

Webinar features

•We encourage everyone to dial in on the phone line to engage in verbal collaboration with others on the call:

Participant Dial In & Passcode: Dial In 1-800-398-8616

Passcode: HIIN

- •Use the chat box to give your input or to ask a question
- Download slides from the box below titled "Files". Highlight the file and then click download.

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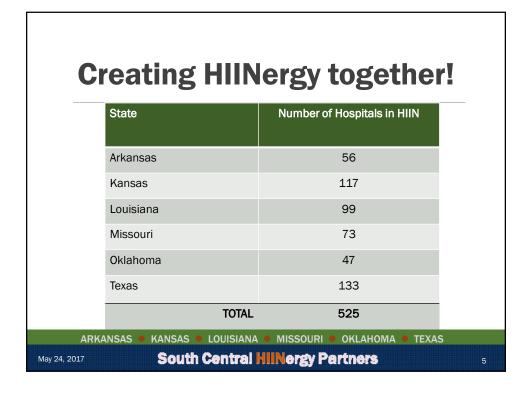
South Central HIINergy Partners is a group of six geographically proximal state hospital associations (SHA) that have partnered together to create synergy and an enriched virtual learning experience for participating HIIN hospitals as we work together with shared aims in achieving a 20% reduction in all-cause harms and a 12% reduction in all-cause readmissions.



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South-Central HIINergy Partners Bi-monthly regional webinars hosted by a different state each month Kansas • Oklahoma • Texas Hear from hospital peers in nearby Missouri • Arkansas • Louisiana Cynosure Health improvement advisors will join us. Host Webinar Getting Started in HIIN Jan. 25 Recording available! **UP** Campaign OK March 22 **Patient and Family** LA May 24 Engagement August 2 Transforming Care at the Bedside KS Sept. 27 Diversity Nov. 15 Sepsis KANSAS • LOUISIANA • MISSOURI • OKLAHOMA • ARKANSAS • **South Central Hillergy Partners** Mary 24, 2017

