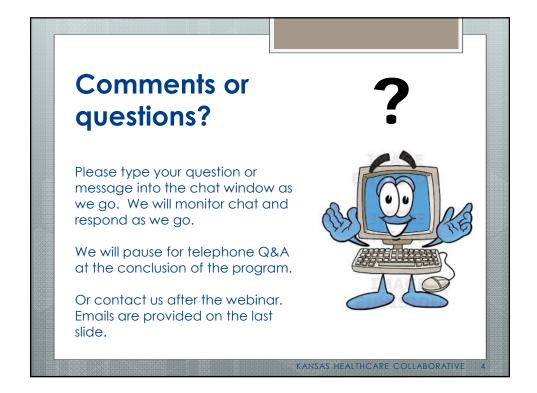




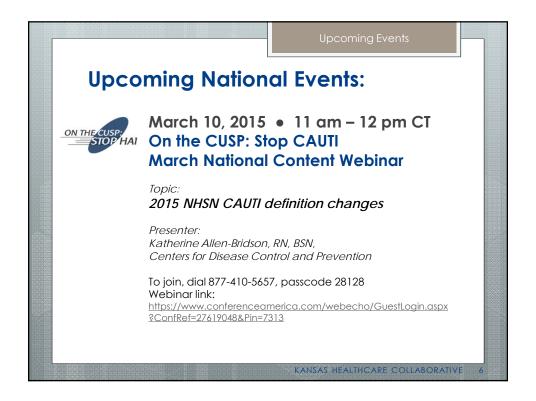
February 25, 2015

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









Upcoming Events

Kansas HEN Webinar Wednesday, March 25, 2015 10:00 to 11:00 a.m. CT

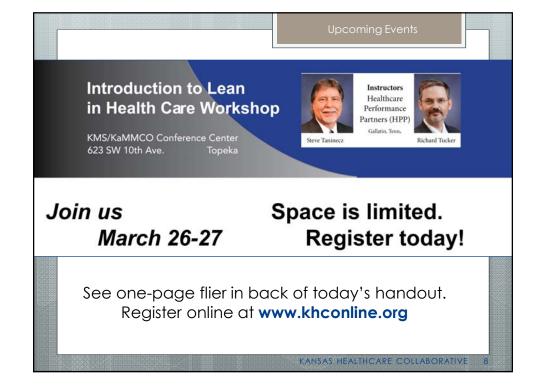
Topics:

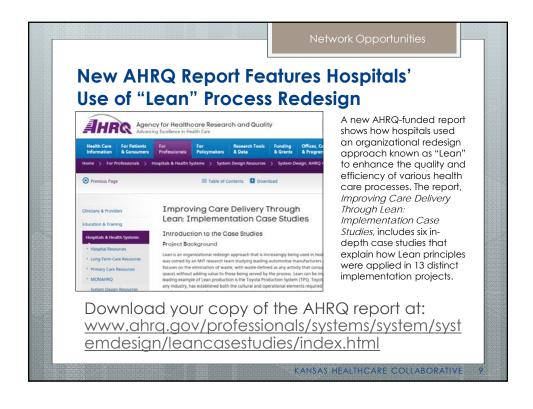
- > Kansas HEN 2014 Year-End Data Summary
- > HEN 2.0 Overview and RFP Update
- Progress and Opportunities in Early Elective Delivery (EED) in Kansas

and

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

Pre-register for webinar at www.khconline.org

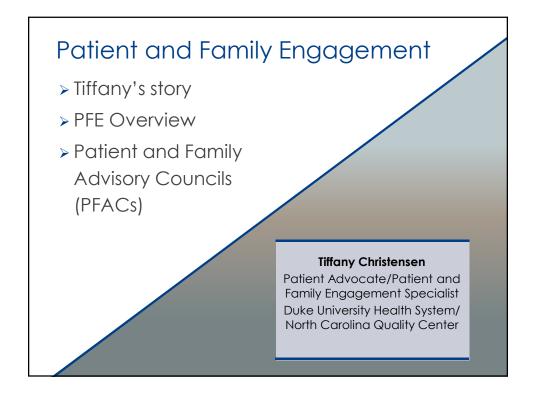




2015 Kansas HFN

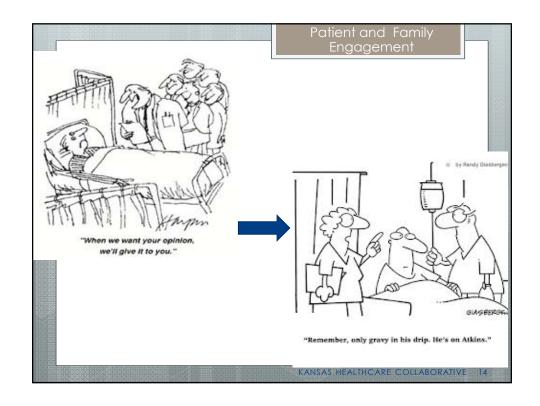
2015 Kansas HEN Measures and Data Update

- 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

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

KANSAS HEALTHCARE COLLARORATIVE

Patient and Family Engagement

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

Patient and Family Engagement

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.

