MHA Quarterly Quality Webinar
Patient Family Advisors in Policy Design Strategies
Webinar 3 of 4 in a series
August 18, 2016
Welcome
MHA & Children’s Mercy Co-Authored Publications

Quality Resource Brief

Engaging Patients and Families in Medication Safety

The Missouri Hospital Association will publish fact-based, simple tips and tools to assist hospitals in achieving the Triple Aim — better health, better care and lower costs. These resources, available online at www.mhanet.com/quality-and-health-care-engagement, are meant to help hospitals improve care delivery and care coordination in the practice of primary care.

The Missouri Hospital Association and Children’s Mercy Handbook of the Triple Aim — better health, better care and lower costs. These resources, available online at www.mhanet.com/quality-and-health-care-engagement, are meant to help hospitals improve care delivery and care coordination in the practice of primary care.

As hospitals serve toward achieving the Triple Aim of better health, better care and lower costs, engaging patients and families in their care has become a critical component for success. The global health care system is becoming more complex with patients and families taking on more clinical care provision in the home environment.

Medications are a cornerstone in the treatment of most illnesses and conditions, as well as in health preventions. The increased role of medication throughout the years also increases the complexity of care delivery for health care providers, patients and families.

The complexity of medication management is the result of many factors, including polypharmacy, lack of patient health literacy, use of high-risk medications, side effect management and lack of sound guidance while medicating. More than 61,000 prescription medications are available for clinicians to prescribe with more being developed every day.

In the U.S., one-third of all adults take five or more medications per day. This increased complexity has increased risk. Adverse drug event accounts for nearly 200,000 emergency department visits and 300,000 hospitalizations each year, resulting in major financial and human costs.

Given the physical and clinical risk involved, medication management is a part of the patient’s path, it is imperative to shift the approach to ensure the best outcome for patients. Engaging patients and families in their care has become critical for success.

Quality Resource Brief

Patients and Families: Health Care’s Untapped Resource

Hospitals are faced with increasing fiscal pressures. Limited resources and financial expectations from patients, parents and other stakeholders regarding overall experience and quality of care patients receive. Given the current state of the health care system, hospitals must use every resource possible to meet demands.

Patients and their families — two untapped resources — have the power to help the health care team to reduce harm and adverse events, improve the patient experience across the care continuum, drive down health care costs and enhance health-related issues within their communities. They are well-positioned to help health care deliver and assist providers in understanding how best to meet patients’ needs. Another benefit is that patients and families are engaged and provide their expert points of view at little to no cost.

WHAT IS PATIENT AND FAMILY ENGAGEMENT?

According to the Institute for Patient and Family-Centered Care, patients and engagement involves collaborating with patients and families of all ages, all stages of care and in all health care settings while acknowledging that families, even if they are defined, are essential to a patient’s health and well-being.

Engaging patients and families goes beyond just a single hospital episode. Patient and family engagement must be a critical component of long-term planning and policy development at the organizational level, as well as in overall health care policy — from the bedside to the board.

It is critical that PFIs be viewed as a systematic and integral aspect of how care is delivered and not as “just another project.” This is counter-productive with positive relationships with patients and families and realizing improvement.

PFIs may simply start through actively involving the patient in care plans through bedside huddles. Organizations with more advanced PFIs have systems and roles by designating patients and family members to serve on process improvement teams and as board members — bringing their voice to each decision.

Quality Resource Brief

Developing a Patient Family Advisory Council: Actions for Success

Patients and family advisory councils serve as a powerful resource to promote the hospital’s mission and the Triple Aim goals of better health, better care and lower costs. An advisory council establishes ongoing relationships with regular meeting times and seeks diverse perspectives reflecting the populations served. Innovative ideas that come from PFACs have shown great benefit to both the patient and health provider; however, these programs require resources — often scarce in today’s health care settings. Despite this, engagement of patients and families in care is a call to action. Legislation, such as the Caregiver Access, Record, Enable Act (enacted in 30 states to date) and the proposed VHA, Family-Centered Care Act, calls for increased involvement of patients and families in their care, both during and after hospital stays. Development of a PFAC provides a sense for patients and families to share their voice and help providers understand and assess their care, resource and education needs. A PFAC is necessary in today’s health care environment of shifting resources, changing payment models and maintaining marketplace share. Health care providers who leverage the knowledge of consumers will be better positioned financially and play a significant role in the population health of the community they serve.

