AHA Team Training

Engaging Patients and Families as Safety Champions and Change Leaders

December 9, 2020

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Rules of Engagement

- **Audio for the webinar can be accessed in two ways:**
  - Through the phone (*Please mute your computer speakers)
  - Or through your computer
- **All hyperlinks on the screen are active if you click on them**
- **Q&A session will be held at the end of the presentation**
  - Written questions are encouraged throughout the presentation
    - To submit a question, type it into the Chat Area and send it at any time during the presentation

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Upcoming Team Training Events

TeamSTEPPS for Change Leaders and Champions Online Course

Over a 7-week period, this course will introduce participants to the TeamSTEPPS framework and tools and how to effectively manage change, build team resilience and integrate teamwork practices into existing workflows and organizational initiatives. Register today – limited spaces left!

More virtual workshops and courses coming soon including Master Training.

Today's Presenter

Sue Collier, MSN, RN, FABC

Chief Engagement Officer

Patient Centered Innovation, Inc.

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Today's Objectives

Engaging Patients and Families as Safety Champions and Change Leaders

Explore the role of patients and families as safety champions and change leaders across the care continuum.

Describe at least one strategy to engage patients and families in effective team communication and mutual support.

Identify opportunities to engage patients and families as change leaders to improve safety culture, human resource management, and communication across the care continuum.

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Objective 1: Explore the Roles

Safety Champion

- Passionate, active agents (or teams!) who lead by example and take initiative to reinforce a culture of safety
- Individuals willing to learn and engage with new ideas to improve care

Change Leaders

People with the ability to influence and inspire action in others, during growth and uncertainty

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Patient and Family

Patient Family Advisor or Advocate (PFA)

You are on the team!

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Patient- and Family-Centered Care

"A ***partnership*** among practitioners, patients, and their families to ensure that decisions respect patient's wants, needs, and preferences and that **patients have the education and support they need** to make decisions and participate in their own care."

Source: IOM, 2001

"An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families."

Source: Institute for Patient and Family Centered Care

"Patients, families, and health professionals working in active partnership at various levels across the health care system – direct care, organizational design and governance, and policy making – to improve health and health care."

