Engaging Patients and Families as Partners in Care
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Engaging Patients and Families as Partners in Care

• Effectively engaging patients and family members as partners in care? Not there yet
• No one approach or answer
• All are doing many interventions to provide a patient centered care experience
• Is patient centered care the same as patient engagement?
Engaging Patients and Families as Partners in Care

• Patients are more than partners
• Patients are the “hub” of what we do
• Patients have basic expectations:
  • Effective, safe, efficient care
  • Provided by a competent clinical staff
  • A clean environment
  • Privacy
  • Respect/responsiveness
  • Know what to expect and do upon discharge
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• Non alignment between clinical outcomes and patients perception of care (HCAHPS)
• Why?
• Difficult to answer
• At Maimonides we do approximately 4000 surveys per year
• Unit based data to drive, line staff, unit based, improvement teams
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- No one intervention a panacea
- Organizational based
- Dependent on organizational culture
- Patient population
- Cultural Diversity
  - Response to health/illness
  - Recognized decision makers
  - Complexity of issues at end of life
  - Language
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• Patient engagement is **all** about staff engagement
• Two sides of the same coin
• If we don’t engage patients and families differently we cannot expect them to take the lead in making their perceptions improve
• “*Always Events*”
• Within a health care environment of rapid change and many unknowns
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• Patient Centered Care
  • Organizational Strategic Priority
  • Appoint senior leadership sponsors
  • Steering committee includes union leadership
  • Committee –interdisciplinary, interdepartmental, front line staff
  • Focus groups with front line staff, support departments
  • Develop 3-5 organizational strategies and education tools
  • Develop education processes, pilot group(s), collect data
  • Organizational roll out /collect data/report findings throughout organization
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IF YOU MEET MY EXPECTATIONS
(Patient Satisfaction)

- I will share my positive experience with my friends and family.
- I will support the belief that the physicians and staff at MMC are not only highly trained professionals and health educators, they are also caring people who are committed to providing quality care to the patients, their families and communities of Brooklyn.
- I will tell everyone I know that Maimonides Medical Center truly is passionate about medicine and compassionate about people.

FINAL WORDS OF WISDOM
We can't always cure patients; we can't always correct the problems that bring them to our doors. However, we can and should always care for the whole person. In a healing environment, caring is as important as curing and this approach will characterize the health care system of the future.

“You must be the change you wish to see in the world.”
— GANDHI

WHAT THE PATIENT WANTS

<table>
<thead>
<tr>
<th>Patient Statement</th>
<th>PI Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't hurt me.</td>
<td>Patient safety first</td>
</tr>
<tr>
<td>Heal me.</td>
<td>Quality/Performance</td>
</tr>
<tr>
<td>Care about me.</td>
<td>Attitude/Respect/Communication</td>
</tr>
</tbody>
</table>

Patient Satisfaction

WWW.MAIMONIDESMED.ORG
718.283.6000
Changing Culture, Improving the Patient's Experience

THE CHALLENGE  (Current Culture)
• Our health care culture needs to reflect patient-centered care at all times.
• We need to shift the focus from the provider to the patient.
• Quality health care should meet and ideally exceed patient needs and expectations.

LET’S ACKNOWLEDGE THE PATIENT’S FEELINGS  (Empathy)
• I feel sick and weak.
• I am frightened, and I don’t feel safe being in the hospital.
• I feel nervous, vulnerable and insecure.
• I am losing control of my health and well being.
• I feel helpless, and I am not sure if you can help me.
• I am sometimes angry and insistent about my feelings.

DON’T HURT ME  (Patient Safety)
• Please make sure to wash your hands before you examine me.
• If I need to have a catheter placed in my neck or chest, please make sure my skin is clean and that an expert inserts it.
• Please make sure that I don’t get a blood clot in my veins.
• If I need a urinary catheter please make sure it’s clean, that I really need it, and that it is removed as soon as possible.
• If I am dizzy please have someone help me to the bathroom because I am afraid I might fall.
• If I am bed-ridden for a while, please make sure I don’t get any pressure ulcers.
• When I am under anesthesia, please make sure that the doctors give me enough medication so I don’t wake up before the end of the procedure.
• Please make sure that my surgical team operates on the correct side of my body.
• Lastly, please don’t leave any foreign objects inside me.

HEAL ME  (Quality Performance)
• I want to know that the staff taking care of me are qualified and skilled to do so.
• Please check my lab results and other tests in a timely manner and keep me informed.
• When I ring the call bell, please respond as quickly as possible.
• When I am in pain, please don’t wait too long to give me pain medication.
• I hope the hospital staff will be as quiet as possible at night, so I can rest and recuperate.
• I hope that the temperature in my room is monitored and controlled so that I do not feel uncomfortable.
• I hope that the hospital environment is clean and neat.
• I hope that everyone involved in my care will inform and educate me about what they are doing, what they are giving to me, and why it is necessary.