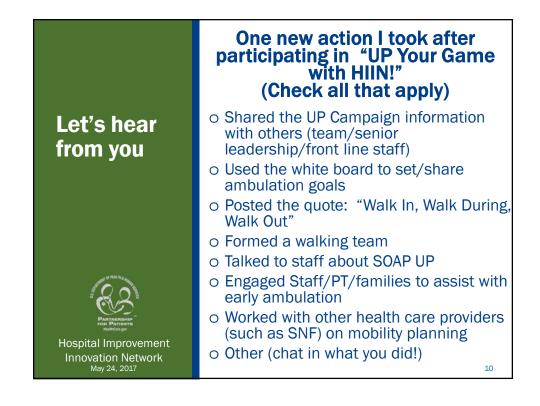




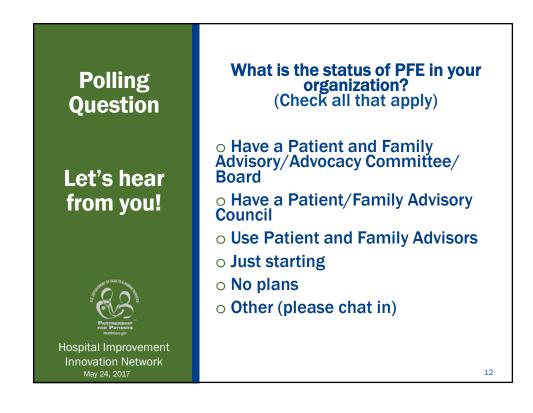


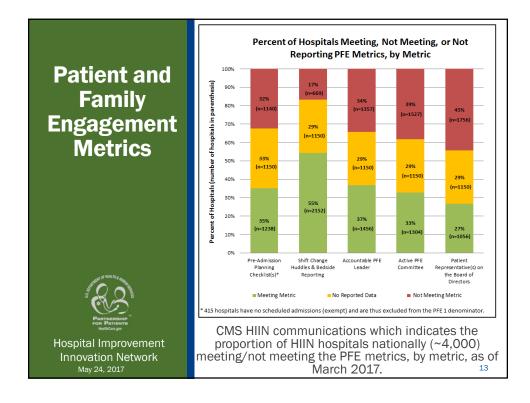


A Recap: "Up Campaign" What you told us was helpful..... Getting patients up and moving quicker Walk-In/Walk-Out Using pet therapy to assist with ambulation Importance of mobility Collaborative mobility program for early geriatric mobility Restructuring physician orders regarding deleting bedrest/ad-lib mobility orders Learning the different team members we can use to get our patients up & walking Love the ideas and sayings Why I'm HIIN Story Creative ideas about how to motivate patients towards mobility **Hospital story** Knowing the representatives from the other States ARKANSAS • KANSAS • LOUISIANA • MISSOURI • OKLAHOMA • TEXAS May 24, 2017 South Central HIINergy Partners







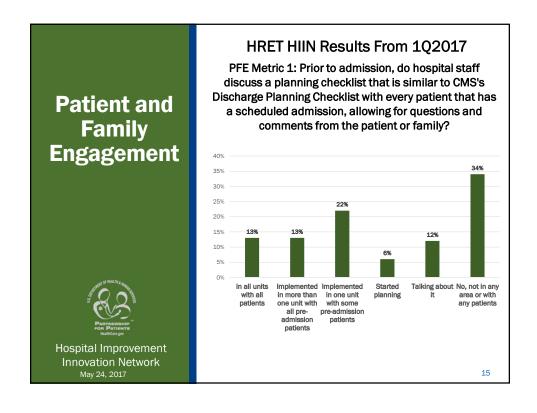


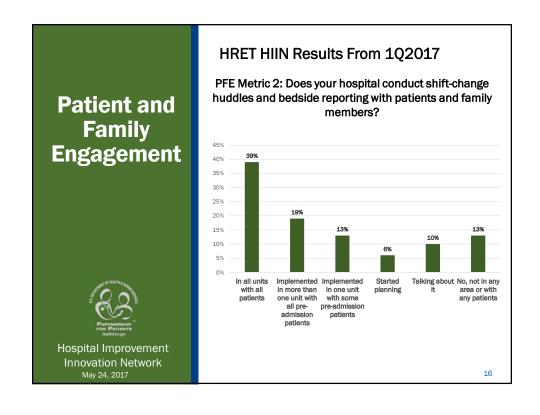


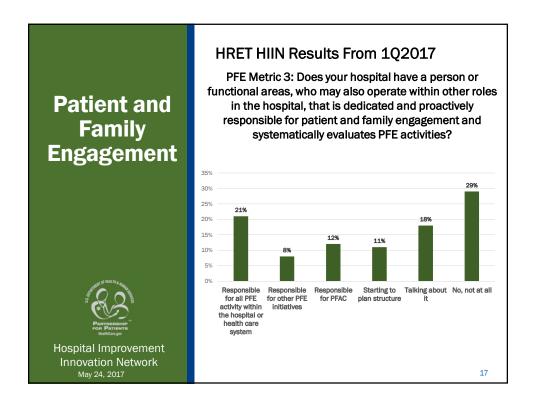


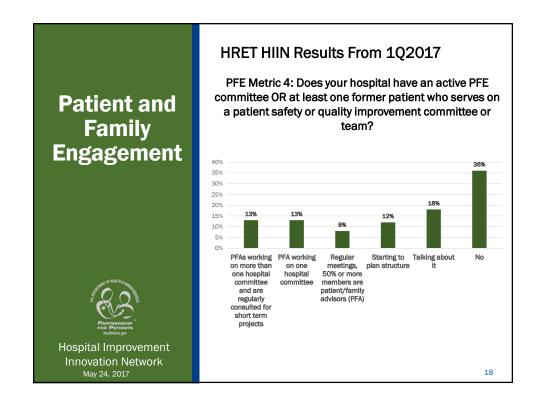
- HRET HIIN refined response categories for key PFE metrics;
- HIIN will continue to collect the PFE data using the same response categories - presents a more detailed picture of where hospitals are in their PFE journey;
- Reassess: 2nd Quarter 2017 status (as of June 30) - due July 1-July 28 2017.

