Patient Engagement: Organizational Perspectives

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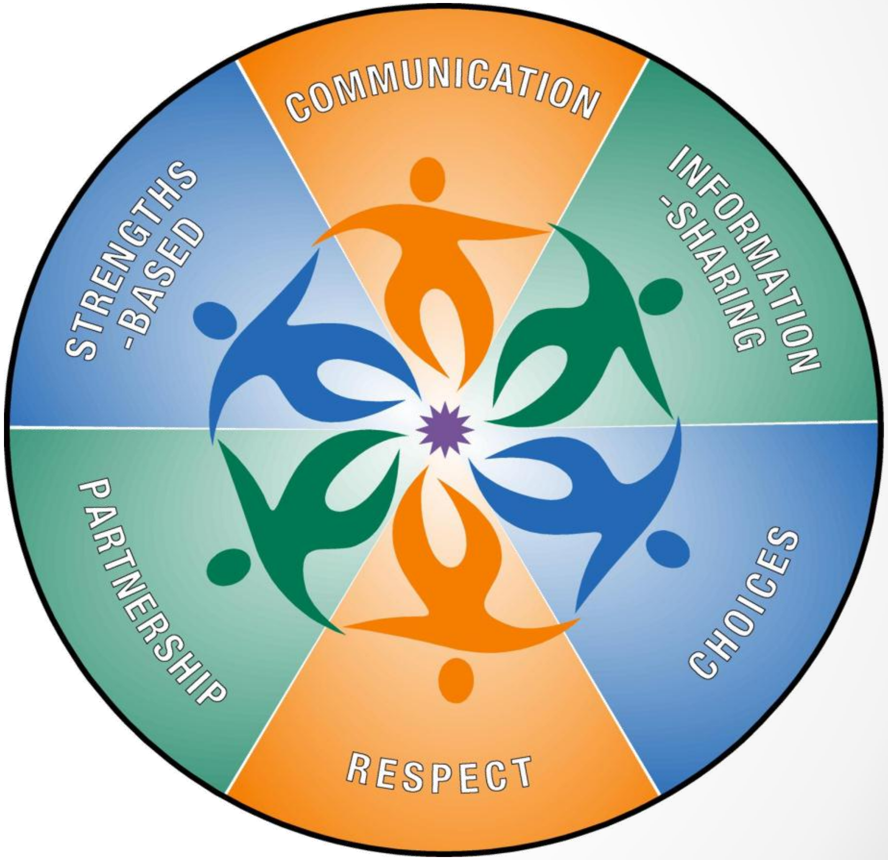
Objectives

- Effectively recruit qualified patient and family partners
- Identify and avoid common mistakes in early patient engagement
- Identify which patient family roles, in the wide variety available, are right for your organization

University of Washington
Patient and Family Centered Care

PFCC is about improving the **experience** of being a patient, or being the family member of a patient.



Why Patient and Family Centered Care?

Family Presence

PFCC leads to:

- Better health outcomes and increased safety
- Wiser allocation of resources
- Greater patient and family satisfaction
- Greater employee satisfaction and retention

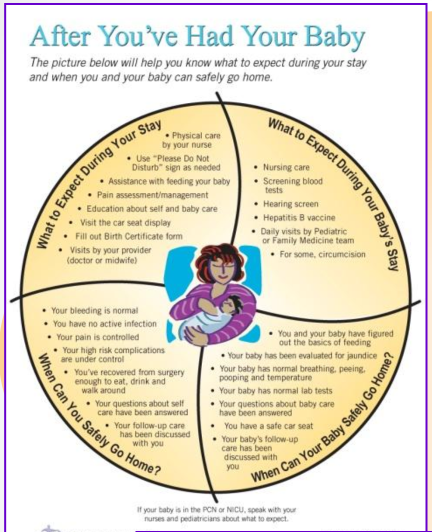
Characteristics of Patient and Family Advisors

- Can share insights and information about their experience in ways that help others learn
- See beyond their own personal experiences
- Show concern for more than one issue or agenda
- Speak comfortably in a group with candor
- Listen well and respect the perspectives of others
- Interact well and partner with many different kinds of people

University of Washington Medical Center
Advisory Council Network

- Pregnancy & Childbirth Council
- Rehab Services Council
- Inpatient Council
- Neonatal Intensive Care Unit (NICU) Council
- ICU Council
- Outpatient Council
- Transplant Services Council

Our Councils at Work



After You've Had Your Baby

The picture below will help you know what to expect during your stay and when you and your baby can safely go home.

What to Expect During Your Stay
- Physical care by your nurse
- Use "Please Do Not Disturb" sign as needed
- Assistance with feeding your baby
- Pain assessment/management
- Education about self and baby care
- Visit the car seat display
- Fill out Birth Certificate form
- Visits by your provider (doctor or midwife)

What to Expect During Your Baby's Stay
- Nursing care
- Screening blood tests
- Hearing screen
- Hepatitis B vaccine
- Daily visits by Pediatric or Family Medicine team
- For some, circumcision

When Can You Safely Go Home?
- Your bleeding is normal
- You have no active infection
- Your pain is controlled
- Your high risk complications are under control
- You've recovered from surgery enough to eat, drink and walk around
- Your questions about self care have been answered
- Your follow-up care has been discussed with you

When Can Your Baby Safely Go Home?
- You and your baby have figured out the basics of feeding
- Your baby has been evaluated for jaundice
- Your baby has normal breathing, peeing, pooping and temperature
- Your baby has normal lab tests
- Your questions about baby care have been answered
- You have a safe car seat
- Your baby's follow-up care has been discussed with you

If your baby is in the PCN or NICU, speak with your nurses and pediatricians about what to expect.