Source: Carman etal, 2013, Health Affairs

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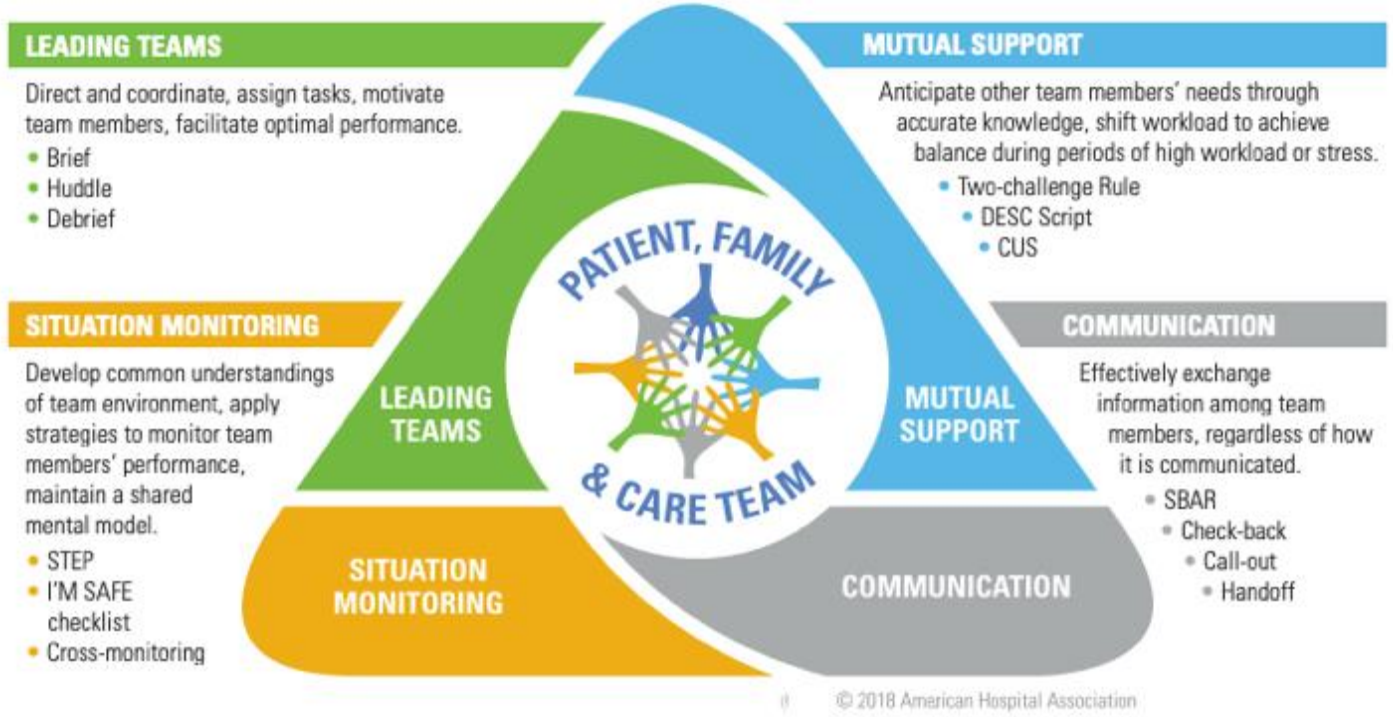
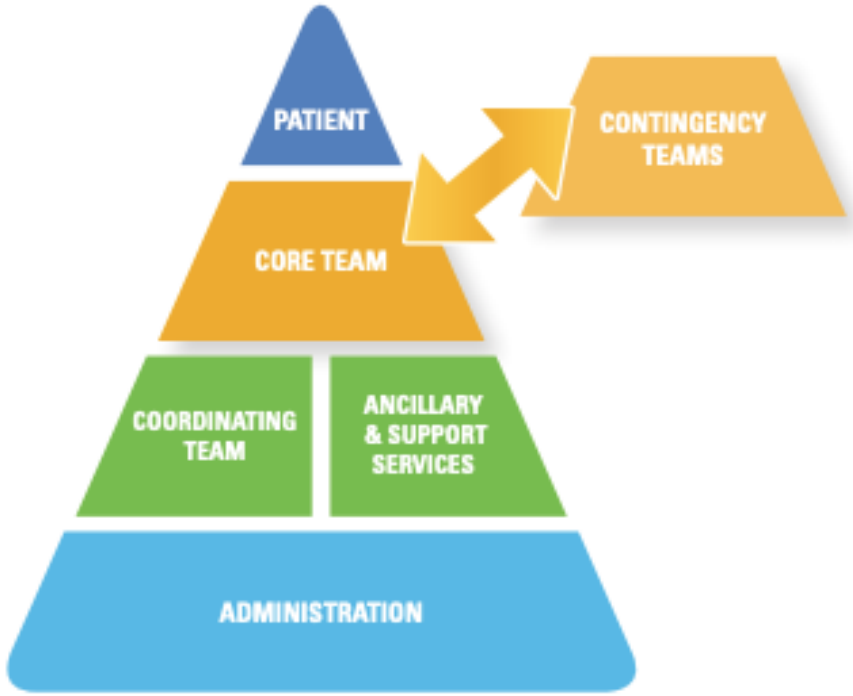
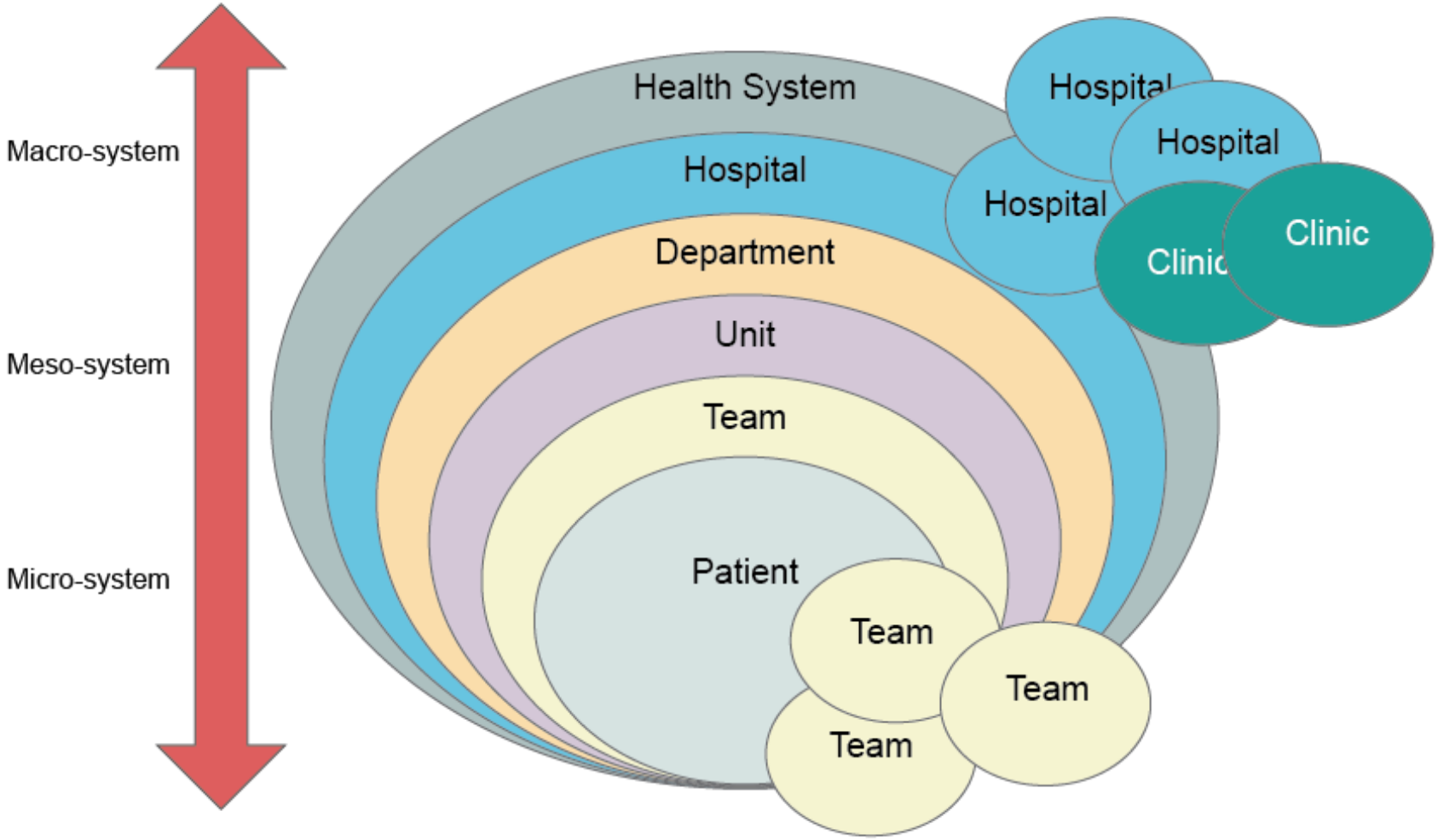
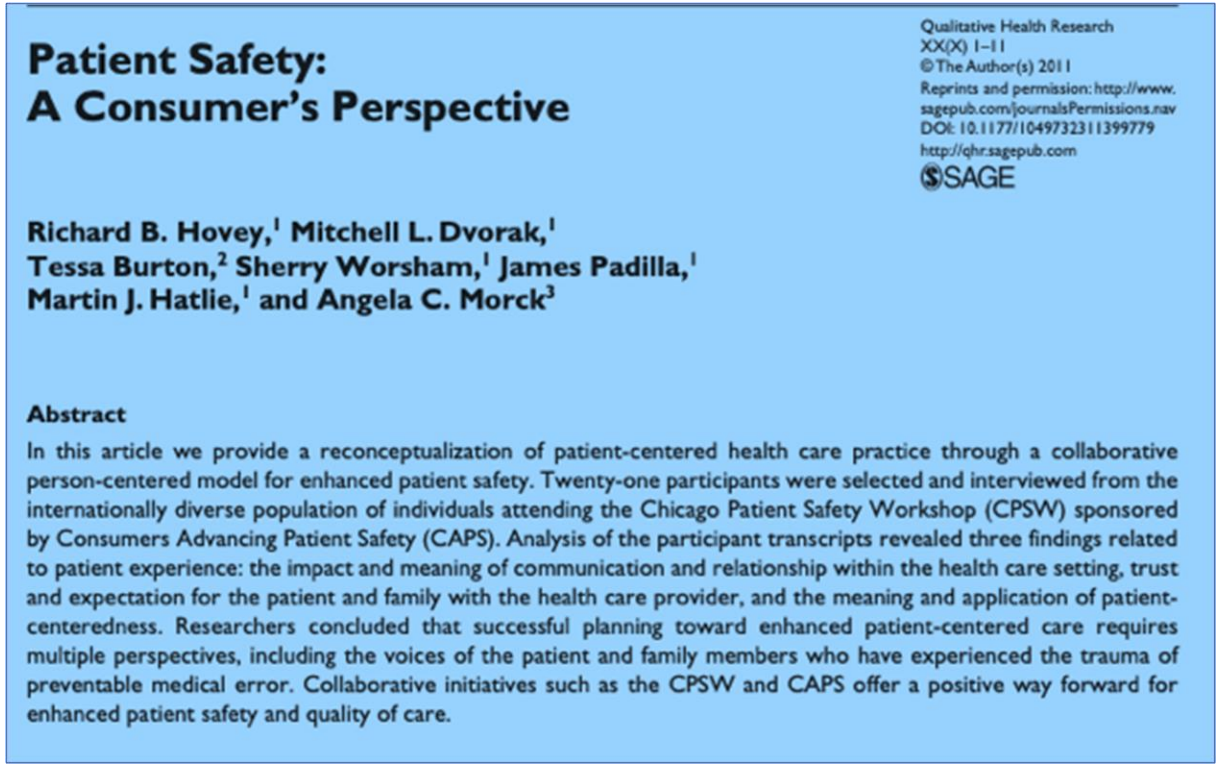
Patients and Families in a Team Structure