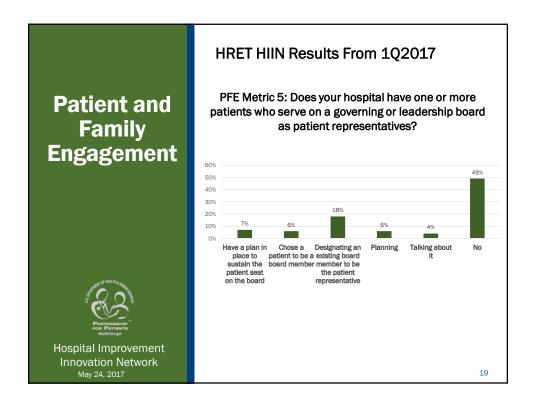
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Patient and Family Engagement

CMS Definition

"Patients and families are partners in defining, designing, participating in and assessing the care practices and systems that serve them to assure they are respectful of and responsive to individual patient preferences, needs, and values. This collaborative engagement allows patient values to guide all clinical decisions and drives genuine transformation in attitudes, behavior, and practice."

CME PFE Values

- Person Centered
- · Health Literacy
- Accountability
- Respect
- Strengthen National Quality Strategy (Affordable Care, Healthier People & Communities & Better Care)



Hospital Improvement Innovation Network

CMS PFE Foundational Principles

- Promote Informed Decision Making
- Share Preferences and Values
- · Co-Create Goals
- Promote PFE Best Practices
- Encourage Engagement & Self Management

Patient and Family Engagement

CMS PFE Goals

- •Make care safer by reducing harm
- Strengthen PFE as partners in care
- Promote efficient communication & coordination of care
- Promote effective prevention & treatment of chronic disease
- •Work with Communities to promote best practices of healthy living
- Make care affordable

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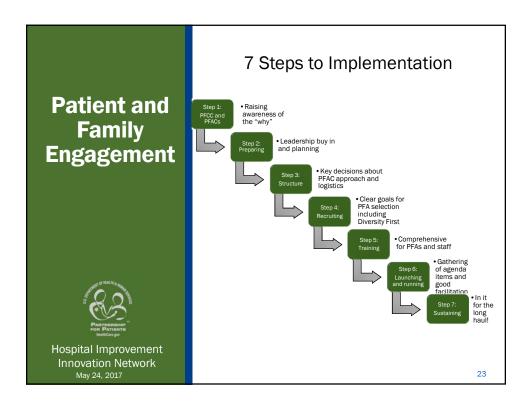
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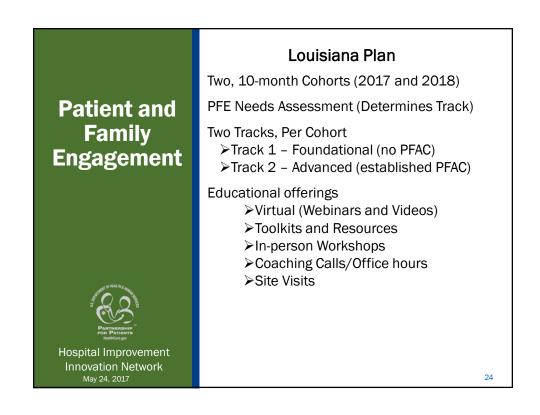
Patient and Family Engagement

Abbreviations

- PFAC: Patient and Family Advisory/ Advocacy Council
- PFAB: Patient and Family Advisory Board
- PAC: Patient Advisory Council
- FAC: Family Advisory Council
- PFA: Patient/Family Advisor
- PFE: Patient and Family Engagement
- PFCC: Patient- and Family-Centered Care









Minden Medical Center's Journey







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OKLAHOMA

Chief Nursing Officer Minden Medical Center



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Healthcare Processes

The Healthcare system usually leaves the patient and family members out of Critical Processes:

- Programs for patients are developed without patient or family input.
- Policy and Procedures are developed without patient or family input.
- Hospital rounds are conducted without patient or family input.
- Schedules and processes are established that meet the healthcare teams needs without input from the patient or family.
- Most often we do not really view the patient or family as a member of the team.

