

HQIC Community of Practice Call

Partnering with Patients and Families to Prevent All-Cause Harm

May 11, 2023

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Introduction



Welcome!

Shaterra Smith

Social Science Research Analyst
Division of Quality Improvement Innovation
Models Testing
iQuality Improvement and Innovations Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

Agenda

- Introduction
- Today's topic: [Applying the 5 PFE Best Practices: Partnering with Patients to Improve Safety](#)
- Speakers
 - Thomas Workman, PFE Support Subcontractor, American Institutes for Research
 - Genie G. Hamilton, Director of Quality, Crisp Regional Health Services
 - Sarah Alberson, Quality Assurance Manager, Crisp Regional Health Services
 - Dorothy Rice, Director of Quality, Patient Safety and Risk, AdventHealth Ottawa
- Panel discussion
- Open discussion
- Closing remarks

As You Listen, Ponder...

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase engagement within your facilities to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 or 90 days?

Meet Your Speakers



**Thomas Workman,
Ph.D.**

*PFE Support
Subcontractor*

IPRO HQIC

American Institutes
for Research



**Genie G. Hamilton, PT,
DPT, MBA-HCAD, CPHQ**

*Director of Quality
Crisp Regional Health
Services*



Sarah Alberson, RHIA

*Quality Assurance
Manager*

Crisp Regional Health
Services



**Dorothy Rice, RN, BSN,
MBA, CPHQ**

*Director of Quality,
Patient Safety and Risk
AdventHealth Ottawa*

Applying the Five PFE Best Practices: Partnering with Patients to Improve Safety

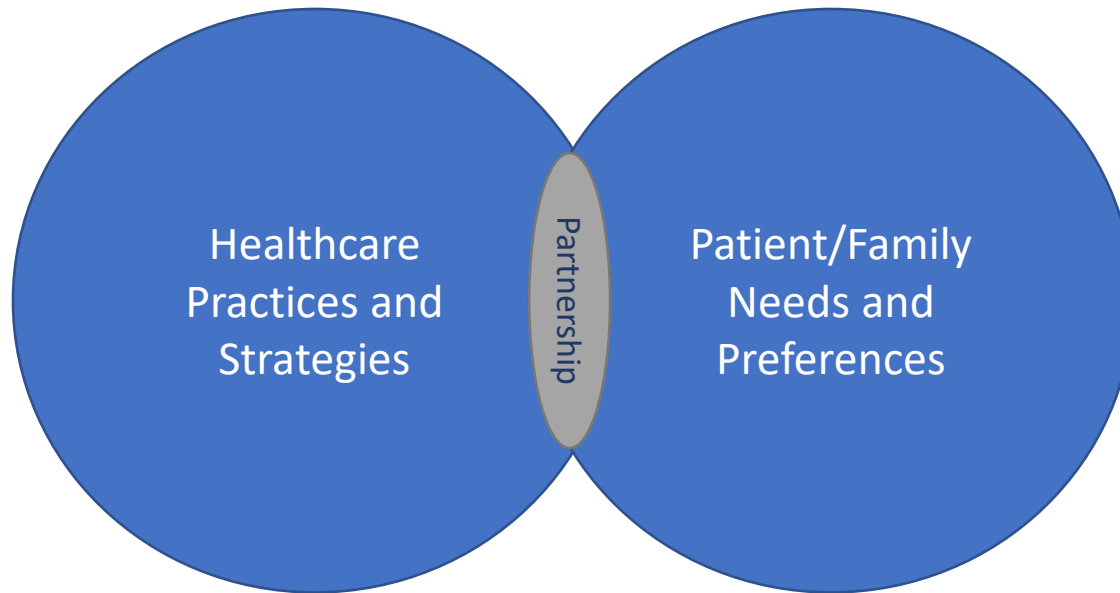


■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

