Today’s Host

Marina Renton, Project Coordinator, Institute for Healthcare Improvement, is a coordinator for IHI’s Virtual Expeditions and Leading Quality Improvement. She also works as a Research Assistant on the IHI Innovation team. Marina is a recent graduate of Brown University, where she majored in Public Health and English.
Phone Connection (Preferred)

To join by phone:
1) Click on the “Participants” and “Chat” icons in the top, right hand side of your screen to open the necessary panels.
2) Click the button on the right hand side of the screen.
3) A pop-up box will appear with the option “I will call in.” Click that option.
4) Please dial the phone number, the event number and your attendee ID to connect correctly.
WebEx Quick Reference

- Please use chat to "All Participants" for questions
- For technology issues only, please chat to "Host"
Chat

Name and the Organization you represent
Example: Sam Jones, Midwest Health

Please send your message to All Participants
Janet Porter, MBA, PhD, served as the Chief Operating Officer of Dana-Farber Cancer Institute; the Associate Dean of Executive Education at the University of North Carolina’s School of Public Health; and the Vice President, and then COO, of Nationwide Children’s Hospital in Columbus, Ohio. She teaches at University of Miami, Ohio State University, University of North Carolina, Harvard and IHI. She currently serves on the AARP Board of Directors, the Ohio State University Board of Trustees and local hospital, hospice and library boards. Dr. Porter received her BS and MHA from Ohio State University, and her MBA and PhD in health care strategy from the University of Minnesota.
David Munch, MD, is the Senior Vice President and Chief Clinical Officer of Healthcare Performance Partners, serving as the lead of all clinical and Lean Healthcare engagements. In addition, he is an instructor for the Belmont College Lean Healthcare Certification program.

Dr. Munch previously served at Exempla Lutheran Medical Center as the CMO and CQO. Dr. Munch was an instructor for the University of Michigan's Lean Certification Program for four years and has served on the Agency for Healthcare Research and Quality's High Reliability Advisory Group. Dr. Munch has an extensive background in hospital operations, health plan governance, physician organization governance and clinical practice in Internal Medicine. He is on the faculty of The Institute for Healthcare Improvement (IHI), teaching in the areas of patient safety, leadership, and management.
Kathy D. Duncan, RN, faculty, Institute for Healthcare Improvement (IHI), directs IHI Expeditions and manages IHI's work in rural settings. Previously, she provided spread expertise to Project JOINTS, co-led the 5 Million Lives Campaign National Field Team, and was faculty for the Improving Outcomes for High Risk and Critically Ill Patients Innovation Community. She also served as the content lead for the Campaign's Prevention of Pressure Ulcers and Deployment of Rapid Response Teams areas. She is a member of the Scientific Advisory Board for the AHA NRCPR, NQF’s Coordination of Care Advisory Panel, and NDNQI’s Pressure Ulcer Advisory Committee. Prior to joining IHI, Ms. Duncan led initiatives to decrease ICU mortality and morbidity as the director of critical care for a large community hospital.
LQI Objectives

At the end of the program, participants will:

- Have a firm grasp of the skills, tools, and resources needed by a manager to lead quality improvement efforts in their own settings.
- Demonstrate how to link department-level improvement activities to the organization’s goals and strategic plans.
- Understand at least three ways managers can be successful in partnering with staff closest to the point of care on quality improvement activities.
Today’s Faculty

• Cancer Survivor
• Patient Advocate for over 20 years
• Founding Chair of Dana-Farber/Brigham and Women’s Cancer Center Patient and Family Advisory Council (1997)
• Current Co-Chair of Brigham and Women’s Patient and Family Advisory Council

Martie Carnie
martiecarnie@hotmail.com

Janet Porter
janetporterphd@gmail.com

• Chief Operating Officer at Nationwide Children’s Hospital
• Associate Dean at University of North Carolina School of Public Health
• Chief Operating Officer at Dana-Farber Cancer Institute
• Board of Trustees, Ohio State University
• Board of Directors, AARP
At the end of this program I will be able to implement plans to engage patients and family members by May 2, 2019
Core Concepts or Principles

• Do you believe in dignity and respect for patients and families?
  • Honor and respect patient choices. Patient knowledge, values, beliefs, culture are part of care planning
• Do you believe in information sharing?
  • Patients receive timely, complete and accurate information for shared decision-making
  • Transparency is valued
• Do you believe in participation?
  • Patients and families are encouraged to participate in decision-making and care planning
• Do you believe in collaboration?
  • Patient and family feedback is actively sought to improve care and operational performance
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Brigham and Women’s ED case
What are the barriers to patients and family members being involved in the design and delivery of care?

Please send your message to All Participants
Chat

What are the barriers to patients and family members being involved in the design and delivery of care?

How can managers help to reduce these barriers?

Please send your message to All Participants
One mechanism for involving patients and family members is the creation of a Patient and Family Advisory Council. What are some other means that can be used to include them and to hear their voice?
Patient Engagement Framework

Specific to Patient (Individual)

Patient Engagement in Their Own Care
“Shared Decision-Making”
- Portals for Patient Access to Information
- Educational Tools and Provider Training

Specific to Disease (Dept./Unit)

Patient Engagement in Clinical Quality Improvement and Safety
- Process Improvement (Lean: Kaizens, Workouts)
  - Disease-Specific Protocols

Specific to Quality (Organizational)

Patient Engagement in Patient Experience Improvement
- Patient Satisfaction Committees
  - HCAHPS

General (Organizational)

Patient Engagement in Organizational Decision-Making
- Patient and Family Advisory Committees
  - Governing Board Roles
Poll

In what levels would you say that your organization has engaged patients and families?