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Minden Medical Center's Journey

Minden Medical Center's culture is patient and family friendly.

For decades we have engaged the patient and family through:

- Patient Representative rounds on patients and family members
- Managers round on patients and family members
- The Executive Team rounds and supports the frontline staff to meet the needs of the patients and family members
- Proactively address patient and family member's complaints

Minden Medical Center's Patient Representative is very well known among our patients and family members who have her contact information.

Minden Medical Center also places a huge focus on Customer Service and Patient Satisfaction as evidenced by our HCAHPS scores, outpatient scores and ED scores

Minden Medical Center's efforts have been very successful through the years; our Overall Patient Satisfaction scores for Inpatient, Outpatient and ED have been at or above the $90^{\rm th}$ percentile for many years.

Although, we have high overall scores, we have not achieved high scores or achieved a high level of success in developing processes to improve the patient's opinion of our discharge processes, dietary processes and education on new medications.

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Minden Medical Center's Journey (cont.)

Minden Medical Center participated in LifePoint Health's HEN I and HEN II focusing on processed to decrease patient harms.

Since we began the HEN I in 2011 through HEN II that ended $4^{\rm th}$ quarter of 2016, we decreased our HEN Harms 76%.

We have 4 Certified Professionals in Patient Safety (CPPS).

We are focused on improving patient safety and improving our care using the National Patient Safety Foundation (NPSF) model:

- Culture
- Leadership
- **Patient Safety Risk & Solutions**
- Measuring & Improving Performance
- Systems Thinking & Design/Human Factors

National Patient Safety Foundation's Focus

NPSF encourages Patient and Family Engagement:

- Patients and Family Members on HSC Governing Boards -Minden Medical Center has a Patient/Family Member on LifePoint's Patient Family Advisory Council (PFAC) on 2014.
- Patients and Family on Hospital Governing Boards Minden Medical Center placed a Patient on the Governing Board in 2015.
- Patient and Family Advisory Council at the facility level Minden Medical Center began developing a Patient and Family Advisory Council in 2016.
- Our first Patient and Family Advisory Council meeting was in March 2017.

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Developing a Patient and Family Advisory Council (PFAC)

Select a team to develop the Patient and Family Advisory Council

The team members are: CEO,CNO,QM/Patient Safety Officer, Patient Satisfaction Champion, Patient Representative, Infection Preventionist, Director of Case Management, and Dietician.

Established the Leader of the PFAC Team: CNO was selected

Established the goals and objectives for a PFAC.

- Performed research on developing a PFAC:

 Agency for Healthcare Research and Quality (AHRQ) Guide for Developing a Community-Based Patient Safety Advisory Council
- BJC Healthcare Patient and Family Advisory Council Getting Started Tool Kit
- Institute for Patient and Family Centered Care Creating Patient and Family Advisory Councils

Defined the size of the PFAC - 8 to 10 members plus the hospital staff.

Identified the targeted population for the PFAC – the population served by the hospital is:

• Low to Middle Socio-Economic Population

- 50% African America and son case
- Children, Young Adults, Middle Age, and Geriatric Population

Minden Medical Center's Journey Continues

We are in the Early Stages with our Patient and Family Advisory Council.

- First meeting conducted and Second meeting scheduled.
- First Meeting
 - Elected a Chairperson and Vice-Chairperson
 - ► Reviewed the Purpose for the PFAC
 - ▶ Reviewed the HCAHPS scores, ED and Outpatient Satisfaction Scores
 - Established number of meetings and meeting times
 - ► Toured the hospital

One of the most problematic aspects of developing the council is:

- Identifying patients and family members for the council
- Finding patients and family members who are willing to serve on the council

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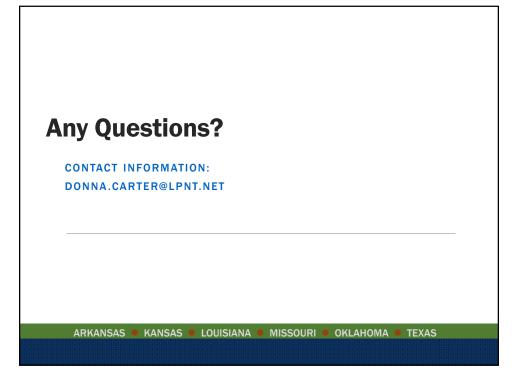
Minden Medical Center's Journey Continues