MHA is pleased to have Sheryl Chadwick and Deejo Miller, patient-family advisor from Children’s Mercy, Kansas City. Their practical information on creating a PFAC. Creating sound structure and using key member selection criteria are critical steps in ensuring that a successful PFAC is achieved.

WHY START A PFAC

An essential part of the health care experience, patients and families have a unique perspective that isn’t focused on reports and scientific evidence; it’s about how their health care needs and experiences affect their daily lives and the lives of their loved ones. PFAs are patients or family members who are able to use their insight and health care experience to contribute and, improve, the patient experience during and after hospitalization.

The journey of patient and family engagement at Children’s Mercy has been an evolution. Today, success is a result of many years of building trust and confidence in partnering with patients and families — this is not an overnight achievement. Senior leadership encourages engaging patients and families early in the care process and

http://web.mhanet.com/Quality-initiatives-resources.aspx
Sheryl Chadwick

Sheryl joined the Family Advisory Board at Children’s Mercy Hospital and Clinics as a charter member in 2003. She served as Chairperson of the Board in 2005. Sheryl was hired by Children’s Mercy Hospitals and Clinics as a Family Centered Care Coordinator in February 2008. Her son was diagnosed with ALL Leukemia in 2000 and underwent 3 ½ years of chemotherapy. He has been seen in 22 different clinics and has had 24 surgeries. She has vast experience with both inpatient stays and outpatient clinics. As the mother of four sons, she hopes to improve the health care experience for all children by promoting a relationship in which family members and providers work together to ensure the best service for all families. Sheryl’s background as a Financial Analyst with IBM compliments her role as a parent on staff by allowing her to critically review outcomes and data from patient- and family-centered care initiatives.
After the life changing event of her 13 year old daughter’s cancer diagnosis in 2004, DeeJo’s focus changed from running a preschool to helping families who enter the hospital system with their children. DeeJo was hired by Children’s Mercy Hospitals and Clinics as a Family Centered Care Coordinator in February 2008 to share her experiences and serve as a voice of the families. Spending over 300 days with her daughter as an inpatient inaugurated her into the health care system while allowing her to maintain the point of view of families. She brings this unique perspective to her job.
Patient Family Advisors in Policy Design Strategies

Sheryl Chadwick
DeeJo Miller
Family Centered Care Program Managers
Content Overview

- Benefits of patient and family engagement in policy design
- Strategies to involve Patient Family Advisors in policy review
- Examples of policies which included patients and families in the design or review process
Children’s Mercy
The children of Missouri and Kansas
welcome you to their hospital

Please come in... To be well, to learn, to discover. This place of care, love and hope is for you.
The Region’s Pediatric Health System of Choice

- 354 beds
- 317,453 outpatient visits
- 185,295 ER/UC visits
- 14,538 admissions
- 18,982 surgeries
- 5,263 transports

*All numbers Fiscal 2015
Experts in Pediatric Care

- Nearly 7,000 employees
- 700+ pediatric specialists
- 2,200 nurses
- 1,000+ allied health professionals
- Nearly 1,000 volunteers
Our Locations

Adele Hall Campus

Blue Valley

Northland

Kansas

Broadway

East

West
Our Regional Centers

Joplin

Wichita

St. Joseph
“Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care providers.”

Institute for Patient- and Family-Centered Care
Core Concepts of Patient- and Family-Centered Care

- Dignity and Respect
- Information Sharing
- Participation
- Collaboration

Children’s Mercy
KANSAS CITY
Patient Family Advisors

Patient Family Advisors (PFAs) are patients or family members who have been identified for their ability to contribute to the provision of care, treatment and services provided at the hospital.
Benefits of Engaging PFAs

• PFAs see things differently and ask, “Why?”
• PFAs challenge the status quo
• Staff makes fewer assumptions
• Planning process is improved
• They help carry out the mission of the organization
• Fresh perspectives to problems are shared
• PFAs are advocates for better services
• PFAs increase empathy for and understanding of patients and families
A Multidimensional Framework For Patient And Family Engagement In Health And Health Care

Levels of engagement

Direct care
- Patients receive information about a diagnosis
- Patients are asked about their preferences in treatment plan
- Treatment decisions are made based on patients’ preferences, medical evidence, and clinical judgment

