# A Statewide Patient- and Family-Centered Care Learning Community

Emerging Topics in Patient and Family Engaged Care and Research Care Culture and Decision-Making Innovation Collaborative

DECEMBER 7, 2016

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#### Acknowledgement









### Background

- Westat managed the AHRQ Innovations Exchange from 2006 to 2016.
- By 2014, there was a cluster of 56 profiles related to patient-centered care and patient- and familycentered care.
- In 2014, AHRQ asked that Westat implement a strategy to replicate and spread the innovations and evaluate to determine if similar results could be achieved.
- Specific metrics were established to evaluate the process of spread.





#### The Beginning . . .

- The PFCC Learning Community and two other Learning Communities, funded by AHRQ, began in the fall 2014.
- The purpose of the PFCC Learning Community was to leverage the strategies identified in selected Innovations Exchange profiles to improve health care delivery through implementation of patient- and familycentered practices.



# The Need Advance the Practice Patient- & Family-Centered Care

- Patient- and family-centered care (PFCC) is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.
- Partnering with patients and families can lead to measurable improvements in safety and quality.
- Despite evidence and incentives, hospitals continue to struggle with operationalizing PFCC core concepts in a concrete and meaningful way.





# Location of the PFCC Learning Community

- Westat considered various locations but Florida emerged as the region for the PFCC Learning Community.
- Collaboration with the Florida Hospital Association set the stage for sustainability from the beginning.





### The Florida Story

- Historically state ranked in bottom quartile
- Began statewide quality journey in 2008
  - Readmissions
  - CLABSI
  - Surgical care
  - HCAHPS
- Leveraged AHA/AHRQ/CMS funded initiatives







## Hospital Engagement Network (HEN)

#### Reduce Harm by 40% and Reduce Readmissions by 20%

•	Adverse Drug Events (ADE)	Injuries from Falls and Immobility
•	Central Line-Associated Blood Stream Infections (CLABSI)	<ul> <li>Catheter-Associated Urinary Tract</li> <li>Infection (CAUTI)</li> </ul>
•	Ventilator Associated Pneumonia (VAP)	<ul> <li>Venous Thromboembolism (VTE)</li> </ul>
•	Pressure Ulcers	<ul> <li>Safe Surgery / Surgical Site</li> <li>Infections</li> </ul>
•	Obstetrical Harm	• Readmissions

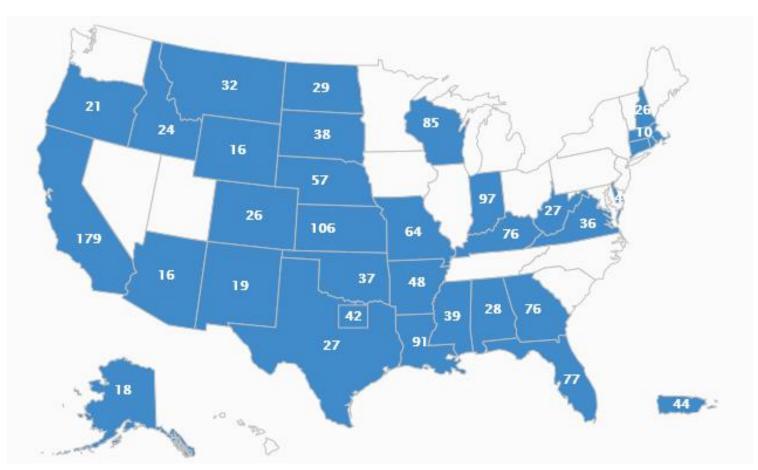
**Cross Cutting Strategies** 



Improving patient and family centered care Improving culture and board/leadership engagement



## **AHA/HRET HEN**



- 1,500+ hospitals across 33 states and one region
- Spanning 5 time zones (PR to AK)
- 82% retention rate from hospitals that participated in the first HEN



# Cross Cutting Strategy Patient and Family Centered Care

Key component (secret sauce?) for improving quality and patient safety

BUT....

What is it?

How do you measure it?

And how do you do it?