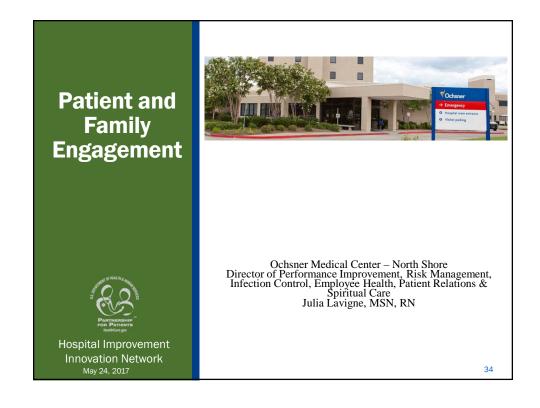
Our Council's Composition is:

- 4 Women and 3 Men
- 5 African American and 2 Caucasian
- All are retired and over 65 years of age
- The younger adults who were invited to be on the council declined.

Our goal for the Patient and Family Advisory Council is to help us improve:

- Discharge Processes
- Meals and Food Selection
- Communication about New Medications









"In the hospital, the patient and the patient's family come first."

our founder Dr. Alton Ochsner

In April 2010 Ochsner Health Systems acquired Northshore Regional Medical Center, resulting in the challenge of infusing Ochsner's culture into the Slidell community without the feeling of a takeover. Our first PFAB was established in 2011 by CNO, Cheryl Woods, which created a platform for issues directly affecting patients in the community to be vetted through prior to OMC-NS making changes. This allowed patients and their families to reach a comfort level at Ochsner enabling them to more fully participate in the care of the patient resulting in a positive experience.