Macro-system
Meso-system
Micro-system
Health System
Hospital
Department
Unit
Team
Patient
Team
Team
Team
Hospital
Hospital
Hospital
Clinic
Clinic



Patient Safety:
A Consumer's Perspective

Qualitative Health Research
XX(X) 1–11

DOI: 10.1177/1049732311399779
http://qhr.sagepub.com
SAGE

Richard B. Hovey,[1] Mitchell L. Dvorak,[1] Tessa Burton,[2] Sherry Worsham,[1] James Padilla,[1] Martin J. Hatlie,[1] and Angela C. Morck[3]

Abstract

In this article we provide a reconceptualization of patient-centered health care practice through a collaborative person-centered model for enhanced patient safety. Twenty-one participants were selected and interviewed from the internationally diverse population of individuals attending the Chicago Patient Safety Workshop (CPSW) sponsored by Consumers Advancing Patient Safety (CAPS). Analysis of the participant transcripts revealed three findings related to patient experience: the impact and meaning of communication and relationship within the health care setting, trust and expectation for the patient and family with the health care provider, and the meaning and application of patient-centeredness. Researchers concluded that successful planning toward enhanced patient-centered care requires multiple perspectives, including the voices of the patient and family members who have experienced the trauma of preventable medical error. Collaborative initiatives such as the CPSW and CAPS offer a positive way forward for enhanced patient safety and quality of care.

What Do Patients and Families Say About Patient Safety?

1. Communication and relationships have significant impact in the health care setting
2. Trust and expectations are shared emotions among patients, family and the health care providers
3. Patient-centeredness has meaning only when applied

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The Patient's Role in Safety

- In 2007, The Joint Commission mandated that health care organizations *"encourage patients' active involvement in their own care as a patient safety strategy"*
- The Institute of Medicine report Crossing the Quality Chasm proposed that the *individual patient preferences, needs, and values should guide all clinical decisions*

The Patient As A Team Member

- Team-based care involves multiple players working with one another to improve outcomes.
- Team-based models reinforce patients as full participants in their care and health care professionals as capable of functioning to the full extent of their education and experience
- Patients are the experts on their own care and lifestyle preferences

The Patient As Safety Champion and Change Leader

- Patients are generally passionate, active agents who have a personal stake in their safety and efforts to prevent harm
- Many patients and families are willing to learn and engage with new ideas to improve their individual care - and the care of others
- Patients can influence and inspire action in others, during growth and uncertainty
- Patients that perceive their care team is working well together tend to report better experiences and perceive their care as safe and higher quality

Objective 2: Describe the Strategy

Patient Engagement: Levels and Settings

BEDSIDE/PERSONAL LEVEL

Settings: Inpatient room, outpatient care areas, rehab unit, clinic exam room, skilled nursing bed, ambulatory surgery room, dialysis center, hospice, telehealth

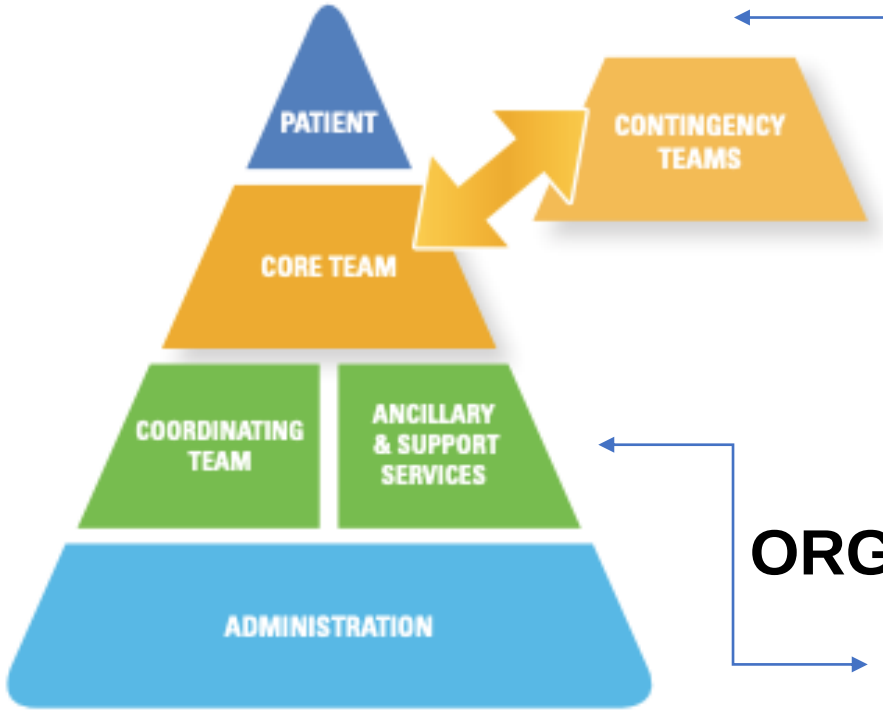
ORGANIZATIONAL LEVEL

Settings: Hospital service line or department, hospital QI team, multi-hospital system project, corporate office for ACO, multi-specialty clinic program, long-term care facility, EOL facility, mental health facilities

COMMUNITY/POLICY LEVEL

Settings: Coalitions, SDOH-related offices, community & state advocacy organizations, research institutions, Federal agencies, local, state, national legislature