<u>PFE Metric #4</u> 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.

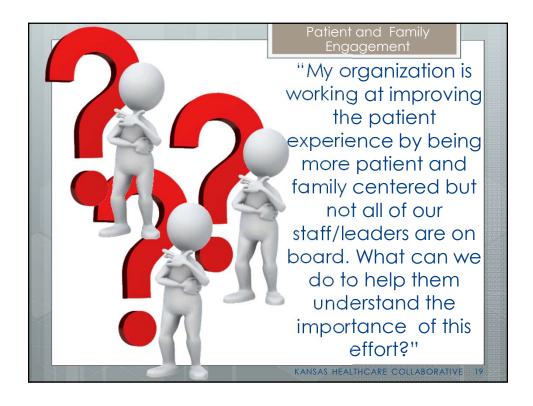
<u>PFE Metric #5</u> Hospital has at least one or more patient(s) who serve on a Governing and/or Leadership Board and serves as a patient representative.

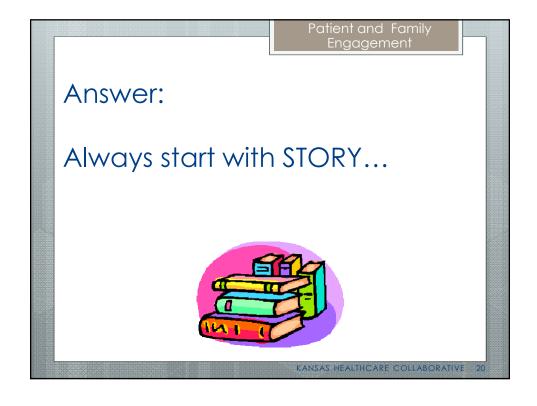
KANSAS HEALTHCARE COLLABORATIVE

Patient and Family
Engagement

So how do we keep up with shifting expectations?

How do we improve the patient experience while attending to so many other demands?









Patient and Family

Patients are so different! **Inversity** of:

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

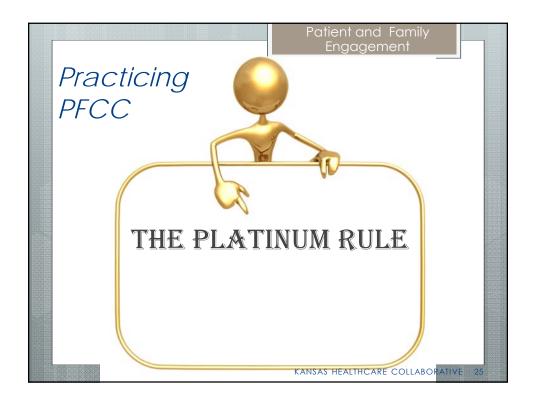
KANSAS HEALTHCARE COLLABORATIVE 2



Patient and Family
Fnaggement

Partnership is a process

Centers around Customization of Care







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

KANSAS HEALTHCARE COLLARORATIVE 2

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



Patient and Family Engagement

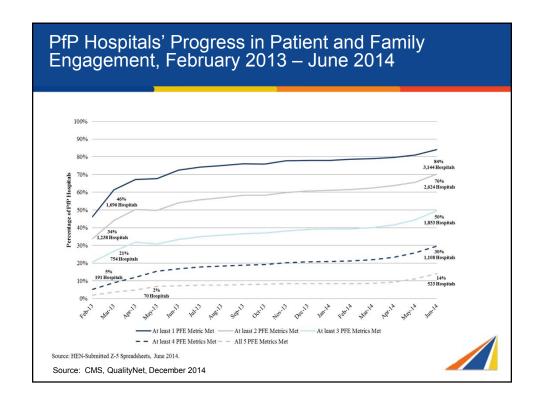
Principles of Patient- and Family-Centered Care

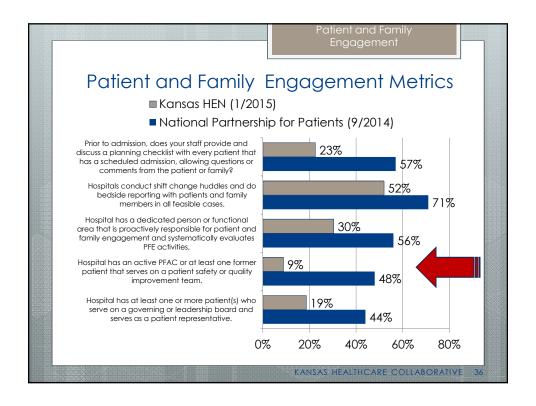
~Institute of PFCC

- 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.