#### PFP PFE Metrics 1. Discharae Planning Checklist 2. Shift-5. Patient/ Change Family Advisor Huddles/ Representation Bedside on Board Reporting 4. Established PFAC or 3. PFE Leader Patient/Family or Functional Advisor on Area Quality Committee





#### Leveraging Outside Expertise

- Institute for Patient and Family Centered Care
  - "How to" Workshops
  - Technical Assistance
  - Webinars
  - Coaching Calls





#### Taking it to Next Level

- AHRQ Learning Collaborative on Patient and Family Centered Care
  - Looking for 10-12 hospitals
  - Proposal to FHA Quality and Patient Safety Committee
  - Strong support for project
  - CEO buy in critical (and they signed up on the spot!)





#### PFCC LC Members

- 11 Florida hospitals
  - Total service area: ~10 million (50% of state pop)
- Hospital team representation
  - (e.g. quality improvement director, C-suite member, patient experience coordinator, patient advocate)





### Learning Community Aims

The specific aims of the Learning Community (LC) were as follows:

- Aim #1: Engage stakeholders using an evidence-based patient- and family-centered framework that addresses a) leadership, b) patient and family partnerships, c) staff engagement, and d) performance improvement.
- Aim #2: Assist hospitals in tailoring and implementing strategies from the Innovations Exchange to advance the practice of PFCC within their own organizational culture and context.
- **Aim #3:** Achieve and document improvement in process and outcome measures tailored to the specific strategies/interventions.

















Innovations and Tools to Improve Quality and Reduce Disparities

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#### Advancing the Practice of Patient- and Family-Centered Care in

Hospitals

Wednesday, December 17, 2014

The AHRQ Health Care Innovations Exchange is expanding efforts to scale up and spread innovations by sponsoring three Learning Communities that aim to improve the delivery of care. Participants in each Learning Community will work together over the next year in an interactive group setting, leveraging Innovations Exchange content to address a defined health care challenge by adopting elements of specific innovations or innovation "clusters." The next few monthly issues of the Innovations Exchange will focus



on each of these Learning Communities and their members' experiences adopting and implementing selected innovations.

**Broward Health North Hospital Health Central Hospital Health First Cape Canaveral Health First Palm Bay Jupiter Medical Center** 

**Lakeland Regional Medical** Center

**Parrish Medical Center Sacred Heart Hospital** St. Anthony's Hospital St. Joseph's Hospital Tallahassee Memorial **Healthcare** 





#### The Initiative

- Hospital teams worked together to adopt and implement select PFCC strategies published in the Innovations Exchange
- All member hospitals developed a new patient and family advisor program (or enhanced an existing advisor program) and at least one other PFCC strategy profiled in the Innovations Exchange.





### PFCC LC Key Learning Strategies

- Pre- & Post Self-Assessment of Patient- and Family-Centered Care
- Individual monthly coaching calls with each hospital promoted accountability and addressed concerns and questions and ensured that the Learning Community was responsive to hospital priorities.
- Monthly networking and education webinars provided the opportunity to learn from experts and innovators, share ideas, and ask questions





### PFCC LC Learning Strategies (cont'd)

- An online collaboration site allowed hospitals to share useful tools and resources
- In-person meetings created valuable opportunities for personal interaction that energized participants and accelerated the learning process
- In-person meetings also helped to demystify the process of partnering with patients and families and demonstrated the value

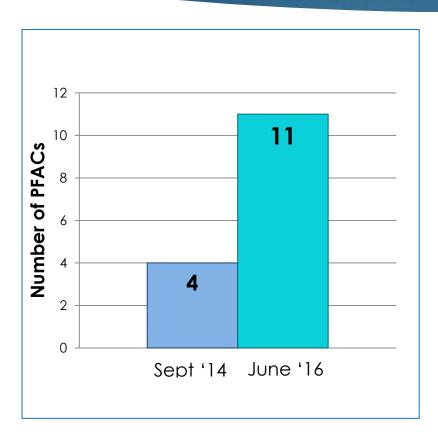


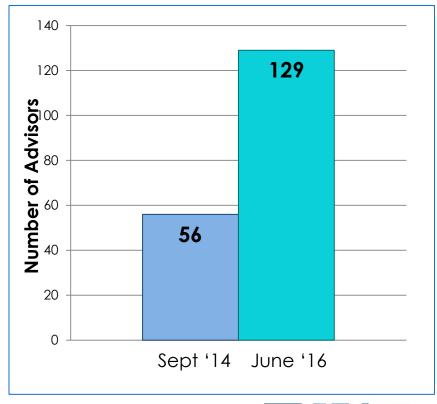






## Increase in PFACs & Advisors Sept 2014 to June 2016









# Examples of Partnerships with Patients and Families

- In addition to expanding the development of patient and family advisory councils, hospitals adopted a range of additional PFCC strategies, e.g.
  - 24-hour welcoming policy
  - Staff training on patient- and family-centered care
  - Use of a patient communication notepad
  - Patient/family advisor rounding





