Kansas Hospital Engagement Network

Virtual Meeting

Introductions

Duke University Health System/
North Carolina Quality Center

Tiffany Christensen
Patient Advocate/
Patient and Family Engagement Specialist

Kansas Healthcare Collaborative

Michele Clark, MBA, CPHQ, ABC
Program Director
Agenda

- Introductions
- Announcements & Upcoming Events
- Patient and Family Engagement
  - Tiffany’s Story
  - Patient and Family Advisory Councils
  - 2015 KHC PFAC Collaborative
  - PFE/PFAC Resources
- Questions and Answers

Comments or questions?

Please type your question or message into the chat window as we go. We will monitor chat and respond as we go.

We will pause for telephone Q&A at the conclusion of the program.

Or contact us after the webinar. Emails are provided on the last slide.
Upcoming National Events:

March 8-14, 2015
National Patient Safety Week

NPSF is offering a complimentary webcast on patient engagement: Thursday, March 12 at 12:00 pm CT.

Patient Safety Awareness Week
Promotional Materials and Resources
www.npsf.org/?page=awarenessweek

Upcoming National Events:

March 10, 2015 • 11 am – 12 pm CT
On the CUSP: Stop CAUTI
March National Content Webinar

Topic:
2015 NHSN CAUTI definition changes

Presenter:
Katherine Allen-Bridson, RN, BSN,
Centers for Disease Control and Prevention

To join, dial 877-410-5657, passcode 28128
Webinar link:
Kansas HEN Webinar
Wednesday, March 25, 2015
10:00 to 11:00 a.m. CT

Topics:
- Kansas HEN 2014 Year-End Data Summary
- HEN 2.0 Overview and RFP Update
- Progress and Opportunities in Early Elective Delivery (EED) in Kansas

and

Introduction to the
2015 Kansas HEN EED Collaborative (Phase II)
starting this spring!

Pre-register for webinar at www.khconline.org

Join us
March 26-27

Space is limited.
Register today!

See one-page flier in back of today’s handout.
Register online at www.khconline.org
New AHRQ Report Features Hospitals’ Use of “Lean” Process Redesign

A new AHRQ-funded report shows how hospitals used an organizational redesign approach known as “Lean” to enhance the quality and efficiency of various health care processes. The report, Improving Care Delivery Through Lean: Implementation Case Studies, includes six in-depth case studies that explain how Lean principles were applied in 13 distinct implementation projects.

Download your copy of the AHRQ report at: www.ahrq.gov/professionals/systems/system/systemdesign/leancasestudies/index.html

2015 Kansas HEN Measures and Data Update

- Stay the course with 2014 Kansas HEN measures for now.
- Minor adjustments, enhancements are anticipated with HEN 2.0 (summer 2015)
- Run chart reports with final 2012-2014 data will be distributed in March.
- Be sure all 2014 data is entered (QHi and NHSN) by February 28.
Patient and Family Engagement

- Tiffany’s story
- PFE Overview
- Patient and Family Advisory Councils (PFACs)

Tiffany Christensen
Patient Advocate/Patient and Family Engagement Specialist
Duke University Health System/North Carolina Quality Center

Partnering with Patients: An Introduction

Tiffany Christensen
Where we’re going…

- Defining PFCC
- 4 Guiding Principles of PFCC
- A Patient Story
- The PFAC Journey

"When we want your opinion, we’ll give it to you."

"Remember, only gravy in the drip. He’s on Atkins."
Person- and Family-Centered Care is putting the patient and the family at the heart of every decision and empowering them to be genuine partners in their care

~Institute for Healthcare Improvement

PFE is... “providing care that is respectful of, and responsive to, individual patient preferences, needs, and values; and ensuring that patient values guide all clinical decisions.”

~Institute of Medicine
CMS 5 Recommendations for PFE

**PFE Metric #1** Prior to admission, hospital staff provides and discusses a discharge planning checklist with every patient that has a scheduled admission, allowing questions or comments from the patient or family (e.g., the planning checklist may be similar to the CMS Discharge Planning Checklist).

**PFE Metric #2** Hospital conducts both shift change huddles for staff and does bedside reporting with patients and family members in all feasible cases.