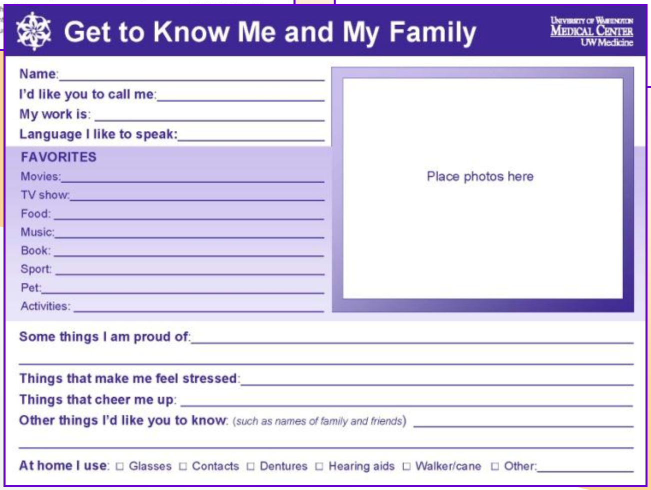
Created in partnersh
the Perinatal Patient
Family Advisory Cou

YOUR CARE TEAM

Your nurse's name is posted in your room. Members of your care team may change on weekends.

ATTENDING PHYSICIAN:	Bart Scott
FELLOW:	Sylvia Lee
VISITING FELLOW:	Brian McClune
VISITING PHYSICIAN:	Claudia Astigarraga
DIETITIAN:	Sue Billingsley
PHARMACIST:	Scott Lanum

Patient and Family Centered Care



Get to Know Me and My Family

University of Washington
Medical Center
UW Medicine

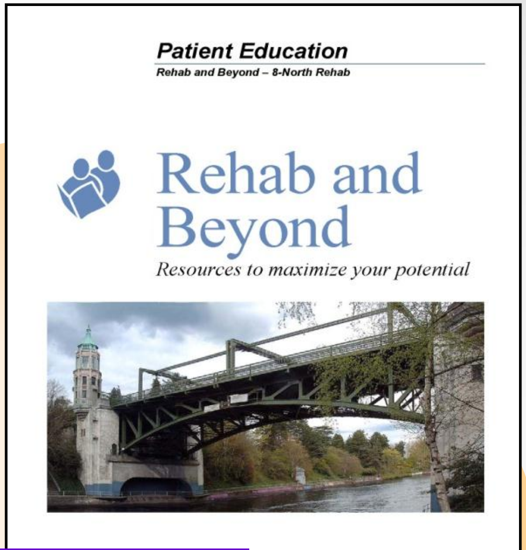
Name: ____________________
I'd like you to call me: ____________________
My work is: ____________________
Language I like to speak: ____________________

FAVORITES
Movies: ____________________
TV show: ____________________
Food: ____________________
Music: ____________________
Book: ____________________
Sport: ____________________
Pet: ____________________
Activities: ____________________

Place photos here

Some things I am proud of: ____________________
Things that make me feel stressed: ____________________
Things that cheer me up: ____________________
Other things I'd like you to know: (*such as names of family and friends*) ____________________

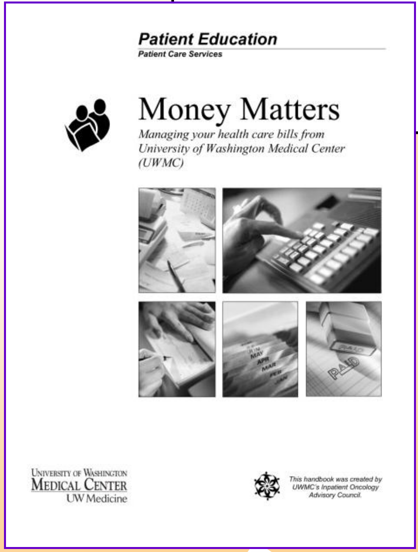
At home I use: ☐ Glasses ☐ Contacts ☐ Dentures ☐ Hearing aids ☐ Walker/cane ☐ Other: __________



Patient Education
Rehab and Beyond – 8-North Rehab

Rehab and Beyond

Resources to maximize your potential



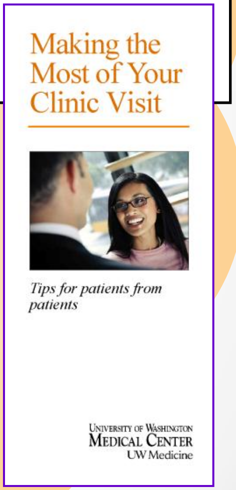
Patient Education
Patient Care Services

Money Matters

Managing your health care bills from University of Washington Medical Center (UWMC)

University of Washington
Medical Center
UW Medicine

This handbook was created by UWMC's Inpatient Oncology Advisory Council.