Patients and Families Can Be Engaged At All Levels



BEDSIDE/PERSONAL LEVEL

ORGANIZATIONAL LEVEL

COMMUNITY/POLICY LEVEL

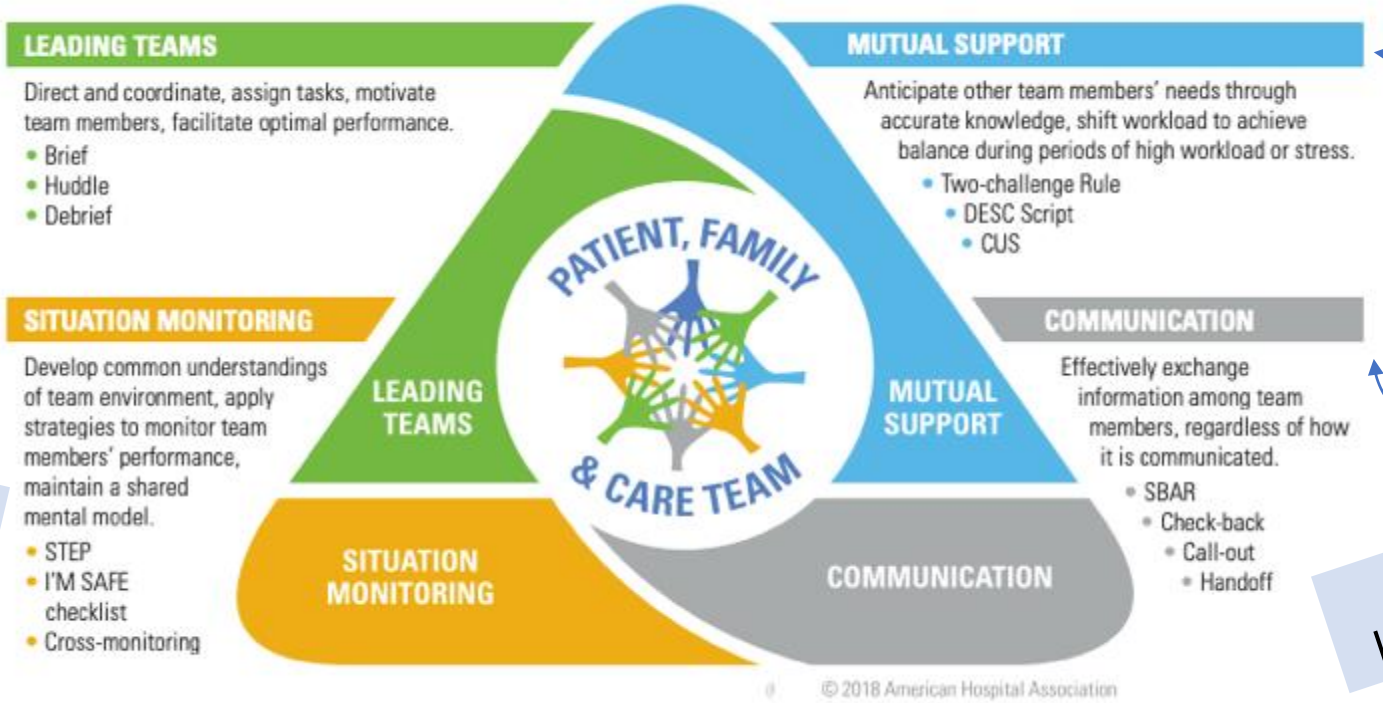
Patients and Families Can Learn and Teach TeamSTEPPS Skills

Teachable-Learnable Skill

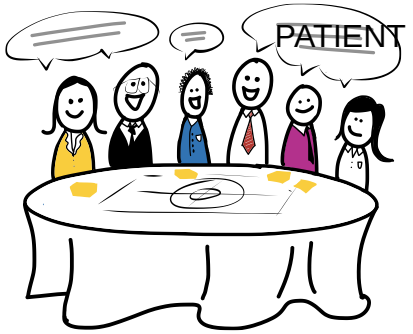
Teachable-Learnable Skill

Teachable-Learnable Skill

Teachable-Learnable Skill



Patient Engagement: Examples by Level



TEACHABLE-LEARNABLE SKILL: COMMUNICATION

BEDSIDE/PERSONAL LEVEL

1. Bedside shift report
2. Interdisciplinary rounds
3. Safety rounds
4. Shared decision making
5. Patient communication boards
6. Family huddles via Zoom
7. Telehealth visit

ORGANIZATIONAL LEVEL

1. Patient stories in service line meetings
2. PFAs on QI/safety teams
3. PFA Safety Liaisons
4. Patient/Family Advisory Councils
5. HR teams
6. Policy and Procedure teams
7. ”Warm handovers” during transitions

COMMUNITY/POLICY LEVEL

1. Patient and community stories
2. PFAs serve on community boards and policy teams
3. Community Safety Liaisons
4. Public health department communications teams

Teachable-Learnable Skill: Communication

The Patient's SBAR

Situation/Symptoms – Describe what you believe is going on.

Background: -- Write down 1-3 sentences describing your medical history.

Assessment: -- Have you ever had these issues/symptoms before? If so, what happened? If not, what do you think might be going on?

Recommendation or Request: -- What do you need? Include immediate needs, and needs for home or discharge, like a prescription refill.

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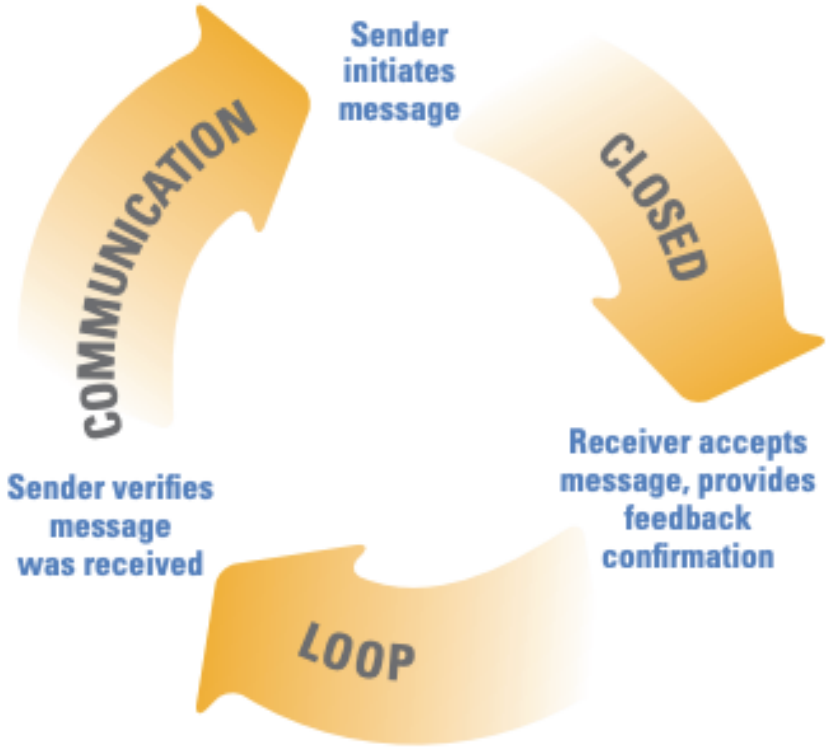
Teachable-Learnable Skill: Communication



PFE RELATIVE TO SHARING IMPORTANT OR CRITICAL INFORMATION

- Inform patients simultaneously during situations
- Help patients anticipate next steps
- Give them responsibilities, a specific task
- Check-back to be sure information is understood
- During transitions of care, provide patients with information (safety concerns, background, assessment, actions taken, priorities, responsible party, next steps)
- Communication can happen at ALL levels and settings!