**PFE Metric #3** Hospital has a dedicated person or functional area that is proactively responsible for Patient and Family Engagement and systematically evaluates Patient and Family Engagement activities.

**PFE Metric #4** Hospital has an active Patient and Family Engagement Committee (PFEC) OR at least one former patient that serves on a patient safety or quality improvement committee or team.

**PFE Metric #5** Hospital has at least one or more patient(s) who serve on a Governing and/or Leadership Board and serves as a patient representative.

So how do we keep up with shifting expectations?

How do we improve the patient experience while attending to so many other demands?
“My organization is working at improving the patient experience by being more patient and family centered but not all of our staff/leaders are on board. What can we do to help them understand the importance of this effort?”

Answer:
Always start with STORY…
A Bed’s Eye View

Is Partnership Possible?
Patients are so different! Diversity of:

- Experience with healthcare
- Cultural/family/regional background carrying conscious or unconscious beliefs
- Motivation based on illness, prognosis, etc.
- Support varying from invasive to non-existent
- Socio-economic background shifting focus or worry from health to something else (including health literacy)
- Personality!

Partnership is a process
- Centers around Customization of Care
Practicing PFCC

The Platinum Rule

We cannot improve the patient experience unless we have patients and families sitting with us at the table of change!
Patient and Family Centered Care Guiding Principle:

Collaboration

Approaching PFACs strategically is essential

- Structure before PFA recruitment
- Extensive interview process—passing on a candidate is not uncommon
- 3-8 hour required training for all staff and patient/family advisors participating on a council—with growth must come standardization
- Leader support and participation
Ideal candidates for our PACs possess five key attributes:

- The ability to work and communicate in the spirit of partnership and in an environment of mutual respect
- An outlook that is solution-focused without having a specific “agenda”
- The ability to serve as a representative voice
- An aptitude for constructive collaboration
- A teachable spirit

Lessons learned about diversity and PFACs

- Looking for qualities of a person but not being deliberate about diversity of perspective
- PFACs up and running without representing the population served
- With help from Health Disparities Dept, analysis of PAC process
- Change volunteer process & recruitment material, add diversity training 1 - 4 times a year
The results

- The patient/family voice on committees related to billing, architecture, patient portal and more
- Partner during key implementations like Epic and key moments like the first Ebola patient
- High Impact Story Telling in places like staff orientation
- ED PAC, OPAC, SB PAC, DBC PFAC, Hospice FAC, Peri-Op PFAC, DRH, DRAH

Thank You!
sickgirlspeaks.com
Principles of Patient- and Family-Centered Care
~Institute of PFCC

- **Respect and dignity.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

- **Collaboration.** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

2015 Kansas PFAC Collaborative

- Introduction
- Faculty
- Time Line

For more information contact:
Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
785-235-0763 x1321
Patient and Family Engagement Metrics

Prior to admission, does your staff provide and discuss a planning checklist with every patient that has a scheduled admission, allowing questions or comments from the patient or family?

- Hospitals conduct shift change huddles and do bedside reporting with patients and family members in all feasible cases.
- Hospital has a dedicated person or functional area that is proactively responsible for patient and family engagement and systematically evaluates PFE activities.
- Hospital has an active PFAC or at least one former patient that serves on a patient safety or quality improvement team.
- Hospital has at least one or more patient(s) who serve on a governing or leadership board and serves as a patient representative.

Source: CMS, QualityNet, December 2014

Source: HEN-National J-5 spreadsheet, June 2014
Kansas PFAC Collaborative
April – December 2015

The PFAC Collaborative is open to all Kansas hospitals that will:
1) commit to the goals of the project,
2) establish teams that will be highly engaged within the collaborative, and
3) share experiences and successes in the spirit of all-teach, all-learn.