Making the Most of Your Clinic Visit

Tips for patients from patients

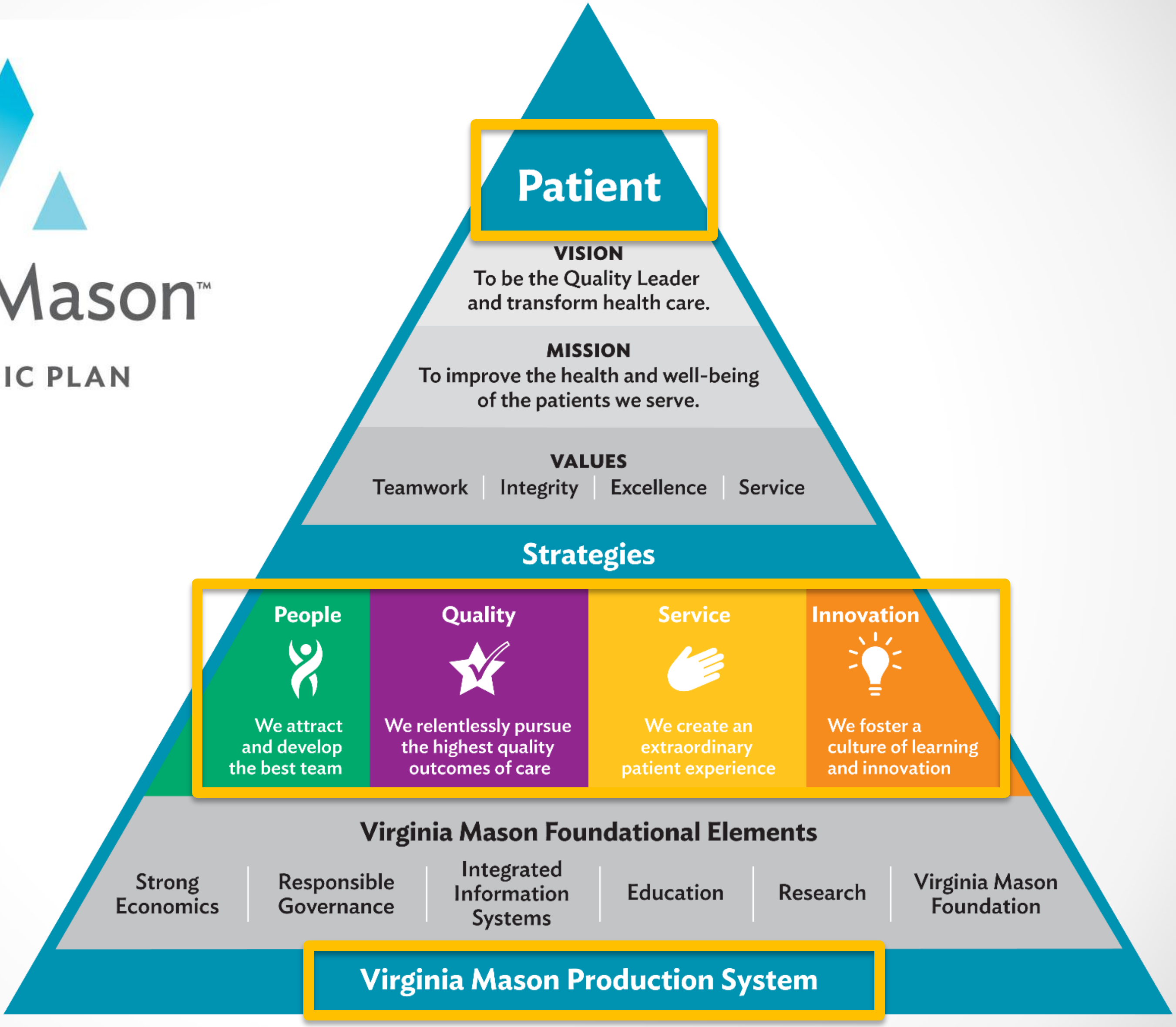
University of Washington
Medical Center
UW Medicine

Lessons Learned

- Art of Facilitation
  - Creating a gracious climate
  - Meeting facilitation
    - Meeting planning
    - Managing conversations
    - Managing tasks
    - Getting group focused
  - Working with volunteers
  - Communication skills
  - Project management

Virginia Mason™

OUR STRATEGIC PLAN



Patient

VISION
To be the Quality Leader and transform health care.

MISSION
To improve the health and well-being of the patients we serve.

VALUES
Teamwork | Integrity | Excellence | Service

Strategies

People
We attract and develop the best team

Quality
We relentlessly pursue the highest quality outcomes of care

Service
We create an extraordinary patient experience

Innovation
We foster a culture of learning and innovation

Virginia Mason Foundational Elements

Strong Economics | Responsible Governance | Integrated Information Systems | Education | Research | Virginia Mason Foundation

Virginia Mason Production System

2013-2017 Strategic Service Plan

We create an extraordinary patient experience.

INTEGRATION OF QUALITY & SERVICE

Patient experience integrated into organizational strategies.