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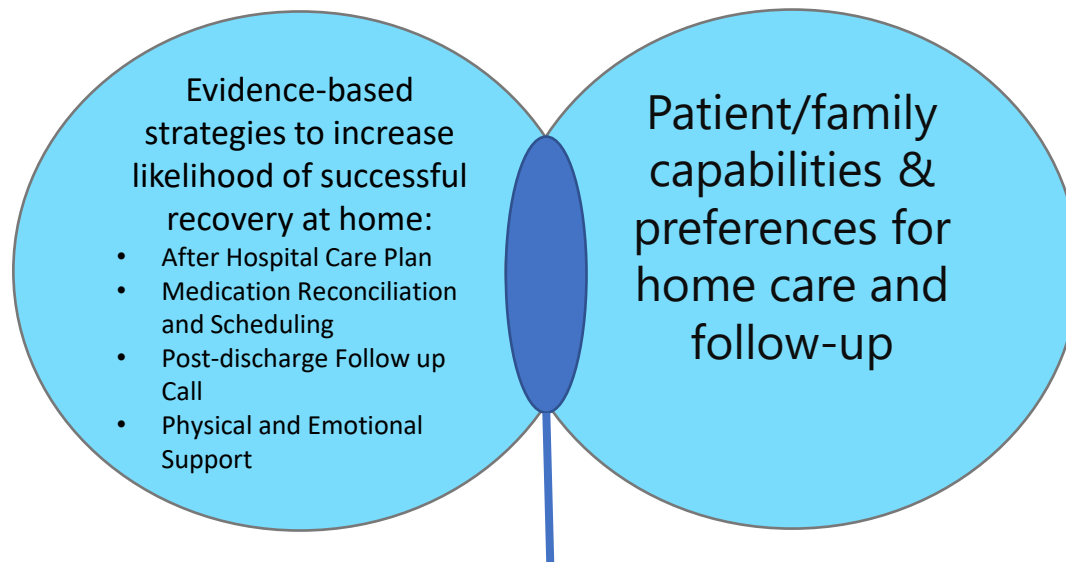
Patients as Partners in Hospital Safety



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Example: Partnership to Reduce Unplanned Readmissions



Partnership: Adapting and problem-solving strategies to fit patient/family needs and preferences, resulting in agreement and commitment

The Five PFE Best Practices: WHERE and WHEN to Engage

Patient and Family Engagement at the Point of Care			Patient and Family Engagement in Hospital Operations		
	PFE Best Practice 1: Implementation of a planning checklist for patients who have a planned admission PFE	PFE Best Practice 2: Implementation of a discharge planning checklist	PFE Best Practice 3: Conducting shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designation of a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Purpose	Invite patients and designated care partners to serve as partners in reducing all-cause harms at or prior to admissions	Discuss ways to prevent or mitigate harms once the patient has been discharged from the hospital	Involve the patient in a review of care provided and the planning of care in the coming time period, with a focus on addressing or preventing harm	Coordinating and overseeing PFE activities to establish and sustain a culture of PFE	Partnering with patient and family advisors on committees that are focused on improving the quality and safety of care



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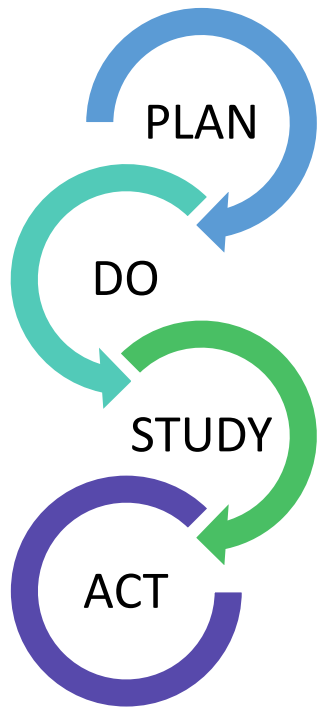
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Connecting the Five Practices to All-Cause Harms