Kansas PFAC Collaborative Faculty

- Tiffany Christensen, Patient/Family Engagement Specialist, North Carolina Quality Center
- Allison Chrestensen, MPH, OTR/L, Project Coordinator, Duke University Health System
- Other PFAC expertise may be invited to contribute and assist
Kansas PFAC Collaborative
Tentative Schedule

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<th>March/April</th>
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<tr>
<td>April 16, 2015</td>
<td>Kick-off Event, PFAC Training in Topeka</td>
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<td>June</td>
<td>Learning Session (webinar)</td>
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<td>Learning Session (webinar)</td>
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<tr>
<td>September</td>
<td>Learning/Sharing Session (in-person)*</td>
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<tr>
<td>October</td>
<td>Coaching Call</td>
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<tr>
<td>November</td>
<td>Learning/Sharing Session (in-person)**</td>
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*Possibly in conjunction with KHA Annual Conference in Wichita (luncheon?)
**Possibly in conjunction with Kansas HEN year-end meeting in Topeka

Kansas PFAC Collaborative
Next Steps

★ Send an email to request more information and sign-up form:
   Kansas Healthcare Collaborative
   Michele Clark, Program Director
   mclark@khconline.org

★ Register at www.khconline.org to attend April 16 training session.
PFE/PFAC Resources

- AHA/HRET Hospital Engagement Network
  www.hret-hen.org

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

- Partnership for Patients Healthcare Communities’ PFE Master Classes (archive)

- Institute for Healthcare Improvement
  www.ihi.org

AHA/IFCC resource guide for hospital senior leaders, medical staff and governing boards

The ultimate goal of patient- and family-centered care is to create partnerships among health care practitioners, patients and families that will lead to the best outcomes and enhance the quality and safety of health care.

www.aha.org/content/00-10/resourceguide.pdf
Q&A / Discussion

Dates to Remember

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<td>March 25</td>
<td>Kansas HEN Webinar</td>
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<td>Introduction to Lean in Health Care Workshop (Topeka)</td>
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Pre-register at www.khconline.org
2014 Kansas HEN Webinar Archive

January 22
- Introduce 2014 HEN Program, Priorities and Work Plan
February 26
- Adverse Drug Events (ADE) and obstetrical (OB) harm
- Introduce new sub-topics and measures for ADE warfarin and glycemic control, OB hemorrhage
March 26
- Focus on infection prevention
- Introduction to new CAUTI E.D. measure
April 23
- Preventable readmissions (follow-up to Kansas Readmissions Workshop)
May 28
- OB preeclampsia prevention, introduction of new HEN measures for birthing hospitals
June 25
- Engaging your hospital board of trustees in quality and patient safety
July 30
- Adverse Drug Event data strategies
August 27
- Fall prevention
October 22
- Hot topics in infection prevention
November 19
- Kansas Quality Improvement Partnership (KQIP)
- What’s ahead for 2015

Access recordings and handouts at www.khconline.org
See General Education Archive.

Your KHC Team

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KHC continues Kansas HEN in 2015

CMS issues RFP for HEN 2.0

As anticipated, the Centers for Medicare and Medicaid Services (CMS) released a request for proposal (RFP) for HEN 2.0 in February. The American Hospital Association (AHA), through its affiliate the Health Research and Educational Trust (HRET), plans to submit a proposal—with Kansas and many other state hospital association affiliates—to continue our work in 10 core patient safety areas, as well as other cross-cutting priority areas identified in the RFP.

Kansas Healthcare Collaborative officials believe HEN 2.0 would be a smooth transition for Kansas hospitals as they continue building on the quality and patient safety improvement work and capacity-building that has taken place over the past three years.

Kansas finished strong in the initial Partnership for Patients’ Hospital Engagement Network (HEN) initiative. Kansas HEN hospitals prevented an estimated 3,800 safety events at an estimated cost savings of $23.2 million.

KHC announced late last year that it would continue to lead the Kansas HEN as hospitals continue their momentum into 2015 and beyond. KHC continues its HEN support for data collection through QHi and NHSN, data reports and analysis, as well as education, resources and technical assistance.

Although it is unclear when HEN 2.0 will officially begin, HRET officials believe it may be July or August this year. KHC and the Kansas Hospital Association will keep Kansas hospital leaders informed of developments as we learn more. HRET anticipates a new recruitment and commitment process for HEN 2.0 will begin promptly should it be awarded a HEN contract. CMS seeks participation by all hospitals in its next iteration of the HEN.

In addition to special email communications to hospital leaders, as needed, KHC staff provide timely updates as part of KHC’s monthly webinar at 10:00 a.m. CT, the fourth Wednesday of each month. KHC also issues a Monthly Update email the second Tuesday of each month.

Visit www.khconline.org or contact KHC for more information at (785)235-0763 or info@khconline.org.