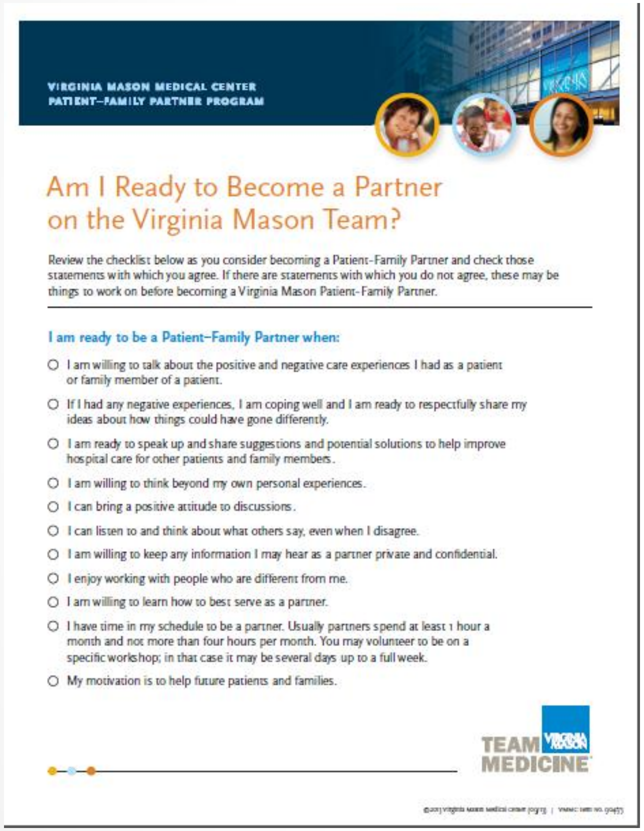
PARTNERSHIP WITH PATIENTS & FAMILIES

Active participation in process improvement to transform care delivery.

ENGAGE, DEVELOP & ACTIVATE PEOPLE

Select for service, develop skills and enhance accountability with our people.

Recruitment



VIRGINIA MASON MEDICAL CENTER
PATIENT–FAMILY PARTNER PROGRAM

Am I Ready to Become a Partner on the Virginia Mason Team?

Review the checklist below as you consider becoming a Patient-Family Partner and check those statements with which you agree. If there are statements with which you do not agree, these may be things to work on before becoming a Virginia Mason Patient-Family Partner.

I am ready to be a Patient–Family Partner when:

○ I am willing to talk about the positive and negative care experiences I had as a patient or family member of a patient.
○ If I had any negative experiences, I am coping well and I am ready to respectfully share my ideas about how things could have gone differently.
○ I am ready to speak up and share suggestions and potential solutions to help improve hospital care for other patients and family members.
○ I am willing to think beyond my own personal experiences.
○ I can bring a positive attitude to discussions.
○ I can listen to and think about what others say, even when I disagree.
○ I am willing to keep any information I may hear as a partner private and confidential.
○ I enjoy working with people who are different from me.
○ I am willing to learn how to best serve as a partner.
○ I have time in my schedule to be a partner. Usually partners spend at least 1 hour a month and not more than four hours per month. You may volunteer to be on a specific workshop; in that case it may be several days up to a full week.
○ My motivation is to help future patients and families.

- Added a question to Press Ganey Survey
- Resulted in 500 responses in 3 months!
- Held Information Sessions
- Developed an application process