KANSAS HEALTHCARE COLLABORATIVE :

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





Kansas PFAC Collaborative

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.

CANSAS HEALTHCARE COLLAROPATIVE

Kansas PFAC Collaborative

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

Kansas PFAC Collaborative Tentative Schedule

March/April	Sign-up Period
April 16, 2015	Kick-off Event, PFAC Training in Topeka
May	Coaching Call
June	Learning Session (webinar)
July	Coaching Call
August	Learning Session (webinar)
September	Learning/Sharing Session (in-person)*
October	Coaching Call
November	Learning/Sharing Session (in-person)**

^{*}Possibly in conjunction with KHA Annual Conference in Wichita (luncheon?)

ANSAS HEALTHCARE COLLARORATIVE 3

Kansas PFAC Collaborative

Kansas PFAC Collaborative Next Steps

- ★ Send an email to request more information and sign-up form:

 Kansas Healthcare Collaborative

 Michele Clark, Program Director

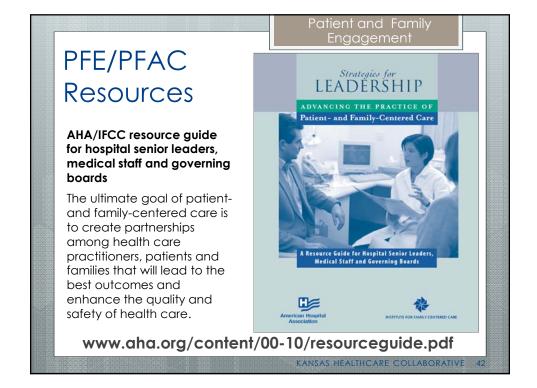
 mclark@khconline.org
- ★ Register at <u>www.khconline.org</u> to attend April 16 training session.

^{**}Possibly in conjunction with Kansas HEN year-end meeting in Topeka

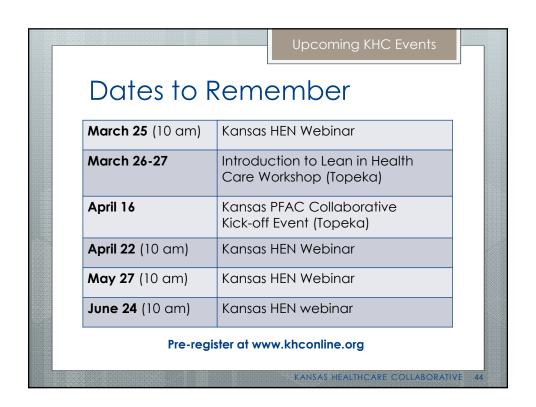
Resources

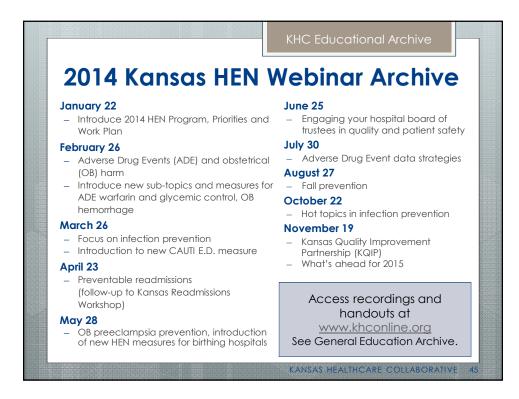
PFE/PFAC Resources

- 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)
 http://bit.ly/U9ZPU0
- Institute for Healthcare Improvement www.ihi.org













Hospital Quality and Patient Safety

News Brief

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

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

as other cross-cutting priority areas

identified in the RFP.

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

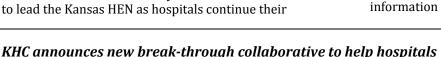
establish Patient and Family Advisory Councils (PFACs)

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.



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,

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

February 2015 For KHA Critical Issues Summit



Introduction to Lean in Health Care Workshop

March 26-27, 2015

KMS/KaMMCO Conference Center • 623 SW 10 Ave. • Topeka

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 - Mayab 07

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

Instructors

Healthcare Performance Partners (HPP) Gallatin, Tenn.



Richard Tucker and Steve Taninecz serve as coaches and facilitators for health care clients in the training and implementation of Lean health care tools and methodologies. They bring

decades of experience in transforming health care and manufacturing organizations. Richard and Steve serve as faculty members of The Jack C. Massey Graduate School of Business at Belmont University Lean Healthcare Certificate Program, Nashville, Tenn.

This workshop is offered in partnership with:







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.