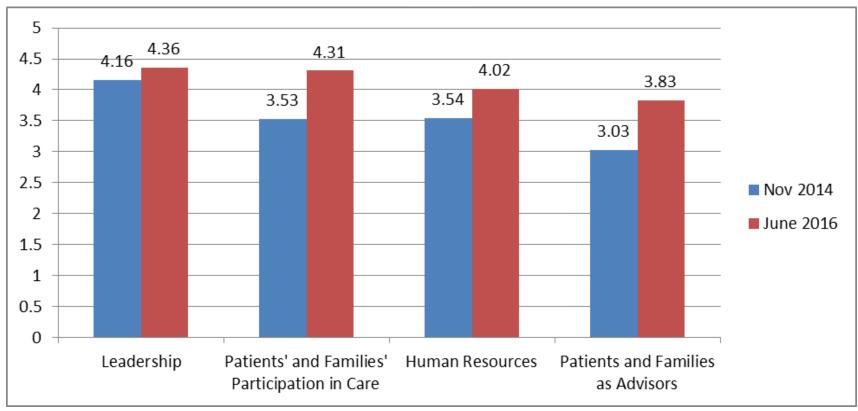
# Examples of Partnerships with Patients and Families (cont'd)

- New discharge packets; advisor speaks to all new hires (Broward Health North)
- Revised patient handbook (Cape Canaveral)
- Redesigned admissions paperwork, advisor rounding (Health Central Hospital)
- Family rounding, produced new hospital-wide PFCC policy (Jupiter Medical Center)
- Communication notepad; hospital policy review to include LGBT-friendly language (Sacred Heart)





# Organizational Self-Assessment of PFCC: Change Over Time







#### PFCC LC Lessons Learned

- Commitment, support, and participation of senior hospital leadership is crucial to implement and sustain successful patient and family advisor programs
- It is essential to appoint an individual with dedicated time and appropriate skills to develop, facilitate, and sustain partnerships with patients and families
- Advancing the practice of PFCC in hospital settings is about change in organizational culture and takes time
- Bringing together LC members, directors and managers from similar departments with similar goals facilitated the learning process





### PFCC LC Lessons Learned (cont'd)

- Use of the Innovations Exchange to share solutions and experts was a positive facilitator for creating change
- Setting the tone for mutual respect and innovation enabled transparency across all hospitals and health systems; competition was not a barrier.
  - LC members were open and candid with each other about their struggles which fostered collaboration and shared learning





### PFCC LC Lessons Learned (cont'd)

- Setting the tone for mutual respect and innovation enabled transparency across all hospitals and health systems
  - LC members were open and candid with each other about their struggles which fostered collaboration and shared learning
- LC monthly newsletters highlighted hospitals' work, were distributed internally and captured the attention of hospital leadership.
- Planning for sustainability from the beginning was important





#### Research for the Future

Determine if there is an association between hospitals that demonstrate robust partnerships with patients and families and implementation of key patient- and family-centered practices with:

- Reduction in rates of patient harm
- Reduction in unnecessary readmissions
- Improvement in patient experience











### Next Steps

September 2016, the Florida Hospital Association (FHA) assumed responsibility for facilitation of the PFCC LC.

- Spread to other hospitals
- Use PFCC LC participants as "faculty" and mentors to new members.
- Implement PFACs in 80% of FHA member hospitals
- Dedicated Collaboration & Resource Site
- Support will include
  - Monthly Webinars
  - Annual workshop for hospitals and <u>patient advisors</u>
  - Individual coaching call (Peer to Peer assistance)
  - HRET PFE Fellowship





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#### Acronyms

- AHRQ: Agency for Healthcare Research and Quality
- CMS: Centers for Medicare & Medicaid Services
- <u>FHA</u>: Florida Hospital Association
- HEN: Hospital Engagement Network
- HIIN: Hospital Improvement Innovation Network
- **IPFCC**: Institute for Patient- and Family-Centered Care
- <u>LC</u>: Learning Community
- PFCC: Patient- and Family-Centered Care
- <u>PFE</u>: Patient and Family Engagement
- <u>PfP</u>: Partnership for Patients