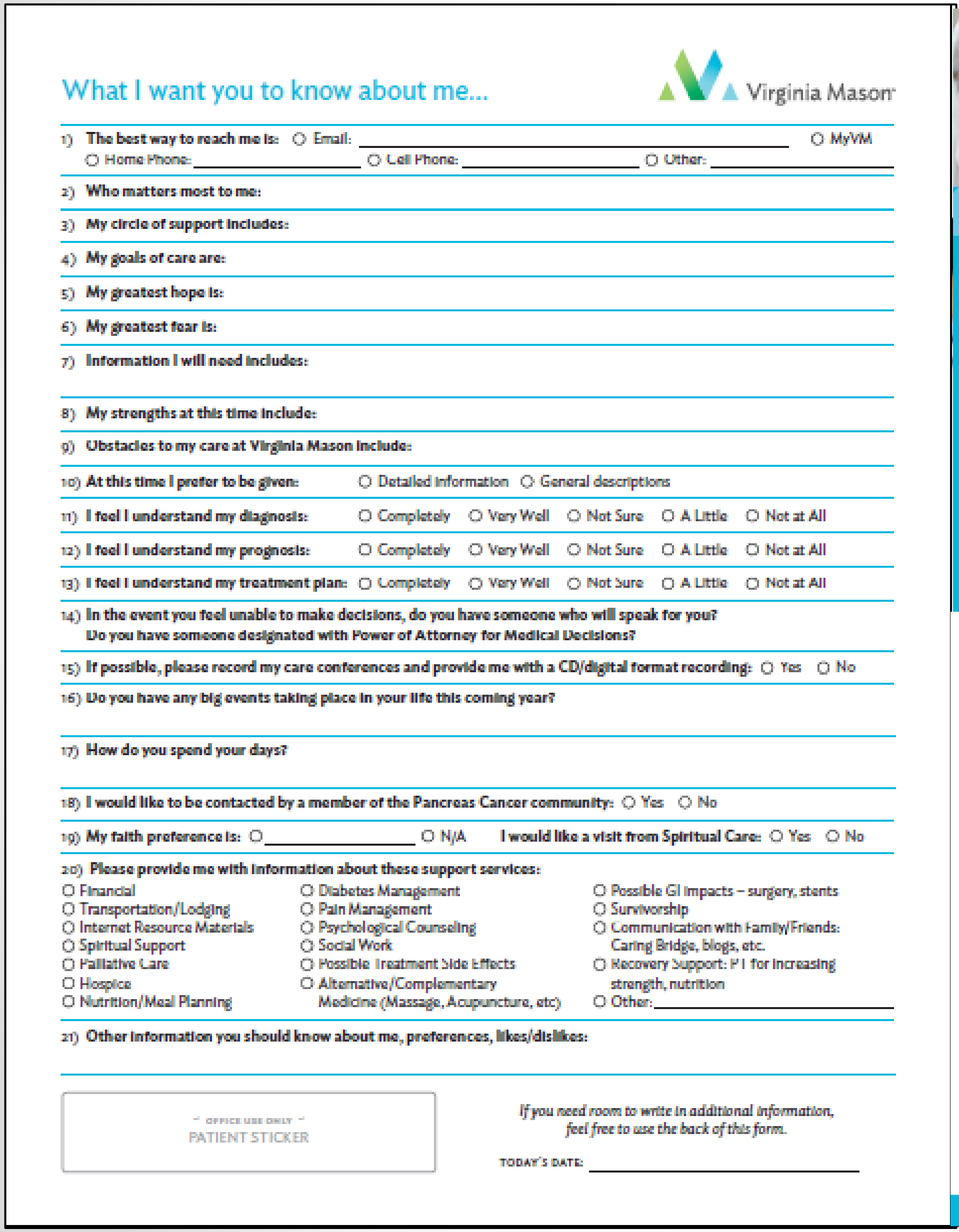
Patient-Family Partners

- Insightful about what we do well and areas where changes may be needed
- Help us develop priorities and make improvements based on patient- and family- identified needs
- Push us out of our mental valleys and assumptions by coming up with new ideas and solutions

Virginia Mason
Partner Opportunities

- Experienced Based Design Teams (EBD)
- Family Faculty
- Improvement Teams: VMPS
- Hospital or Clinic Volunteer
- Focus Group Member
- Panel Member
- Reviewer
- Pt. Safety & Quality Committee

Successes- Outcomes



What I want you to know about me...

Virginia Mason

1) **The best way to reach me is:** ○ Email: ____________ ○ MyVM
○ Home Phone: ____________ ○ Cell Phone: ____________ ○ Other: ____________

2) **Who matters most to me:**

3) **My circle of support includes:**

4) **My goals of care are:**

5) **My greatest hope is:**

6) **My greatest fear is:**

7) **Information I will need includes:**

8) **My strengths at this time include:**

9) **Obstacles to my care at Virginia Mason include:**

10) **At this time I prefer to be given:** ○ Detailed information ○ General descriptions

11) **I feel I understand my diagnosis:** ○ Completely ○ Very Well ○ Not Sure ○ A Little ○ Not at All

12) **I feel I understand my prognosis:** ○ Completely ○ Very Well ○ Not Sure ○ A Little ○ Not at All

13) **I feel I understand my treatment plan:** ○ Completely ○ Very Well ○ Not Sure ○ A Little ○ Not at All

14) **In the event you feel unable to make decisions, do you have someone who will speak for you?**
Do you have someone designated with Power of Attorney for Medical Decisions?

15) **If possible, please record my care conferences and provide me with a CD/digital format recording:** ○ Yes ○ No

16) **Do you have any big events taking place in your life this coming year?**

17) **How do you spend your days?**

18) **I would like to be contacted by a member of the Pancreas Cancer community:** ○ Yes ○ No

19) **My faith preference is:** ○ ____________ ○ N/A **I would like a visit from Spiritual Care:** ○ Yes ○ No