KHC announces new break-through collaborative to help hospitals establish Patient and Family Advisory Councils (PFACs)

Over the past three years, hospitals across the nation have made substantial progress in incorporating patient and family engagement (PFE) as part of their organizational safety culture and structure to attain higher levels of patient satisfaction and outcomes. Still, many hospitals are uncertain about how to envision the role of PFE in safety and quality improvement design and, in particular, seek support in navigating the process of establishing a Patient and Family Advisory Council (PFAC).

Beginning in April, KHC will conduct a nine-month break-through collaborative with national expertise, a roadmap and support designed to help organizations learn about key PFE concepts and practices, and to take steps to establish an active PFAC and/or other quality committees where patients are represented.

The PFAC Collaborative is open to all Kansas hospitals that will 1) commit to the goals of the project, 2) establish teams that will be highly engaged within the collaborative, and 3) share experiences and successes in the spirit of all-teach, all-learn.

Interested facilities should contact KHC for more information. The KHC PFAC Collaborative will kick off at a one-day training session to be held in Topeka, Thursday, April 16. Also, stay tuned for additional KHC collaboratives to be announced this year.

Upcoming KHC Events

Pre-register at www.khconline.org

March 25
Kansas HEN Webinar (10 a.m. CT)
Including kick-off of Early Elective Delivery Collaborative – “Taking it to the next level”

March 26-27
Introduction to Lean in Health Care Workshop, Topeka

April 16
PFAC Collaborative Kick-off Session, Topeka

October 16
Seventh Annual Summit on Quality, Wichita
This two-day introductory workshop will give participants an overview and hands-on, learn-by-doing experience applying Lean concepts and tools. Practice and simulated application will enable participants to acquire practical skills that can be immediately put to use to improve processes in the health care environment and to add customer value.

AGENDA

**Thursday ● March 26**

8:00 am  Registration and continental breakfast
8:30 am  Introductions
9:00 am  Why are we here? What is Lean?
10:30 am Break
10:45 am  Lean health care terminology, A3 Thinking, Kaizen, Observation
12:00 pm  Lunch (provided onsite)
12:30 pm  Observation exercise
1:00 pm  Rules in Use/ IDEAL
1:30 pm  5S training
2:30 pm  Break
2:45 pm  Pharmacy simulation
4:45 pm  Reflection on learning
5:00 pm  Finish

**Friday ● March 27**

7:30 am  Continental breakfast
8:00 am  Value Stream Mapping training
9:00 am  Break
9:15 am  Value Stream Mapping exercise
10:45 am  Future State Value Stream mapping
11:45 am  Lunch (provided onsite)
12:15 pm  A3 Problem Solving training
1:15 pm  A3 Problem Solving exercise
2:30 pm  Wrap-up discussion
3:00 pm  Finish

Who Should Attend

Attendees include health care industry professionals from all settings and backgrounds who are interested in improving their departments’ work using easily implementable tools. Attendees will learn valuable skills whether they are new to Lean or have a basic to intermediate level of understanding of Lean tools and concepts.

Workshop Objectives

- Understand the importance of applying Lean tools to improve processes in the health care environment.
- Utilize Lean tools to observe and analyze a process to identify improvement opportunities.
- Understand health care processes in terms of flow through a system, draw value stream maps, identify and prioritize problem areas for improvement activities.
- Breakdown key elements of a problem utilizing the A3 structured problem-solving methodology to identify root-cause solutions.
- Build the essential elements for a Lean foundation in your organization.
- Assess your organization’s readiness for Lean and identify next steps.

Continuing Education

For nurses: This workshop is approved for a total of 14.0 contact hours applicable for RN and LPN relicensure. The Kansas Hospital Association is approved as a provider of continuing nursing education by the Kansas State Board of Nursing (Provider No. LT0031-0116).

Registration Information

$140 per person. Space is limited. Online registration required at www.khconline.org. Registration deadline: March 20, 2015. Workshop includes continental breakfasts, lunches and breaks.

Hotel Accommodations

Ramada Topeka Downtown Hotel
420 SE 6th Street, Topeka, Kansas
Hotel reservation: Call the Ramada directly, 785-234-5400, Ask for KHC room block. Room rate: $77.00 + applicable taxes.