CARE ABOUT ME  (Attitude/Communication)
• Please introduce yourself to me. I would like to know the name and the role of the people who are taking care of me.
• I hope the staff understands what I am going through and that they are thoughtful and kind.
• Please treat me and my family members with respect and dignity.
• Please respect my privacy.
• Be honest with me. If there are any problems or complications related to my health, please communicate them to me and my caregivers.
To prevent health care errors, patients are urged to...

Speak UP®

Speak up if you have questions or concerns. If you still don’t understand, ask again. It’s your body and you have a right to know.

Pay attention to the care you get. Always make sure you’re getting the right treatments and medicines by the right health care professionals. Don’t assume anything.

Educate yourself about your illness. Learn about the medical tests you get, and your treatment plan.

Ask a trusted family member or friend to be your advocate (advisor or supporter).

Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.

Use a hospital, clinic, surgery center, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission’s quality standards.

Participate in all decisions about your treatment. You are the center of the health care team.
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• **HCAHPS Immersion Labor Management 1199 Project**

• **NO Pass Zone**
  • An 1199 led partnership with the NYSNA and Management
  • Implement no pass zone on 2 inpatient medicine units
  • Facilitator training
  • Interdisciplinary project development group
  • Training module/FAQs
  • Patient surveys
  • Staff debriefing
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• Engaging residents in engaging patients
  
  • **TOTAL CARE MANAGEMENT (TCM)**
    
    Follow patient with CHF and/or Diabetes from hospital →home
    
    Provide patient and condition specific education during hospitalization
    
    Home visit within 7 days of discharge
    
    Leadership provided by Geriatric Attendings and Performance Improvement leadership
    
    Clinical rotations fro PGY 2-3
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**Maimonides Medical Center**

**IDENTIFY** the person who will care for the patient on discharge

**TEACH BACK**
Explain information and ask for patient/family member to explain ("show back") in their own words, what was understood.

**REMEMBER**
* Use plain non-medical words
* Slow down when speaking
* Break content into short statements
* If there is a gap in teaching, review again

**Ask in a non-shaming way:**
"I want to be sure I did a good job of teaching you today about how to stay safe after you go home. Could you please tell me in your own words the reasons you should call the doctor?"

**Teachback Questions for CHF Patients**
1. What is the name of your water pill?
2. What weight gain should you report to your doctor?
3. What foods should you avoid?
4. What symptoms should you report to your doctor?

**Teachback Questions for Diabetes Patients**
1. What are the names of your diabetes medications?
2. Tell me about the diet you should follow
3. What is your goal fasting blood sugar? What is your goal after meal blood sugar?
4. What is your current goal HbA1c?
5. What should you do if your blood sugar is too low?
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• Measurement
  • Effectiveness of Teachback Methodology
  • 30 Day Readmissions
  • Began in 2011
  • Expanded focus to include:
    » COPD patients
    » Medication Reconciliation at discharge
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*Always Events*

Hand Hygiene
Hourly Rounding
WHO/WHAT/WHY
  Introduce self (who)
  What do you do
  Why are you there
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• Other Activities
  • TeamSTEPPS [engaging attendings]
  • Apology/Disclosure Program
  • Executive Rounding
  • Quiet at night
  • Hospitality baskets
  • Post discharge follow up phone call
  • Strategic Alliance
  • Code of Mutual Respect
  • Community of Workers
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• Technology
  • Patient Portal
  • Interactive TV
  • Guest Wi-Fi
  • Care Note/Patient Education
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• What is HCAHPS telling us now
  • Years of data flat no movement
  • More variability over last several months
  • The systems and processes are unfreezing
  • Beginning to look like there is a shifting in the culture
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Engagement Survey
- Feedback about how I'm doing
- Clarity about what organization needs and why
- Relationship/cooperation among co-workers
- Opportunities and training; career development; challenging work; clarity about work preferences and career goals; flexible job conditions
- Better communication/relationship with manager; coach or a mentor other than my manager
- More resources

PCC Key Attributes
- Respect for patients' values, preferences, expressed needs
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Coordination and integration of care
- Continuity and transition
- Information, communication and education
- Access to care

AHRQ Culture of Safety
- Communication Openness; Communication About Error; Non-punitive Response to Error
- Frequency of Events Reported
- Handoffs and Transitions
- Management Support for Patient Safety
- Organizational Learning/Continuous Improvement
- Overall Perceptions of Patient Safety
- Staffing; Teamwork

HCAHPS
- Communication with Nurses, Doctors
- Communication about Medicines
- Responsiveness
- Discharge Information
- Pain Management
- Cleanliness, Quiet
- Overall Rating
- Would Recommend

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• QUESTIONS?