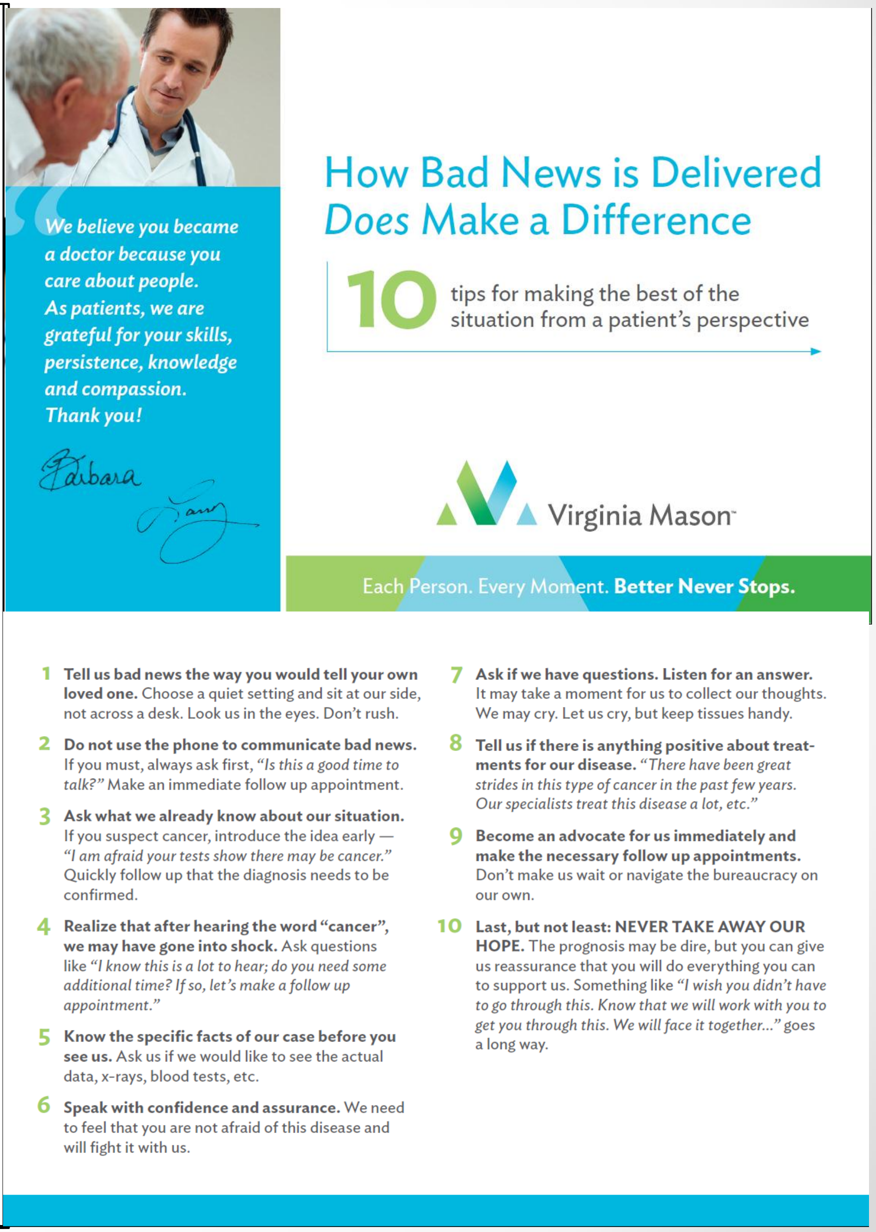
20) **Please provide me with information about these support services:**
○ Financial
○ Transportation/Lodging
○ Internet Resource Materials
○ Spiritual Support
○ Palliative Care
○ Hospice
○ Nutrition/Meal Planning
○ Diabetes Management
○ Pain Management
○ Psychological Counseling
○ Social Work
○ Possible Treatment Side Effects
○ Alternative/Complementary Medicine (Massage, Acupuncture, etc)
○ Possible GI impacts – surgery, stents
○ Survivorship
○ Communication with Family/Friends: Caring Bridge, blogs, etc.
○ Recovery Support: PT for increasing strength, nutrition
○ Other: ____________

21) **Other information you should know about me, preferences, likes/dislikes:**

~ OFFICE USE ONLY ~
PATIENT STICKER

If you need room to write in additional information, feel free to use the back of this form.

TODAY'S DATE: ____________



We believe you became a doctor because you care about people. As patients, we are grateful for your skills, persistence, knowledge and compassion. Thank you!

Barbara

How Bad News is Delivered *Does Make a Difference*

10 tips for making the best of the situation from a patient's perspective

Virginia Mason

Each Person. Every Moment. **Better Never Stops.**

1. **Tell us bad news the way you would tell your own loved one.** Choose a quiet setting and sit at our side, not across a desk. Look us in the eyes. Don't rush.
2. **Do not use the phone to communicate bad news.** If you must, always ask first, *"Is this a good time to talk?"* Make an immediate follow up appointment.
3. **Ask what we already know about our situation.** If you suspect cancer, introduce the idea early — *"I am afraid your tests show there may be cancer."* Quickly follow up that the diagnosis needs to be confirmed.
4. **Realize that after hearing the word "cancer", we may have gone into shock.** Ask questions like *"I know this is a lot to hear; do you need some additional time? If so, let's make a follow up appointment."*
5. **Know the specific facts of our case before you see us.** Ask us if we would like to see the actual data, x-rays, blood tests, etc.
6. **Speak with confidence and assurance.** We need to feel that you are not afraid of this disease and will fight it with us.
7. **Ask if we have questions. Listen for an answer.** It may take a moment for us to collect our thoughts. We may cry. Let us cry, but keep tissues handy.
8. **Tell us if there is anything positive about treatments for our disease.** *"There have been great strides in this type of cancer in the past few years. Our specialists treat this disease a lot, etc."*
9. **Become an advocate for us immediately and make the necessary follow up appointments.** Don't make us wait or navigate the bureaucracy on our own.
10. **Last, but not least: NEVER TAKE AWAY OUR HOPE.** The prognosis may be dire, but you can give us reassurance that you will do everything you can to support us. Something like *"I wish you didn't have to go through this. Know that we will work with you to get you through this. We will face it together..."* goes a long way.

Lessons Learned

- Trust your "scratch & sniff test"
- Address the mental health partner
  - Adult ADD/ADHD
  - Obsessive Compulsive Disorder
- Email with Patient-Family Partners
  - Know your policy
  - Ask legal and your privacy officer: Tumbleweed
  - Disclaimer on application
- Matching to the right opportunity is KEY!
  - Any magic bullets?