	PFE Best Practice 1: Implementation of a planning checklist for patients who have a planned admission PFE	PFE Best Practice 2: Implementation of a discharge planning checklist	PFE Best Practice 3: Conducting shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designation of a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
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Catheter-Associated Urinary Tract Infection (CAUTI)	Invitation to communicate UI history, give feedback about insertion and maintenance concerns, symptoms of UI, and inform staff of any symptoms of UI	Prepare patient and family caregiver to properly insert, remove, and maintain a catheter if needed after discharge, the signs of UI, and when and where to seek medical care	Review and confirm use of protocols for maintenance of catheter; discuss and address potential signs of urinary infection	Identify and recruit former patients who have experienced CAUTI or their family caregivers to participate in efforts to address CAUTI in the hospital	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce CAUTI
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Measuring the Impact of 5 PFE Best Practices on Patient Safety Using PDSA



- ❑ **PLAN:** Prepare a single unit/floor to pilot ONE PFE Best Practice; select an all-cause harm of concern for the unit and determine baseline.
- ❑ **DO:** Conduct a two-month pilot in a single unit and collect feedback
- ❑ **STUDY:** Review data (e.g., pre- and post-HCAHPS scores and all-cause harm data; feedback from staff, patients, and care partners)
- ❑ **ACT:** Communicate successful outcomes; make needed refinements; expand implementation to additional units



Crisp Regional PFACQS

MAY 11, 2023

Crisp Regional Hospital

Located in Cordele, GA

Established in 1952

73-bed hospital, 2 Long Term Care Facilities, Home Health Agency, Hospice Agency, Retirement Villa, Physician Practices, Rural Health Clinics, Dialysis Center, Retail Pharmacy

Over 850 employees

Level 3 trauma center

Mission: To provide appropriate, quality care and assistance in maintaining good health in an efficient and caring manner to all who need our services and as near their home as possible.



PFAC History

PFAC Established in 2015

COVID changed everything

New Quality personnel hired in 2022

- Quality took over the committee
- New PFACQS Established in September 2022



PFACQS Establishment 2022

Utilized Rali platform created by Armando Nahum and Marty Hatlie

Updated to Patient and Family Advisory Council for Quality and Safety

Updated PFACQS Charter

Recruited new community and staff members

Implemented a C-suite, Nurse Leader and Hospitalist rotation

Updated participant expectations

Set term limits for community members

Identified member meeting requirements



PFACQS Committee



Committee Membership and Recruitment

Hospital Members

- Quality Director, Quality Manager, Patient Experience Coordinator, Physician Recruitment and Liaison, Board Member

Community Members

- Founding Member, Retired Nurse, Retired Teacher and Auxiliary Volunteer, Regional Bank President, Director of HR at Power Commission, Youth Pastor, Deputy Criminal Clerk at Superior Court Clerk Office

C-suite, Hospitalist and Nurse Leader rotation

Recruitment- Hospital staff nominations, local community leader recruits

Formed a diverse group of individuals

Ad Hoc Members

Committee Requirements

Same pre-hire requirements as employees and volunteers of the organization

Members appointed by Board Quality/Safety Committee

Attend monthly meetings

- Excluding June, July, November and December due to summer break and holidays

Two-year term limit for community members (excluding founding members)

Resignation from committee available at any time

Inactive members will be removed

- Miss three consecutive meetings or three over a year's time

Removal for failure to advance the purpose of the PFACQS Committee

PFACQS Projects

My Health Folder

- Customized and implemented discharge planning folders

JourneyPx Custom Videos

- Staff created custom educational videos including admission instructions, discharge instructions, therapy recommendations, and education on total joint replacement surgery

HCAHPS 101

- Discussed survey sections and questions in detail and received feedback on how patients interpret their experience within the organization

Emergency call sign in patient rooms

- Received committee feedback to improve verbiage to be more easily interpreted by patients/families

My Health Folder Project

Created and customized a discharge planning folder to give patients upon admission to the hospital

Received feedback on design, content and layout of the folder

Received feedback on flyers and content to be added inside the folder



JourneyPx Custom Videos

JourneyPx is our patient experience platform

Crisp Regional staff created 4 custom videos to provide the best education to our patient population

Committee watched each video and provided feedback prior to final edits

Some members were included in the filming of the videos



HCAHPS 101

Committee Members were provided with a sample survey

Explained and discussed each section of the survey and the questions within

Committee provided feedback on how they interpret the questions as well as what aspects of their patient experience are considered

- What determines how you rate the hospital 1-10?
- What determines if you would recommend this hospital to family members and friends?