Please send your message to All Participants
How is culture shaped in an organization? What could ED leadership do to change the culture about family member inclusion – in addition to revising the policy?
Setting the Stage for Patient Engagement

- Connect with the Director of Volunteers
- Identify champions of patient engagement
- Discuss at a staff meeting the concept of engaging patients and family members
- Brainstorm ways patients might be involved in providing feedback
- Tell a story of listening to patients with a positive outcome
- Explain this is a pilot, experiment
- Identify departmental patient liaison
Having Patient and Family Conversations

- Have a discussion at a staff meeting about how you ask patients and family members what recommendations they would have to improve the care process.
- Train staff in having that conversation: pair with a mentor.
- Create expectation that every patient/family member will be asked: “Do you have any ideas on what we could do better?”
- Tips: listen openly, don’t be defensive, don’t feel the need to explain why care is delivered as it is now, etc. The point is just to listen.
- Collect that data and identify the top priorities. Select some for the department/unit to work on.
Desired Qualities and Skills of Patient and Family Volunteers

- The ability to share personal experiences in ways that others can learn from them
- The ability to see the big picture
- Broader interest in many issues (does not have a specific agenda based upon their own agenda)
- Listening skills and appreciation for others’ viewpoints
- Ability to connect with people
- A sense of humor
- Patience
Recruiting Patient and Family Members

- Staff identify patients and family members who have expressed constructive suggestions, gratitude and interest in giving back
- Background check with other care providers
- Telephone the patient/family member to discuss role, commitment
- If interested, invite in for interview
- Formalize invite with welcome letter and orientation materials and expectations and support (free parking, business cards, etc.)
- Specify time commitment and time frame (term)
Helpful Tips

- Describe your patient care experience here.
- What would you like us to improve?
- What contribution do you think you can make?
- What would others say are your strengths?
- Have you volunteered in any hospitals or other health facilities? Tell us about that.
- Do you have any questions or concerns?
Orientation Check-List

- Set expectation that patient is a candidate – not official until through orientation
- Application completed with contact information
- Hospital volunteer orientation (flu shots, etc.) completed – hospital overview and mission, confidentiality
- Occupational health visit
- Received ID badge, parking pass
- Orientation to specific role
- Mentor assigned
- Shadowing of mentor and by mentor
- Coaching/feedback – Candidate becomes official volunteer
Brigham and Women’s ED Update

- All staff oriented to ED inclusion policies
- ED being renovated and expanded to double in size – PFAC voice instrumental in design from the beginning
- PFAC members working with staff on sexual orientation/gender preference policies and appropriate language
- PFAC working with nursing and medical staff on end-of-life conversations and referrals back to primary care MD/oncologist
- PFAC working with ED staff on an “ED to Home” pilot program with provision of needed services at home (avoiding inpatient hospitalization)
- PFAC working with ED on policies regarding patients addicted to opioids (“The Bridge Program”)
The Growing Wave of Patient- & Family-Centeredness in Our ED

2012
- Staff sent to IPFCC for training
- ED PFAC established with original advisors (still on council today)
- PFAC work to change wording of ED Visitor Policy

2013
- Developed signage acknowledging patients & patients’ family members as part of care team
- Advisors shadow clinical team in the ED
- Advisors took part in interviewing newly licensed nurse candidates for the ED

2014
- Creation of ED PFAC video to be used in staff training and conferences
- ED Staff RN presented at International IPFCC Conference (only ED presentation)
- Role play scenarios with PAs & RNs to improve communication

2015
- ED Expansion project phase one
- Improving Patient Care regarding MOLST form in ED
- Advisors provide input on Brigham Comprehensive Opioid Approach Program
- 2 new patient advisors invited on to council

2016
- ED Expansion project continues—advisors provide input on oncology ED design
- Advisors provide input on transition of care from ED to inpatient
- Discussion of interface between providers, patients and computers/EPIC
- Invited 1 new advisors to the council

2017
- ED expansion project continues
- Advisors assist with patient facing signage on Patient EPIC photo Initiative
- Developed working relationship with Nursing Clinical Practice Committee

2018
- ED expansion project continues
- Advisors assist with patient facing signage on Patient EPIC photo Initiative
- Developed working relationship with Nursing Clinical Practice Committee

Culture Change
Next Steps to Hear the Patient and Family Voice

- Look at your quality improvement initiatives for 2019. Ask yourself, “How might we engage patients and family members in this initiative?”
- Ask staff to identify patients or family members who might be interested in serving in a focus group or on a task force.
- Follow the steps outlined regarding notifying volunteer services, interviewing, orienting your patient/family members.
- Debrief afterwards as what went well, lessons learned with staff, with patients and staff.
Resources

- Institute for Patient and Family Centered Care (http://www.ipfcc.org)
- IHI (http://www.ihi.org/explore/PFCC/Pages/default.aspx)
“Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day saying, ‘I will try again tomorrow’.”

Mary Anne Radmacher
Questions?

Please chat in or, if you are connected by phone, raise your hand to be unmuted!
Closing Poll

- How useful was this lesson on a scale from 1-5?

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- Given today's topic, what would you like to learn more about?

- Any other comments on today's lesson?
LQI Communications

- All sessions are recorded
- Pre-work materials are located in LMS
- Listserv address for session communications: lqijan2018@ls.ihi.org
- To add colleagues, email us at info@ihi.org
Thank You!

Please let us know if you have any questions or feedback following today’s LQI Coaching Call.

Marina Renton
mrenton@ihi.org