SEATTLE
CANCER CARE
ALLIANCE

Fred Hutchinson Cancer Research Center
UW Medicine
Seattle Children's

PATIENT ENGAGEMENT

PARTNERING
WITH
PATIENT
AND
FAMILY
ADVISORS

Seattle Cancer Care Alliance
Patient and Family Advisor Program

Patient and Family Advisory Council (16)

Executive Quality Committee
Patient Safety Council
Falls Committee
Transfusion Committee
Infection Prevention Committee
Caregiver Work Group

Patient and Family Advisory Pool (42)

CPI Design Projects
Patient Panels
Focus Groups
Grant Proposals

Development of SCCA's Advisor Program

2007-2008

Exploring patient engagement

Institute for Patient and Family Centered Care Assessment

2009

Existing staff laying foundation, recruiting advisors

Two patient advisors invited on committees

2010

Patients and families involved in New Employee Orientation

Created a full-time position to focus on PFCC

2011-2012

Outreach
Outreach
Outreach

First meeting of Patient Family Advisory Council

2014-2015

Increase patient and family partnership in continuous performance improvement

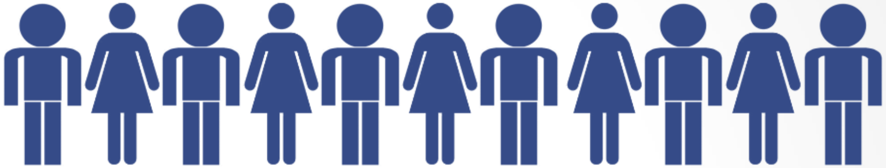
Include patients and families on Board Quality Committee

Expand access to advisors for all staff, especially front line teams

Success: Pharmacy Patient Experience

11

patient advisors



8

staff members

What We See

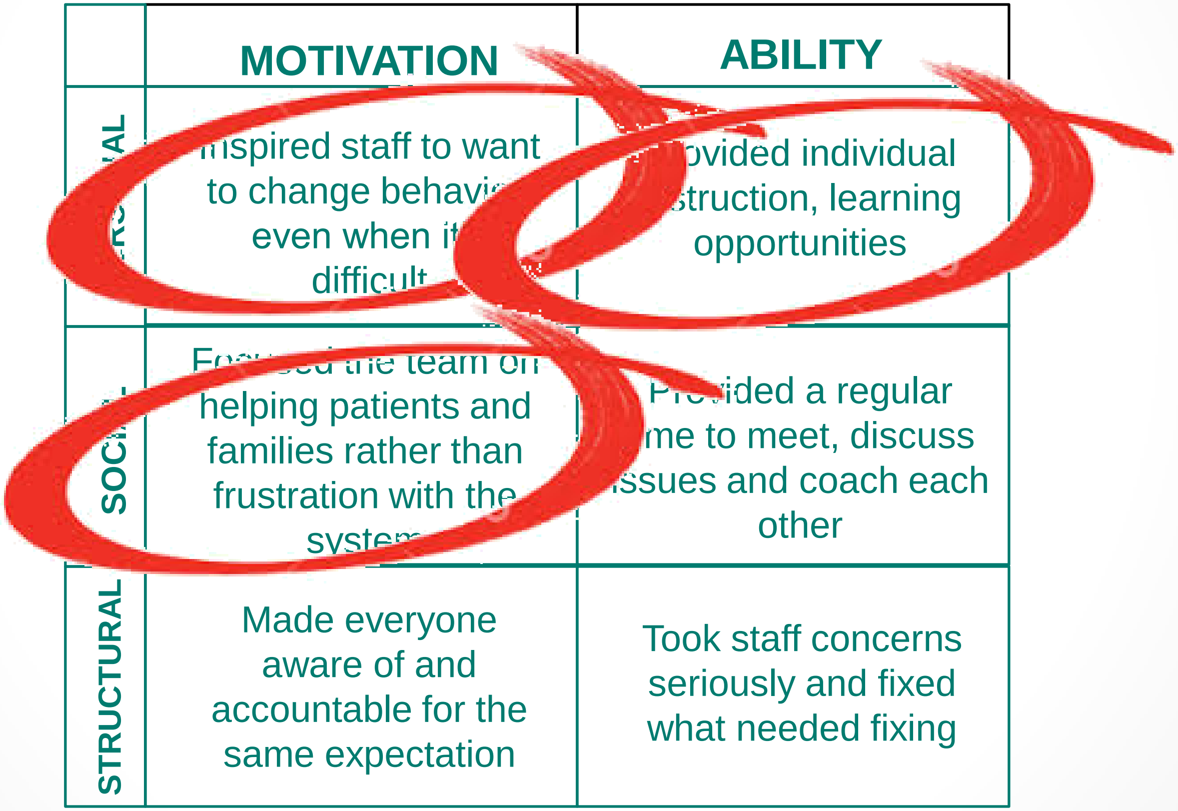
What Patients See

How may I
IGNORE YOU
today?

"It will be just a few minutes."