Emergency Call Sign

Committee was asked for feedback on the Emergency Call sign in patient rooms

Committee found sign to be confusing

- Medical terminology rather than layman's terms

Sign wording changed to verbiage patients could easily understand



Quality Improvements

Improved patient satisfaction scores and improved consistency in scores

Promotion of hospital activities within the community

Community engagement

Improved patient safety

Employee engagement



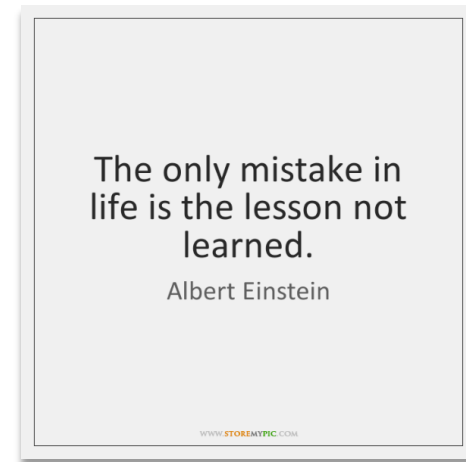
Lessons Learned

Set expectations of membership

Advanced meeting schedules with exclusion of summer and holiday months

Engaging projects at every meeting

Report out results to key stakeholders



Patient and Family Experience Council (PFEC)

2023

AdventHealth Ottawa is located west of the KC area.
44 Licensed Bed PPS Hospital
Physician Clinics
Level 4 Trauma Center