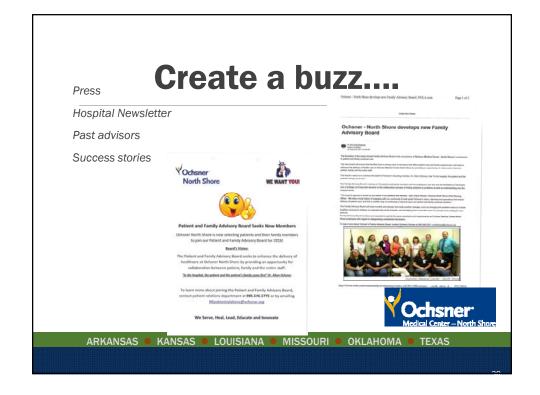
Cheryl Woods- Chief Nursing Officer

Kimberly Holmes - Outreach Manager

Tiffany Tucker- Patient Advocate

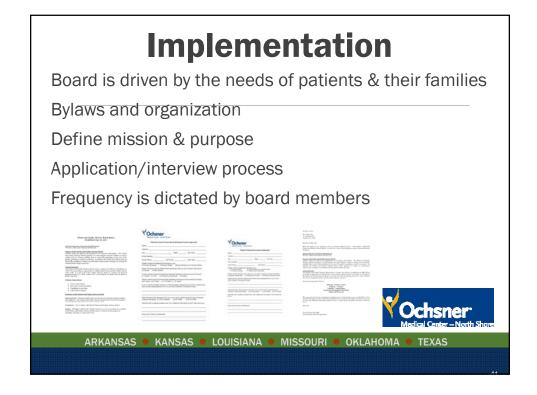








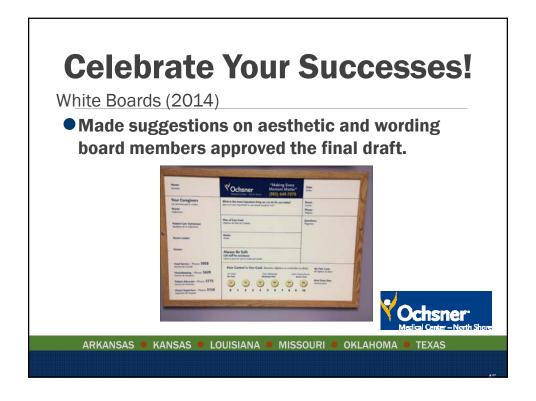














| PFAB Issues Trackers | Initial Date Presented/ Suggested | Presentation Type (E = educational, F= feedback, O = Open discussion) | Presenter | Status | Baseline Metrics (from presenter) | Follow up Date | Action(s) Taken | Follow-up Metrics (from presenter) |
|--------------------------------|---|---|-----------|---|--|-------------------|---|---|
| Prayer Request Card | 3/16/16 | Open Discussion | N/A | Awaiting final design sample; awaiting feedback from Marie regarding trial period | N/A | 1/18/17 | 5/18/16 – Marie brought draft to board 7/20/16 – Marie added advance directive portion to card 9/20/16 – Card to be utilized by the spiritual care department system wide, board provided suggestions on aesthetics of card | N/A |
| ED Pedestrian Entrance Sign | 5/18/16 | Feedback from Lobby Way Finding | N/A | | N/A | | Sent to facilities director and CNO | |
| ED Green Space Utilization | 5/18/16 | Feedback from Lobby Way Finding Activity | N/A | | N/A | | 7/20/16 – brought feedback to the board from CNO regarding smoking challenges that could hinder the | |
| | | - | 7 | | | | utilization of green space | |
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Engagement: Courting Patients and Families

- Discussion and Sharing
- Resources
- Next steps



South Central HIINergy Partners May 24, 2017

Discussion and Sharing



Betsy Lee, MSPH, RN Improvement Advisor Cynosure Health

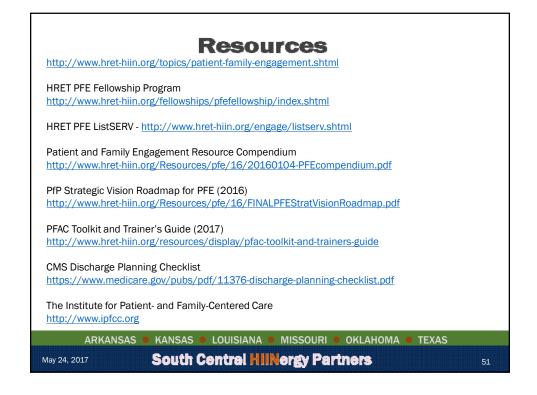
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Polling Question

Whether you have a PFAC or just starting the planning process, what ideas did you take from today's call (check all that apply):

- oRe-visit our patient rounding process to consider including patient representatives
- oEvaluate our PFAC structure for diversity
- oRe-evaluate our PFAC goals to ensure they are challenging and focused on improving patient care
- oExpanding PFAC agenda to include hospital service line updates
- oRe-evaluate our PFAC topics to incorporate presented topic ideas
- oStart celebrating our PFAC successes oOther

May 24, 2017



| | June 16, 2017 11 am-12 pm Coaching Call | |
|-----------------------------------|---|--|
| June 14, 2017 11am - 12 pm | | |
| June 14, 2017 12:30 pm-1:30 pm | | |





What's due next?

HRET HIIN Milestones

Monitoring data:

- ➤ all applicable measures
- > October 2016 March 2017

Improvement:

Reduce all-cause harm by 20% and readmissions by 12% by 2018.

* Please continue to submit data monthly!

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New Resources



In case you missed it...

Visit topic-specific pages at www.hret-hiin.org

Change Packages:

Updated change packages are now available on the ADE, Airway Safety, CAUTI, CDI, CLABSI, Culture of Safety, MDRO, HAPU, Undue Radiation Exposure, Readmissions, SSI, and VTE topic-specific pages on the HRET HIIN website.

Each change package includes a menu of strategies, change concepts and specific action items that any hospital can implement based on need or for purposes of improving patient quality of life and care.

Fact Sheets:

Adverse Drug Events
Falls with Injury
Hospital Acquired Pressure Ulcer
Sepsis
Worker Safety





Evaluation

Your feedback is very important to us! Please take 2-3 minutes to evaluate this webinar:

https://www.surveymonkey.com/r/HIINergy-5-24-17

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