

Engaging Patients and Families to the Forefront of Health Care Operations and Research

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Vision

Reinvent the healthcare industry so that hospitals, healthcare organizations and stakeholders continuously partner with empowered patients and families as a resource in the co-design of programs, policies, and quality improvement activities.







HealthInsight HIIN Telligen NCC **Quality Insights** California Quality Collaborative OpenNotes Patient Priority Care Research Agenda **UCLA Health USC Keck Medical Center** MemorialCare Health System **Sutter Health**

PFCC Infrastructure

- Gateways to PFAC Learning Collaborative
- PFCC Work Plan
- PFASE Facilitator Training





Advisor Support

- PFA Skills Exchange
- Quality Improvement Basics for **PFAs**
- PFANetwork

- Patient-Centered Dutcomes Research Institute (PCORI)
- American Institute of Research (AIR)
- Institute for Healthcare Improvement (IHI)

- Coalition for Quality in Geriatric Surgery
- American College of Physicians (ACP)
- Collaborative
- Los Ange es County, Children's Medical Services
- Mammoth Hospital
- Person Centered Care, HASC

Geriatric Emergency Department National Quality Forum (NQF)



Patient Family Advisor Community

Definitions

Noun

Person Family Centered Care

Verb

Patient Family Engagement

Outcome

- Patient Safety
- Patient Experience
- High Quality Care

Reduce Utilization

Minimize Cost

Improved Coordination of Care

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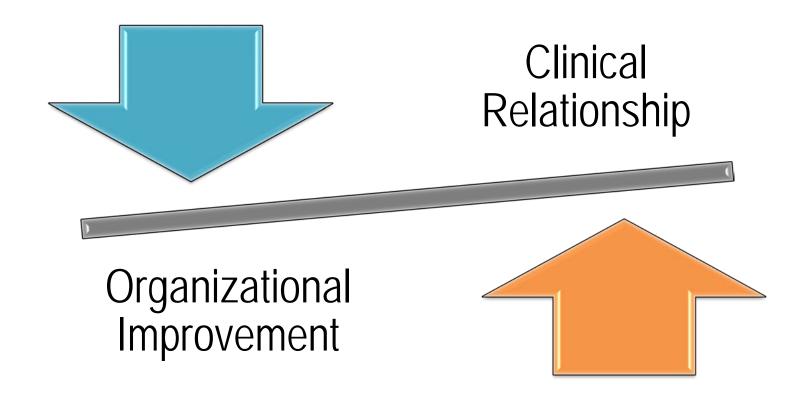
Jeopardy Question

What is the most underutilized resource in the healthcare environment for improvement?





Engaging Patients & Families





Active Strategy for Improvement

Strategic Goal Project/Initiative Reduce Patient Family Advisor Readmissions Comparative Effectiveness Study Informs the work on two Discharge from the patient Programs perspective, pointing out challenges and/or gaps specific to that community.



Method	Quality of Information	Benefit	Organizational Burden
Patient Satisfaction Surveys	Somewhat diluted from delayed & diffusion of experience – unilateral	Targeted information	Financial, Dissemination
Focus Groups	Broader range of information received on a specifc topic – bilateral	Insights into patient family experience beyond what we might have assumed	Minimal effort for high return of information
Patient Family Advisory Councils	Highly informative on a continuous basis, dependant on relationship of trust & relevance to the organization Reciprocal	A resource hard wired into the hospital so that your patients and families continuously inform improvement	Moderate amount of staff time and financial resource required.
Project Improvement Teams (LEAN, A3, Quality, Safety Cmte)	Highly relevant – Patient Family Advisors continuously inform improvement efforts across the organization Dynamic	360 degree understanding of improvement needs of the organization	Moderate amount of staff time and financial resource

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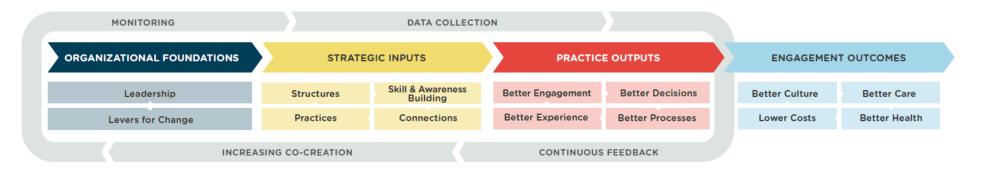


From high level

Broad overview of the framework: core elements of each transformational stage

MONITORING	DATA COLLECTION		I		
ORGANIZATIONAL FOUNDATIONS	STRATEGIC INPUTS		PRACTIC	E OUTPUTS	ENGAGEMENT OUTCOMES
INCREASI	NG CO-CREATION		CONTINUOUS	FEEDBACK	

Delineation of core elements of each transformational stage





To a more detailed implementation plan

Leadership

- · Commitment to change
- Leadership vision and behaviors aligned with PFEC
- PFEC as strategic priority

Levers for Change

- · Assessment of current state
- Change champions
- Industry, business, policy and payer incentives for PFEC

Structures

- Shared governance
- Promoting transparency, visibility & inclusion among personnel and patients/families in design, improvement, and research activities
- Interdisciplinary and cross-sector teams
- Cross-continuum collaboration
- PFEC-aligned personnel management practices
- Built environment that facilitates PFEC

Skills and Awareness Building

- Training to expand partnership capabilities of healthcare personnel and patients/families
- Development, sharing, translation of research

Connections

- Connection of skill-building for personnel and patients/families
- Experiential learning
- Connection to purpose