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Patient Engagement: Examples by Level

TEACHABLE-LEARNABLE SKILL: MUTUAL SUPPORT

BEDSIDE/PERSONAL LEVEL

1. Bedside shift report
2. Interdisciplinary rounds
3. Patient specific safety issue
4. Shared feedback on team
5. Patient includes examples of how they seek and offer help

ORGANIZATIONAL LEVEL

1. Safety rounds with PFAs
2. PFAs on QI/safety teams and pandemic planning groups
3. Patient/Family Advisory Councils
4. Patients on governance committees
5. PFAs help set dashboard metrics

COMMUNITY/POLICY LEVEL

1. Hospital/system PFAs serve on pandemic teams
2. Patient and community stories used to illustrate task assistance among groups
3. PI plans at community level are shared and co-designed
4. Community Safety Liaisons

Teachable-Learnable Skill: Mutual Support

I am **C**ONCERNED!

I am **U**NCOMFORTABLE!

This is a **S**AFETY ISSUE!

The Patient's CUS

I am **C**ONCERNED

I am **U**NCOMFORTABLE

I AM **S**CARED!

"STOP THE LINE"

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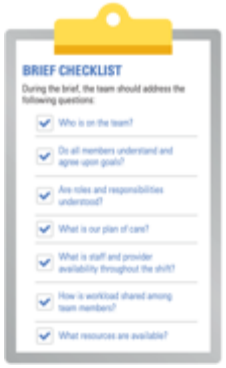
Patient Engagement: Examples by Level



TEACHABLE-LEARNABLE SKILL: LEADING TEAMS

BEDSIDE/PERSONAL LEVEL

1. Bedside shift report initiated by patient and/or family
2. Interdisciplinary rounds
3. Patient-led goal setting and task assignment
4. Patient communication boards

ORGANIZATIONAL LEVEL

1. PFAs in briefs, huddles, and debriefs for safety issues
2. PFAs provide examples of “model team leadership”
3. PFAs co-lead patient safety teams
4. Patient/Family Advisory Councils lead by PFAs
5. Governance committees with PFAs

COMMUNITY/POLICY LEVEL

1. Hospital/system PFAs serve on community teams
2. Patient and community stories about effective teams
3. PFAs have shared decision making on community resource allocation
4. Community Safety Liaisons

TEACHABLE-LEARNABLE SKILL: LEADING TEAMS

SHARING THE PLAN

BRIEF – Short session prior to start in order to share the plan, discuss team formation, assign roles and responsibilities, establish expectations and climate, anticipate outcomes and likely contingencies

MONITORING AND MODIFYING THE PLAN

HUDDLE – Ad hoc meeting to re-establish situational awareness, reinforce plans already in place and assess the need to adjust the plan

REVIEWING THE TEAM'S PERFORMANCE

DEBRIEF – Informal information exchange session designed to improve team performance and effectiveness through lessons learned and reinforcement of positive behaviors

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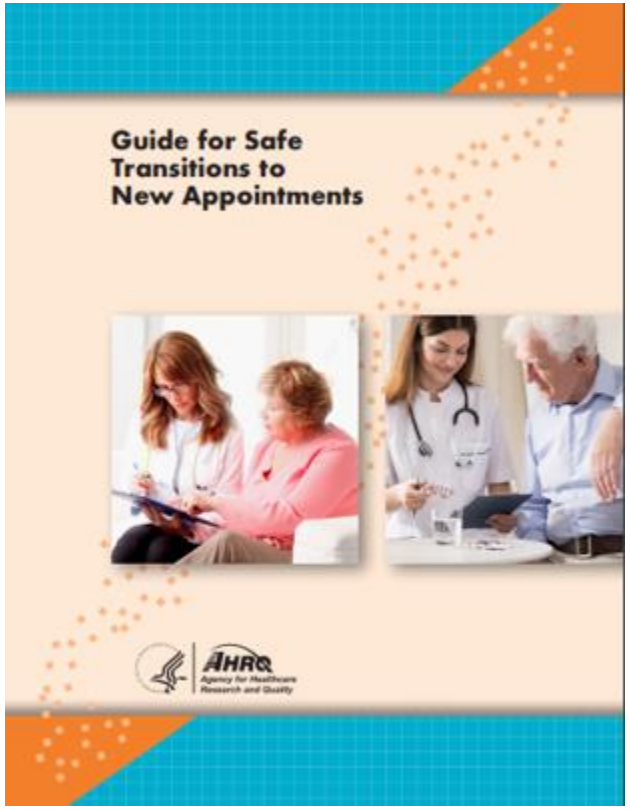
The Patient's Plan

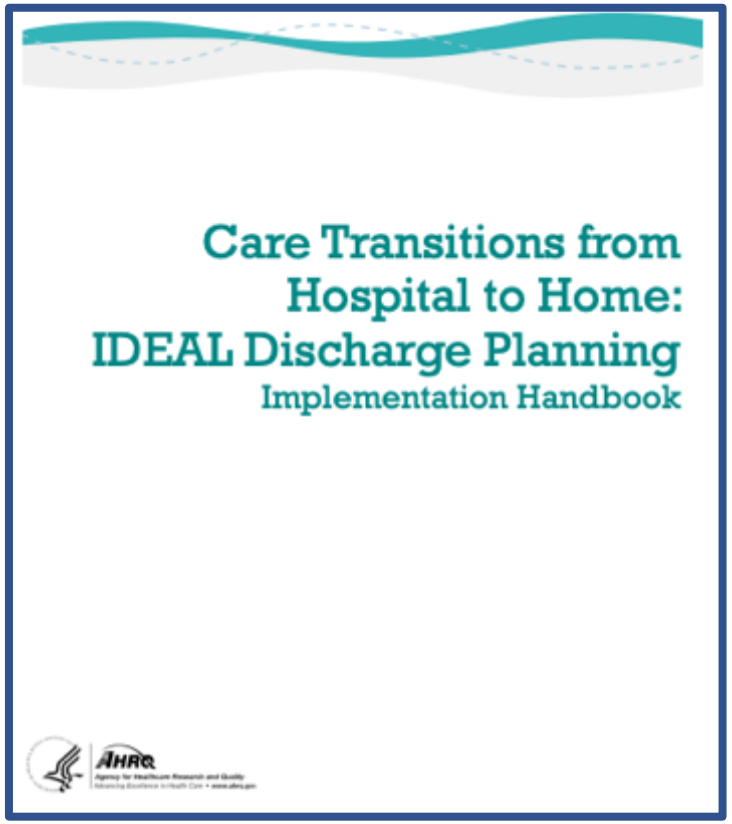
BRIEF family and friends after rounds (via phone, zoom, email, social media, etc.)