Organizational design and governance
- Organization surveys patients about their care experiences
- Hospital involves patients as advisers or advisory council members
- Patients co-lead hospital safety and quality improvement committees

Policy making
- Public agency conducts focus groups with patients to ask opinions about a health care issue
- Patients’ recommendations about research priorities are used by public agency to make funding decisions
- Patients have equal representation on agency committee that makes decisions about how to allocate resources to health programs

Factors Influencing engagement:
- Patient (beliefs about patient role, health literacy, education)
- Organization (policies and practices, culture)
- Society (social norms, regulations, policy)

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“... much of what takes place in the way of specific policies and practices ... across the country is based on tradition rather than science.”

H. Markel, 2008

Twenty Years Ago ...

Review of research reveals that less restrictive, more individualized visiting promotes better patient rest.

Linda A. Lewandowski, RN, PhD, Nursing Grand Rounds, Johns Hopkins Hospital, in *Journal of Cardiovascular Nursing*, 1994.
Ten Years Ago …

JAMA

The Journal of the American Medical Association — To Promote the Science and Art of Medicine and the Betterment of the Public Health

Restricted Visiting Hours in ICUs
Time to Change

COMMENTARY

Donald M. Berwick, MD, MPP, FRCP
Meera Kotagal, BA
“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.”

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.

“Families of patients are not just visitors, they are a vital part of the team caring for the patient. ASHRM believes that changing the concept of families as “visitors” to one of partnership is a proactive approach to risk management.”

Jacque L. Mitchell,
American Society of Healthcare Risk Management President
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.”
First Steps

• Recruit PFAs who are interested in policy review
• Prepare staff to partner with PFAs
• Schedule meetings at time that accommodate both staff and PFAs
• Ensure continuous communication with PFA throughout the policy revision process
• Close the loop with the PFA once the policy has approved
Administrative Policies

- Professional Boundaries
- No Hit Zone Policy
- Violence Prevention and Response Policy
- Financial Assistance Policy
Patients, Families and Visitors Policies

- Patient- and Family-Centered Care Policy
- Patient Rights and Responsibilities
- Visitation or Welcoming Policy
- Patient/Family Education Policy
Patient Care Policies

• Rapid Response Team Policy
• Venipuncture and IV Therapy Policy
• Family Presence Policy
Communicating about Policies

Your Child’s Visit

Visiting Hours

Visiting hours for friends and siblings are 9 a.m. to 9 p.m.

At Children’s Mercy, parents are part of their child’s healthcare team and are not considered visitors.

When you arrive at the hospital, you are required to have your driver’s license or some other form of ID and sign in to our registry. Adults will then be given a sticker to be worn while you are in the hospital. There is a parent bed and private bathroom available in most patient rooms.

See an overview of our inpatient visitation policy.

Visiting Quick Tips provided by the Family Advisory Board:

- Call Ahead: Families quickly lose a sense of privacy when staying in a hospital. Checking for the best times to visit shows respect for their family time and avoids missing the patient if tests, therapy, or surgeries are scheduled.
- Excuse Yourself: Sometimes it is necessary to step out of the room.
What are you really doing?
Lessons Learned

• It’s vital to just get started
• Recognize it’s an ongoing process
• Senior leadership support is essential
• Practices ahead of policies
• How to overcome resistance
• The importance of preparing staff
• Next steps
References


- Linda A. Lewandowski, RN, PhD, Nursing Grand Rounds, Johns Hopkins Hospital, in *Journal of Cardiovascular Nursing*, 1994.


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

- Institute of Medicine  iom.nationalacademies.org

Children’s Mercy Kansas City  childrensmercy.org
Questions??
Sheryl Chadwick  sachadwick@cmh.edu  
DeeJo Miller dkmiller@cmh.edu
Questions and Closing Remarks
Upcoming PFE-Related Events

• Next PFE webinar is scheduled for Thursday, Nov. 17, Noon – 1 p.m. Family-Centered Rounds Register

• MHA’s Quality Resource Brief - Developing a Patient Family Advisory Council: Actions for Success

• HRET/HEN 2.0 Upcoming Educational Opportunities Register
Contact Information

Alison Williams
Vice President of Clinical Quality Improvement
573-893-3700, ext. 1326
awilliams@mhanet.com