Practices

- Promoting patient and family engagement
- Attending to the emotional, social and spiritual needs of patients/families and personnel
- Engaging patients/families in research activities

Better Engagement

- · Patient/family activation
- Increased family presence
- Increased feelings of autonomy
- · Reciprocal relationships

Better Decisions

- · Improved health confidence
- · Improved decision quality

Better Processes

- Improved care coordination
- Culture of safety

Better Experience

- · Improved sleep
- Reduced stress
- Improved communication
- Decreased grievances and malpractice claims

Better Culture

- Joy in practice
- Inclusive culture
- · Increased compassion
- · Improved experience
- · Improved staff retention
- · Reduced burnout/stress

Better Care

- · Care plans match patient goals
- · Improved symptom management
- Improved safety
- · Improved transitions
- Decreased readmissions
- · Reduced disparities

Better Health

- · Improved patient-defined outcomes
- · Increased patient self-management
- Improved quality of life
- Reduced illness burden

Lower Costs

- · Appropriate utilization and length of stay
- Improved efficiency
- Appropriate spending
- · Better value for patients and families

NOTE: linear placement of each bucket is not meant to suggest order or hierarchy



NAM Perspectives discussion paper

DISCUSSION PAPER

- Annotated **Evidence List** directly connected to each component
- Tools for Engagement
- Case Studies for Engagement

Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care

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ABSTRACT | Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals. This vision represents a shift in the traditional role patients and families have historically played in their own health care teams, as well as in ongoing quality improvement and care delivery efforts. PFEC also represents an important shift from focusing solely on care processes to aligning those processes to best address the health outcomes that matter to patients. In a culture of PFEC, patients are not merely subjects of their care; they are active participants whose voices are honored. Family and/or care partners are not kept an arm's length away as spectators, but participate as integral members of their loved one's care team. Individuals' (and their families') expertise about their bodies, lifestyles, and priorities is incorporated into care planning and their care experience is valued and incorporated into improvement efforts.

cally speaking, to make it happen.

to research findings revealing improved patient care the norm in health care.

A prevalent and persistent challenge to a system-wide and outcomes. To achieve this goal, the SAP drew on transformation to PFEC is uncertainty about whether both the scientific evidence and the lived experiences the resource investment required will lead to better of patients, their care partners, practitioners, and leadresults. There is also a lack of clarity about how, practi- ers to develop a comprehensive framework that explicitly identifies specific high-impact elements neces-To address these barriers, the National Academy sary to create and sustain a culture of PFEC. Research of Medicine's (NAM's) Leadership Consortium for a in support of the various elements of the model was Value & Science-Driven Health System convened a then compiled into a selected bibliography. This paper Scientific Advisory Panel (SAP) to compile and dissemi- introduces the framework and associated evidence, nate important insights on culture change strategies. along with practical examples of elements of the mod-The SAP's focus was on evidence-based strategies that el applied in the "real world," with the goal of supportfacilitate patient and family engagement and are tied ing action that will pave the way for PFEC to become

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Elements of Impactful Advisor Efforts

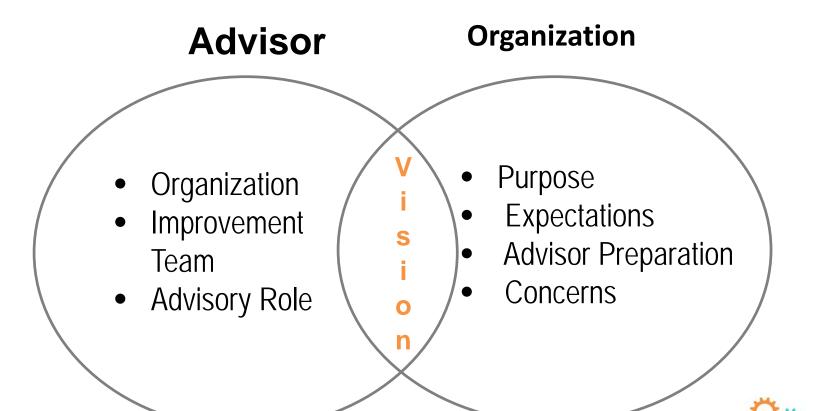
High Impact

- Reciprocal
- Tied to the strategic goals of the organization
- Proactive
- Co Design
- Integrated across areas of the organization
- Vision & Mission as North Star
- Focus on the structure
- Reflective of the population served

Low Impact

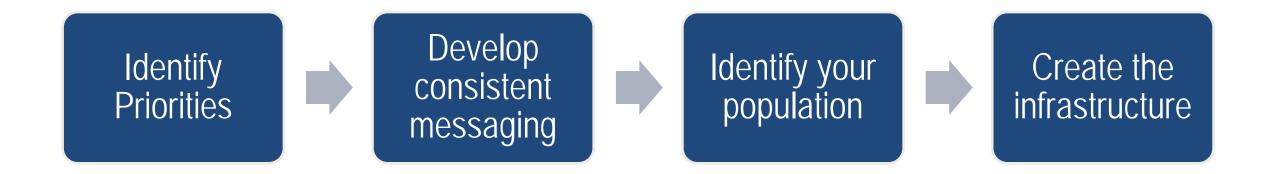
- Customer Service approach
- Lack anchor to organizational priorities
- Rubberstamp
- Facilitator Presents information for feedback
- Siloed into Pt Experience efforts or Quality or Safety
- North Star is the improvement goal
- Focused on the people
- Lack diversity

Preparation is Key





Starting Points....







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