HUDDLE with family and friends after the patient has had a change in medical status, discharge plan, or an emotional experience requiring support, etc.

DEBRIEF with family and friends if a communication breakdown or misunderstanding occurs, especially if patient/family is not getting desired results

TEACHABLE-LEARNABLE SKILL: LEADING TEAMS ACROSS SETTINGS





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Patient Engagement: Examples by Level

TEACHABLE-LEARNABLE SKILL: SITUATION MONITORING

BEDSIDE/PERSONAL LEVEL

1. Bedside shift report includes ?s concerning situation from patient perspective
2. Interdisciplinary rounds cover oversights, mistakes
3. Ask patient to help monitor
4. Include patient observations in team communication boards

ORGANIZATIONAL LEVEL

1. PFAs scan and assess situations
2. Awareness questions imbedded in service line and system meetings
3. Patients and other team members share view of current "mental model"
4. Mistakes/oversights are discussed and addressed – with PFAs in the room

COMMUNITY/POLICY LEVEL

1. Community PFAs participate in mutual cross-monitoring
2. Community members serve as safety eyes
3. Community safety checklists are co-designed with PFAs
4. SDOH-related offices embed situation monitoring in meetings and ongoing reviews

Teachable-Learnable Skill: Situation Monitoring

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- Progress Toward Goal (Team and Patient)
- Status of patient (as described by patient)
- Team goals (includes patient goals)
- Team tasks/actions (including patient tasks)
- Appropriateness of plan (based on patient preferences)

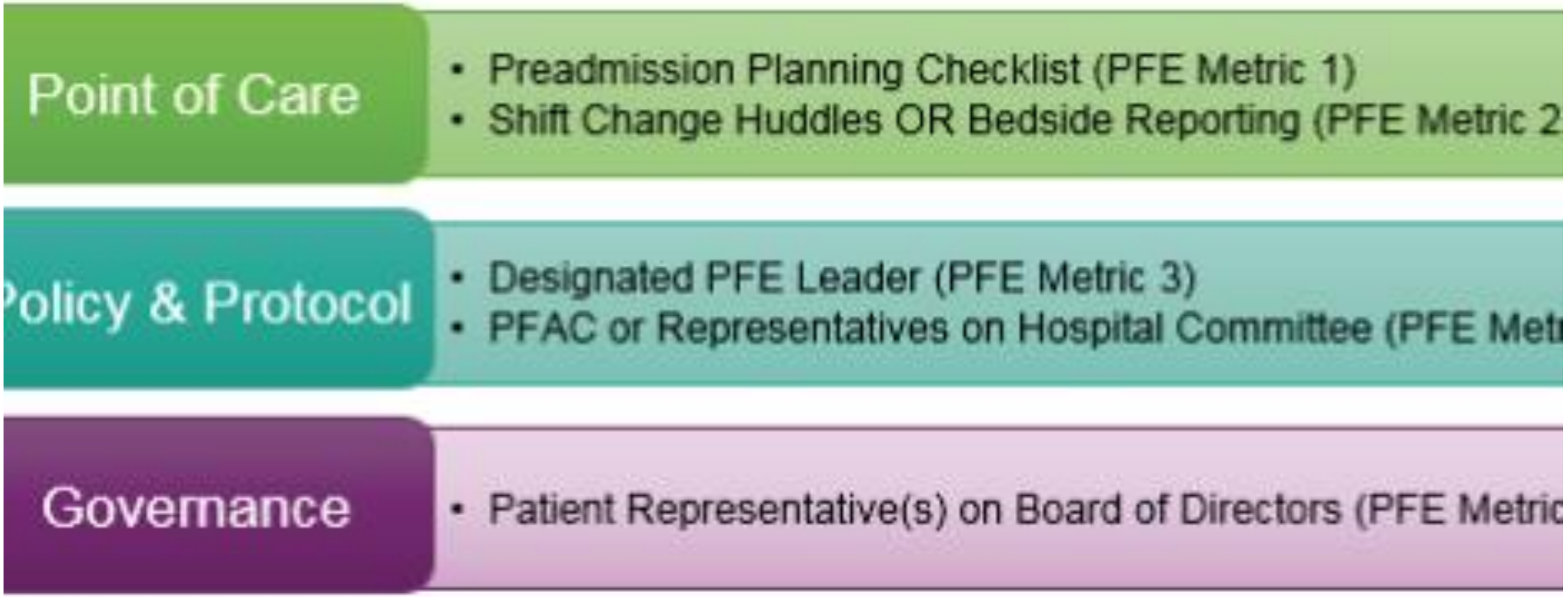
Objective 3: Identify the Opportunities

How is your organization engaging patients as safety champions?

A. We have patients/families serving on patient safety performance improvement teams.
B. We ask patients/families at the bedside if they have any safety concerns.
C. We have organized patient/family advisory councils that regularly review patient safety and quality performance.
D. We have patient advisors serving on key decision-making groups (i.e. Board, operations teams, etc.)
E. I am unsure how we engage patients as safety champions.

Assessment: Five Metrics for PFE

(Partnership for Patients/CMS)



Assessment: Organizational Level

Leadership / Operations	Clear statement of commitment to PFCC and PF partnerships	1	2	3	4	5	
	Explicit expectation, accountability, measurement of PFCC	1	2	3	4	5	
	PF inclusion in policy, procedure, program, guideline development, Governing Board activities	1	2	3	4	5	
Mission, Vision, Values	PFCC included in mission, vision, and/or core values	1	2	3	4	5	
	PF-friendly Patient Bill of Rights and Responsibilities	1	2	3	4	5	
Advisors	PF serve on hospital committees	1	2	3	4	5	
	PF participate in quality and safety rounds	1	2	3	4	5	
	Patient and family advisory councils	1	2	3	4	5	
Quality Improvement	PF voice informs strategic/operational aims/goals	1	2	3	4	5	
	PF active participants on task forces, QI teams	1	2	3	4	5	
	PF interviewed as part of walk-rounds	1	2	3	4	5	
	PF participate in quality, safety, and risk	1	2	3	4	5	

- **Leadership**: Patient and family inclusions in policy, procedure, programs, Governing Board activities
- **Advisors**: Serve on hospital committees, quality and safety rounds, councils
- **QI**: Patient voice informs strategic and operational goals, patients are members of task forces, safety meetings, quality and safety education
- **Personnel**: Job descriptions include expectations for collaboration with patients, patients participate on interview teams, search committees, new employee orientation

https://www.nichq.org/sites/default/files/resource-file/Patient_and_family_centered_care_organizational_self-assessment_tool.pdf

Assessment: Checklist of Attitudes

PART VI: A CHECKLIST FOR ATTITUDES ABOUT PARTNERING WITH PATIENTS AND FAMILIES

Use this tool to explore attitudes about patient and family involvement in their own health care and as advisors. It can be used for self-reflection and as a way to spark discussion among staff and physicians before beginning to work with patients and families as members of advisory councils, and quality improvement, patient safety, policy and program development, and health care redesign teams.