~~:10~~ ~~:20~~ :30

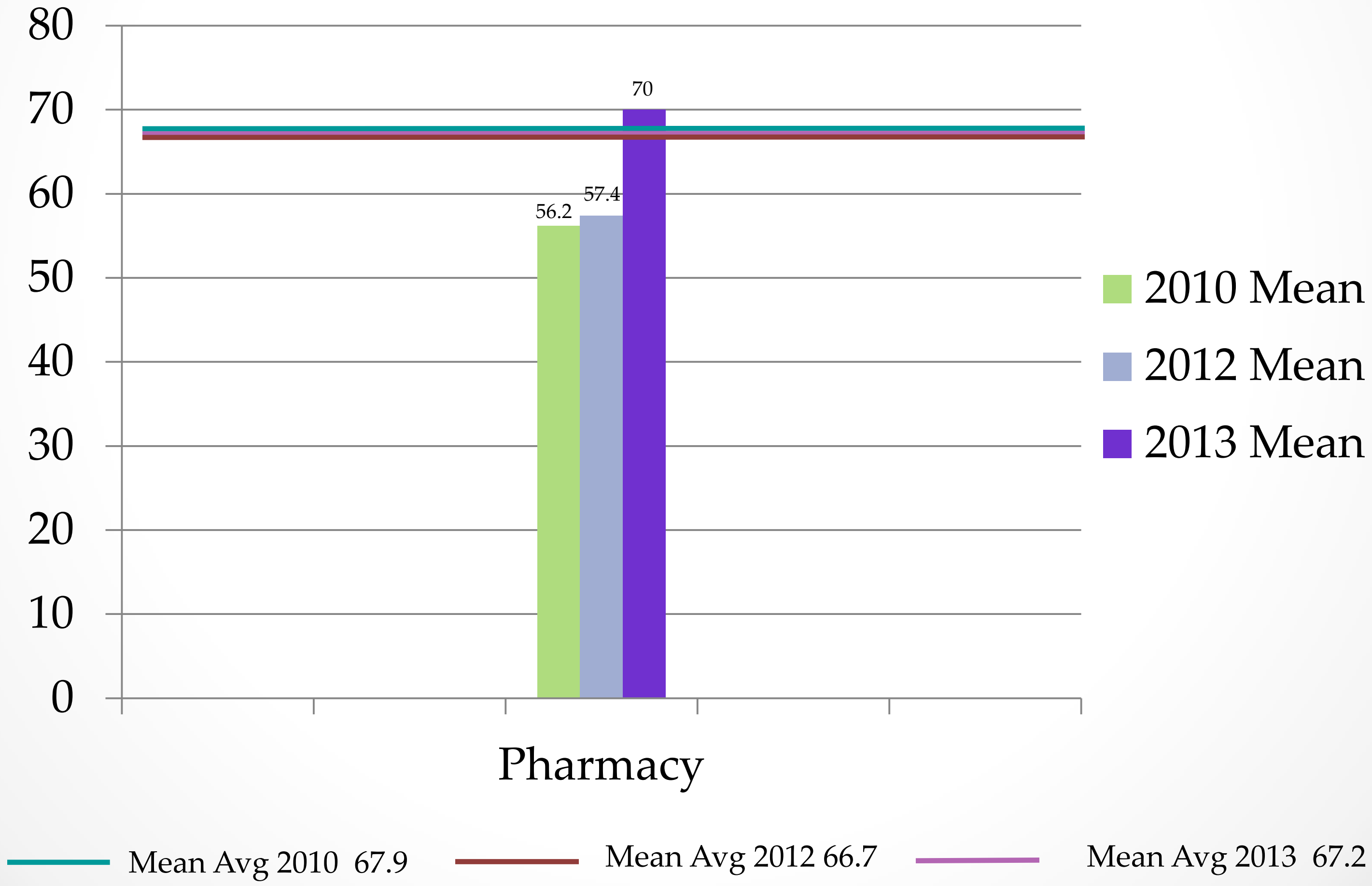
Six Sources of Influence*



	MOTIVATION	ABILITY
AL	nspired staff to want to change behavi even when it difficult	ovided individual struction, learning opportunities
SOC	Fo the team on helping patients and families rather than frustration with the system	P ided a regular me to meet, discuss ssues and coach each other
STRUCTURAL	Made everyone aware of and accountable for the same expectation	Took staff concerns seriously and fixed what needed fixing

* Source: Vital Smarts

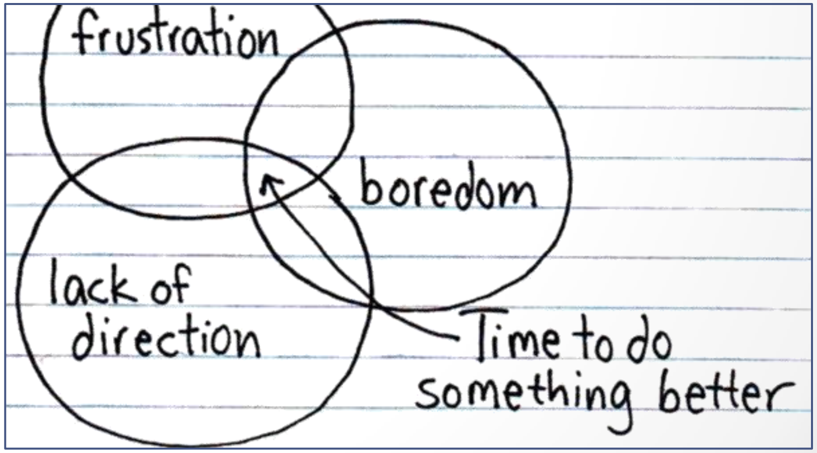
Safety Culture



Lessons Learned

"I'm late, I'm late, I'm late!"

Underutilization



Reflection

- How does my organization understand what matters most to our patients and their families?

- What assumptions are we making about our patients and their families?

- What can I do in the next week to move patient engagement forward in my organization?

Questions?

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