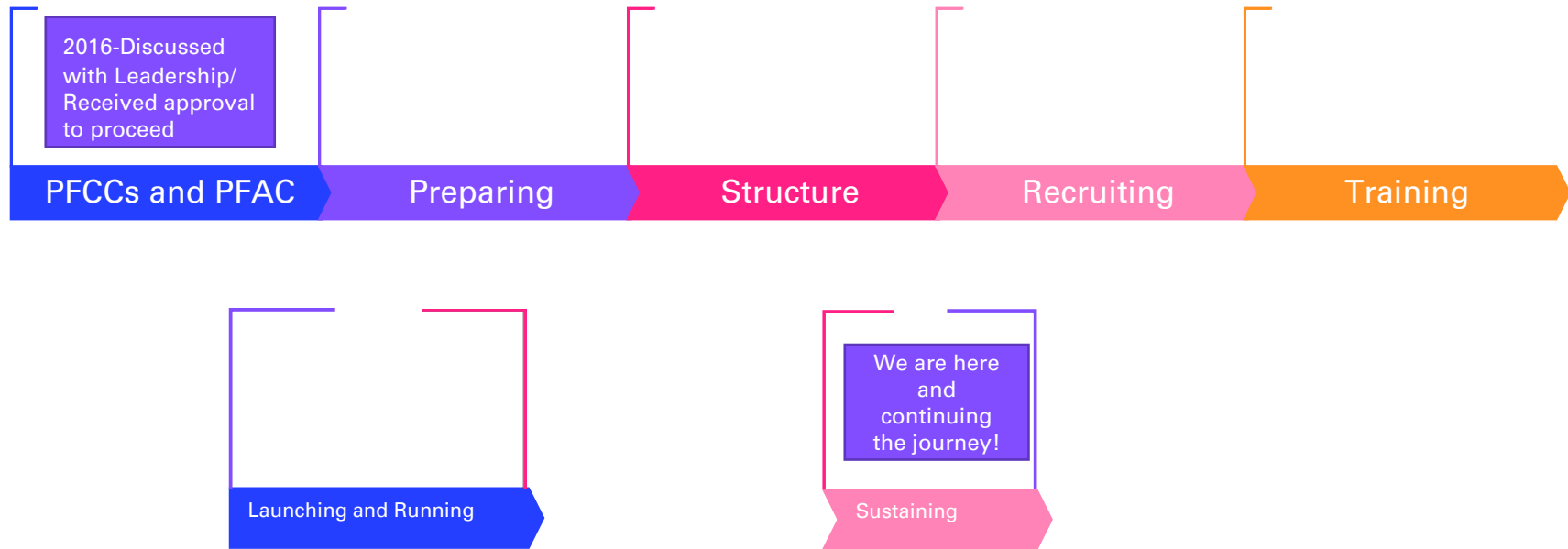
Patient and Family Experience Council



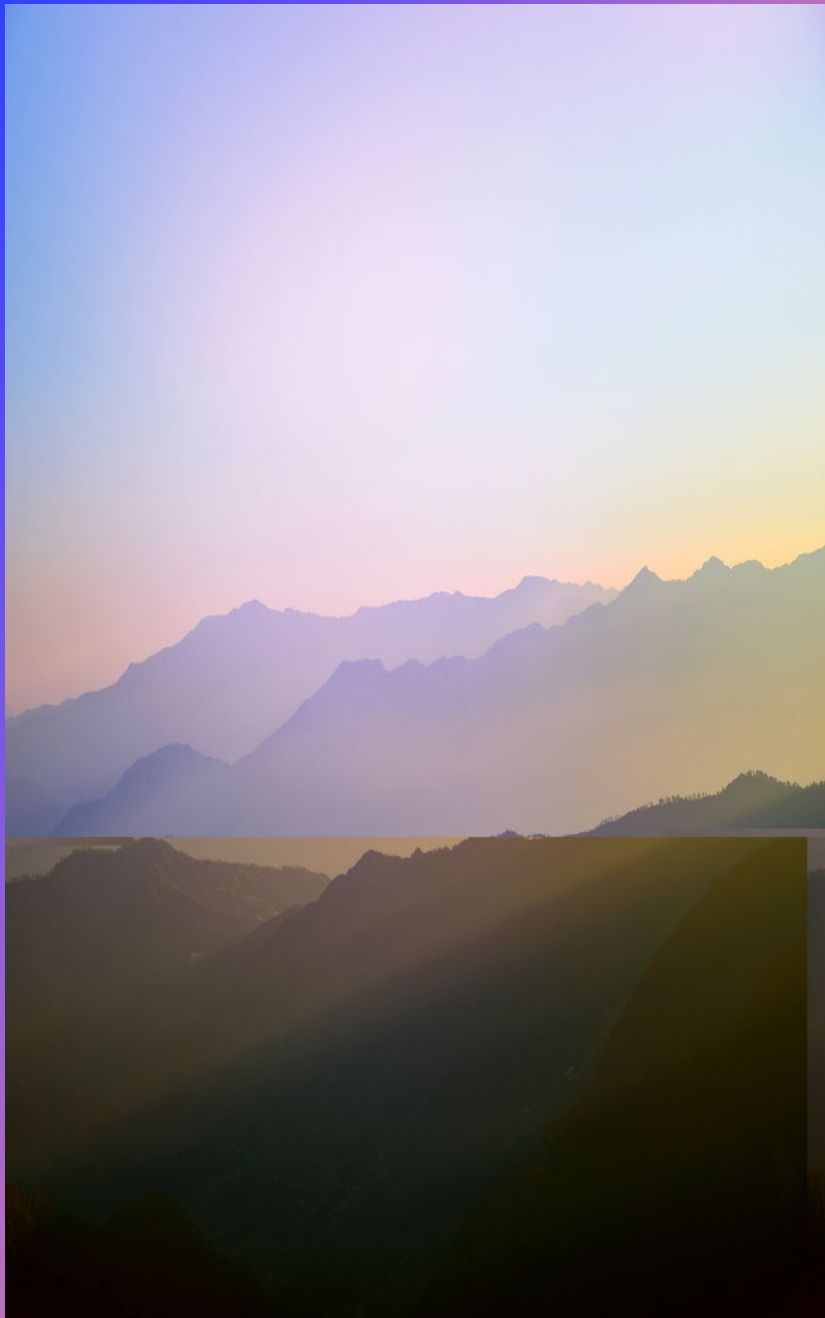
Membership:

- Chief Nursing Officer
- Director of Quality, Patient Safety and Risk, PFEC Co-Chair
- Director of Volunteer Services
- Human Resources Manager
- Six Community Members that have been prior patients or family members

History of our PFEC following the Seven Steps to Sustainability:



PFAC: Patient and Family Advisory Council



The way to get started is to quit talking and begin doing.

Walt Disney

PFEC

Structure

Standard Structure:

Patient and family members-80%

Hospital staff-20%

Meetings include:

PFEC Partners on Organizational Committees

Special topics/programs

Council business

Council Charter outlines:

Time/frequency and length of meetings

Average: monthly, 1-2 hour meetings

8-12 members typically

Population mirrors our community served

Step 6 and 7

Launching and Sustaining

Launching and Sustaining:

- What do PFEC's talk about?
 - Tours and Signage
 - New/Revised Patient brochures
 - PFEC model and 2 minutes commercial
 - Secret shopper
- Choosing a Focus
 - Building/room design input
 - Furniture selection
 - Curtain/Linen selection
 - Choose topics the group would like to focus on
- Key to PFA Satisfaction
 - Close the Loop
 - What suggestions were utilized?
 - What was the outcome?
 - Share finished product/Document the Wins!



Mission
 Extending the
 Healing Ministry
 of Christ
OUR PURPOSE

Vision
 Wholistic
 Exceptional
 Connected
 Affordable
 Viable
OUR DIRECTION

Values
 Quality & Service Excellence
 Community Wellbeing
 High Ethical Standards
 Stewardship
 Inclusiveness
OUR BELIEFS

Service STANDARDS
 Every Person
 Every Time

Keep Me Safe
Love Me
Own It
Make It Easy

Quality and Patient Safety

2 PFEC Members

- Attend the quarterly Quality and Patient Safety meetings
 - Discuss harm reduction to patients
 - Identified risk and how we are mitigating those risk
 - Length of stay, Readmits and Mortalities
 - Centers for Medicare and Medicaid Services value based care and quality measures
 - The Joint Commission new standards or survey/follow-up

Board Level Involvement

- We have patient or family members serving on the Board as well.
- Engaged in quality and overall responsibility for resources to drive quality improvement and patient safety within the hospital for benefit of our community we serve.



Sustainment

In It For The Long Haul!

- Mission and Charter
- Division of labor
- Measuring and reporting
- PFEC planning and report out activity
- PFEC collaborative goals
- Co-chairs of PFEC and Staff leader
- Annual report

Facilitated Panel Discussion

Panelists



Thomas Workman, PhD



**Genie G. Hamilton, PT,
DPT, MBA-HCAD, CPHQ**



Sarah Alberson, RHIA



**Dorothy Rice, RN, BSN,
MBA, CPHQ**

Facilitator



Meg Nugent, MHA RN

Discussion

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase engagement within your facilities to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 or 90 days?

Final Thoughts

Join Us for the Next Community of Practice Call!



Join us for the next
Community of Practice Call on June 8, 2023
from 1:00 – 2:00 p.m. ET

We invite you to register at the following link:

https://zoom.us/webinar/register/WN_ASI_I3p_TEyX_VY_YYFFeA

You will receive a confirmation email with login details.

Thank You!



Your opinion is valuable to us. Please take 4 minutes to complete the [post assessment](#).

We will use the information you provide to improve future events.