Answer and discuss the following questions:

In each clinical interaction:

- ☐ Do I believe that patients and family members bring unique perspectives and expertise to the clinical relationship?
- ☐ Do I encourage patients and families to speak freely?
- ☐ Do I listen respectfully to the opinions of patients and family members?
- ☐ Do I encourage patients and family members to participate in decision-making about their care?
- ☐ Do I encourage patients and family members to be active partners in assuring the safety and quality of their own care?

At the organizational level:

- ☐ Do I consistently let colleagues know that I value the insights of patients and families?
- ☐ Do I believe that patients and families can play an important role in improving patient experience, safety, and quality within the organization?
- ☐ Do I believe in the importance of patient and family participation in planning and decision-making at the program and policy level?
- ☐ Do I believe that patients and families bring a perspective to a project that no one else can provide?
- ☐ Do I believe that patients and family members can look beyond their own experiences and issues?
- ☐ Do I believe that the perspectives and opinions of patients, families, and providers are equally valid in planning and decision-making at the program and policy level?

- Do I believe the patient and family bring unique perspectives and expertise to the interactions?
- Do I consistently let colleagues know that I value the insights of patients and families?
- Do I believe that patients and family members can look beyond their own experiences and issues?
- Do I believe their opinions and perspectives are equally valid in planning and decision-making at the program and policy level?

https://www.ipfcc.org/resources/Checklist_for_Attitudes.pdf

Engage Patients and Families

1

ESTABLISH CLEAR GOALS

2

PROMOTE A CULTURE OF TEAMWORK

3

DEFINE SUPPORT NEEDED TO SUSTAIN EFFORTS

4

PROVIDE ONGOING COACHING AND MENTORING

Patient Engagement Must Be a Priority

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AHA Annual Survey (2018 data)

Does your hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families?

All Hospitals (N = 6,218)

- 31.4% Yes (1,952)
- 28.2% No (1,756)
- 40.4% did not respond (2,510)

AHA Members (N = 4,247)

- 39.6% Yes (1,682)
- 28.5% No (1,212)
- 31.9% did not respond (1,353)

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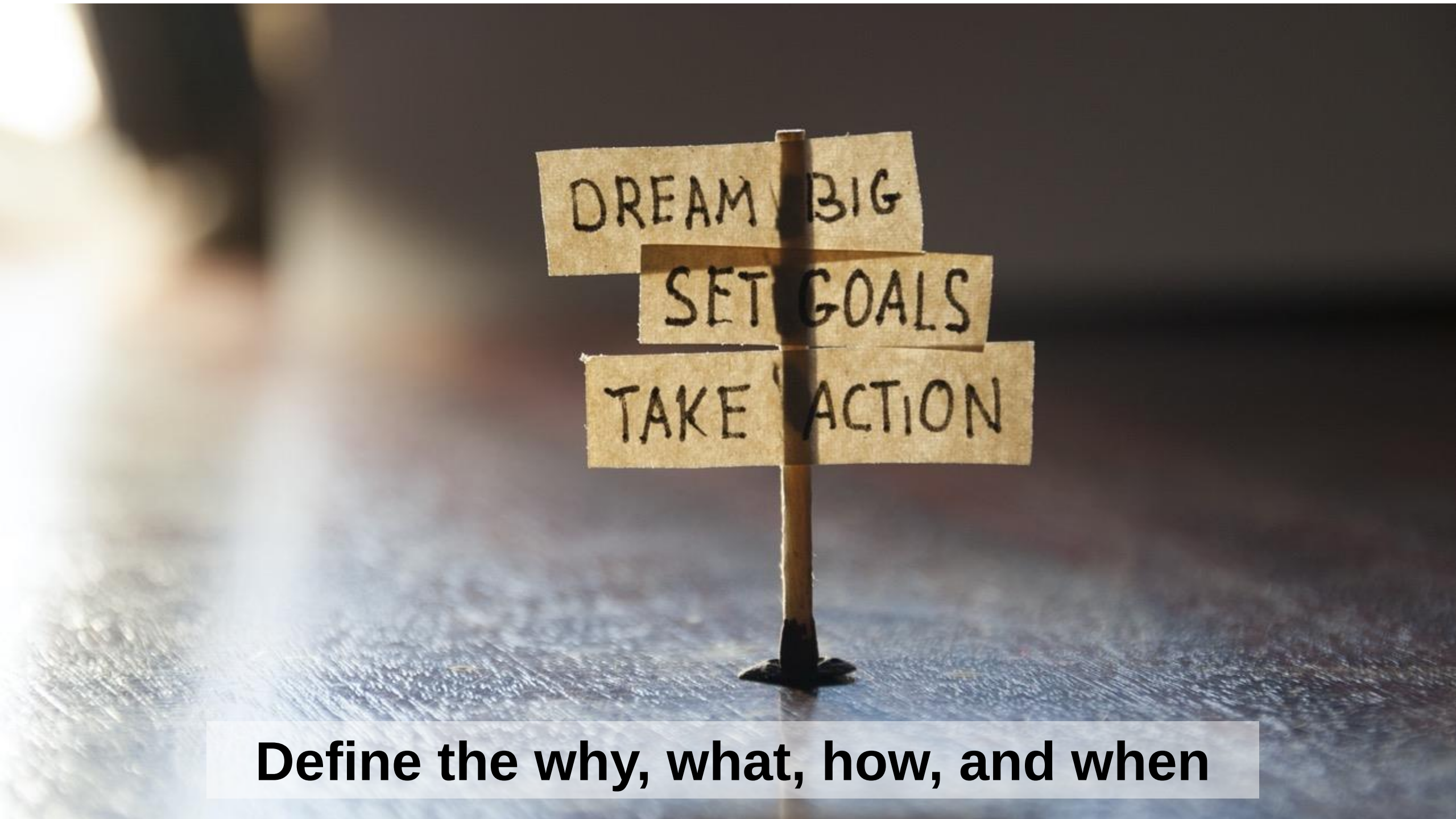

Define the why, what, how, and when

Culture of Teamwork:
Patients, Families, Community Members on Teams

- ✓ Patient Stories
- ✓ Patient Safety Liaisons
- ✓ Quality Teams
- ✓ Staff Education
- ✓ Patient Education

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What Support is Needed to Sustain the Commitment Over Time?

