportunities
  - Patient perspective view from PFAC members
  - Learning communities engagement
The Response

“People treat me like family here.”
-Patient

“This is the cleanest and friendliest hospital that I’ve been to.”
-Patient

“It is so great to hear PFAC members’ real time feedback.”
-Team Member

“Love having people sit down and talk to me.”
-Patient

“People treat me like family here.”
-Patient
Spotlight on Health Central

• Conference Presentations
• Hospital Site Visits
• Awards
• Coaching Calls
• Webinar Presentations
• Agency for Healthcare Research and Quality (AHRQ) Innovations Exchange Profile
Questions?
Health Central’s PFA Rounding Initiative Gets National Recognition

AHRQ’s Health Care Innovations Exchange Profiles Health Central’s PFA Rounding as an “Innovative Practice”

Sari Siegel, PhD ~ Westat ~ FHA PFE LC Webinar
May 26, 2017
Patient Advisors Participate in Hospital Councils, Committees, Staff Training, and Other Activities, Contributing to Improved Patient Satisfaction and Better Organizational Performance

Snapshot

Summary

Current and former patients and family members of the Augusta University Medical Center participate in a variety of patient advisory councils and on every clinic, department, and hospital committee, providing their perspectives on potential improvements and their input into key operational and strategic decisions. This penetration of patient advisors at top institutional levels as well as on every unit and committee ensures that they have active and ongoing input into all hospital operations and planning. Patient advisors also provide support to “peers” (current patients/family members going through similar treatment), assist with staff and student education and training, and participate in other activities related to patient-centered care, including unit rounding, research, conference planning, and recognition of outstanding staff. The program has contributed to improvements in patient satisfaction and in key metrics of organization-wide performance, and has received positive reviews from medical students.
Patient and Family Advisor Rounding Contributes to Reduction in Falls and to Better Performance on Key Patient Experience Metrics

**Snapshot**

**Summary**
Volunteer patient and family advisors at Health Central Hospital regularly observe key touchpoints between clinical staff and patients/family members and independently conduct rounds on patients in the hospital and emergency department. They look for ways to improve staff/clinician interactions with patients, elicit honest feedback from the patient about the care experience, and make visual observations to identify potential opportunities for improvement. The goal is to identify and address the immediate needs of current patients and collect information to guide long-term policy and service delivery changes that will help future patients. The program has directly or indirectly led to improvements in performance on various safety and patient experience metrics, including falls, staff concern for privacy, keeping patients well informed, and communication related to discharge planning.

**Evidence Rating** *(What is this?)*
Moderate

The evidence consists of pre- and post-implementation comparisons of key patient experience and safety metrics that have been directly or indirectly affected by the patient and family advisor rounding program.

**Date First Implemented**
2014
Patient and family advisors began observing and reporting on high-priority touchpoints in 2014; they began conducting independent rounds in 2015.

**Problem Addressed**
Traditional patient rounds conducted by hospital-based staff and clinicians may not identify information that can be useful in improving the care experience for current and future patients. Patients often feel uncomfortable disclosing information (particularly complaints) to those affiliated with the hospital, and time-pressed clinicians and staff may find it difficult to understand or relate to the patient experience.
Inclusion Criteria

Inclusion Criteria for Health Care Service Delivery Innovations

- The innovation relates to patient care delivery processes.
- The innovation aims to improve one or more domains of health care quality.
- The activity is truly innovative in the context of its setting or target population.
- Information about the innovation is publicly available.
- The innovator (or a representative) will contribute information to the Innovations Exchange.
- There is reason to believe that the innovation will be effective.
Exclusion Criteria for Health Care Service Delivery Innovations

- **Product or Technical Innovations.** These innovations include new drugs or devices, software design and development, or durable medical equipment or supplies. Although advances in these areas may be innovative, to be eligible for inclusion in the Innovations Exchange, there must be a demonstrated connection to an innovative service delivery change.

- **Educational Innovations.** Innovations such as curriculum redesigns, continuing education certification, or the use of simulators or other technologies for training are outside the scope of the Innovations Exchange.

- **Clinical Innovations.** Pure clinical innovations such as new surgical, medical, or dental therapies or professional techniques are outside the scope of the Innovations Exchange.

- **Health Service Delivery Without Any Evidence of Effect.** An innovation without quantitative or qualitative support for a link between the innovation and targeted health care outcomes or processes is outside the scope of the Innovations Exchange.
Evidence Rating Process

• **Unique selection issues**
  • By definition, innovations may be too new to have undergone rigorous evaluation

• **Factors in rating**
  • Innovation’s evaluation design
  • qualitative or quantitative evaluation results

• **Assesses strength of study design** using guidance from
  • GRADE (Guyatt GH, et al., *J of Clinical Epidemiology*, 2011)
  • CONSORT (Consolidating Standards of Reporting Trials)
  • STROBE (Strengthening the Reporting of Observational Studies in Epidemiology)
  • PCORI Methods Committee
Three Categories for Strength of Evidence

- **Strong**: Evidence is based on RCT evaluation(s) and use matched comparison groups; results show “consistent direct evidence” that the innovation improved the targeted outcome.

- **Moderate**: While no RCTs have been completed, there is at least one systematic evaluation using a quasi-experimental design that provides “consistent direct or indirect evidence” of innovation’s effectiveness.

- **Suggestive**: While no systematic experimental have been completed, evidence from non-experimental or qualitative evaluation support an association between the innovation and targeted outcome.
Additional Details

More information is available at
www.Innovations.ahrq.gov

Questions?
Getting Involved with the FHA
PFE Learning Collaborative
FHA PFE LC Team Introductions

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The FHA PFE LC Vision

To advance the understanding of PFE in hospitals by implementing strategies identified from the CMS PFE metrics and through the AHRQ Innovations Exchange.
FHA PFE LC Aims

• Engage stakeholders
• Assist hospitals in tailoring and implementing strategies
• Achieve and document improvement
FHA PFE LC Track Descriptions

Three tracks to choose from

• Track 1: Developing/Enhancing a PFAC
• Track 2: PFAC Sustainability and Expansion
• Track 3: Faculty Advisor/Mentor
Questions?