Coaching and Mentoring

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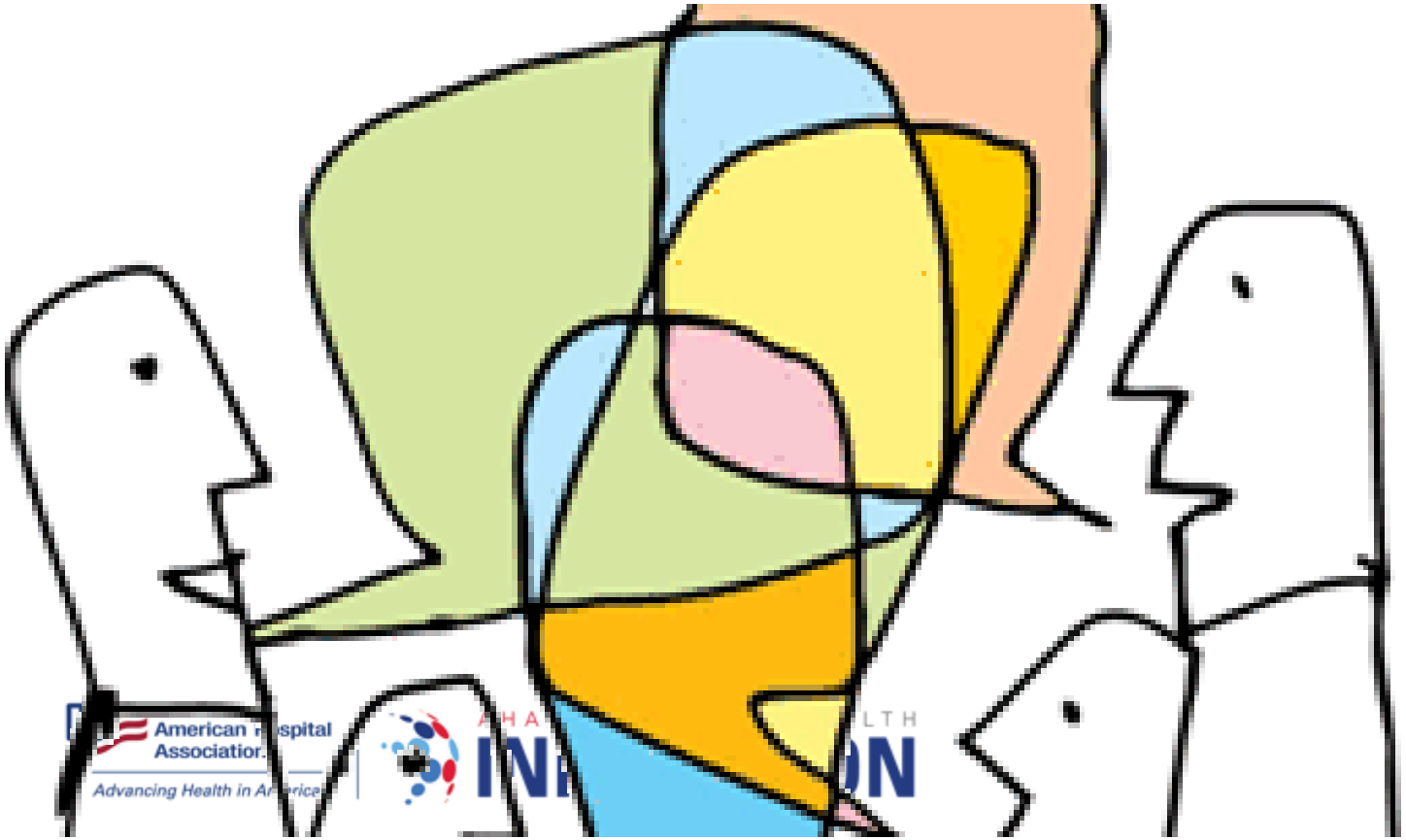
Make A Commitment



In the Chat Box write:

*What is **ONE THING** you will do to ensure patients are more engaged in your teamwork after you leave today's presentation?*

Engaging Patients: Sprints and Marathons!

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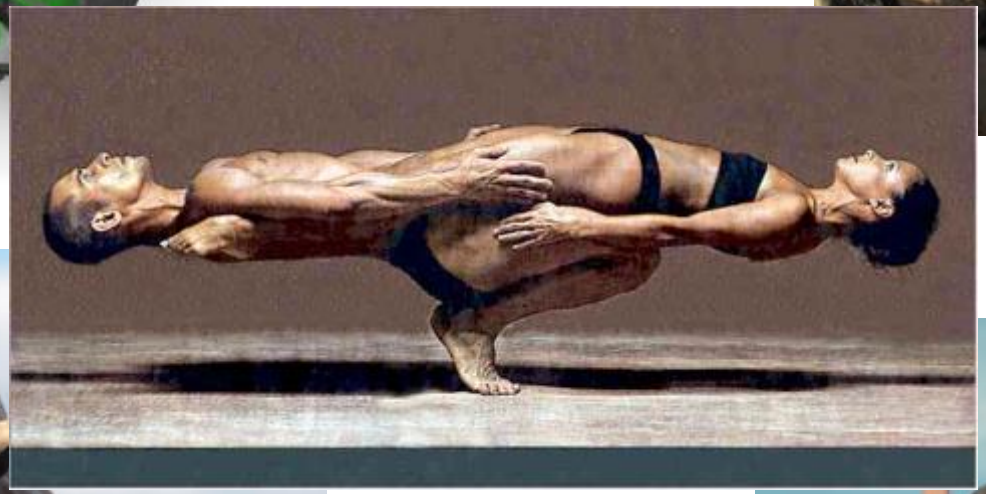

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Key Takeaways

- Patients, families, and communities are untapped resources in an organization’s patient safety initiatives
- Patients can be safety champions and change leaders across the care continuum
- There are numerous opportunities to engage patients and families in patient safety initiatives
- TeamSTEPPS tools can be adapted to engage patients as change agents
- All team members need support to embrace the patient and their family as safety partners

Selected Websites and Resources

- Agency for Healthcare Research and Quality. (2013, June). Guide to patient and family engagement in hospital quality and safety. Washington, DC: Author. Retrieved from http:// www.ahrq.gov/professionals/systems/hospital/engagingfamilies/index.html
- American Institutes for Research. (2014, September). AIR: Roadmap for patient and family engagement. Washington, DC: Author. Retrieved from http://www.air.org/project/ roadmap-guides-patient-and-family-engagement-healthcare
- Institute for Patient- and Family-Centered Care (IPFCC) www.ipfcc.org
- Consumers Advancing Patient Safety (CAPS) www.patientsafety.org
- National Patient Safety Foundation (NPSF) www.npsf.org
- American Hospital Association. Strategies for leadership: patient- and family-centered care. http://www.aha.org/advocacy-issues/quality/strategies-patientcentered.shtml

Thank you for joining today's webinar.

Join us for an office hour on Wednesday, December 16 from 1:00 to 2:00 pm CT. Register now on Mighty Network!

Sue Collier, MSN, RN, FABC

Chief Engagement Officer

Patient Centered Innovation, Inc.

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AHA Team Training

Questions? Stay in Touch!

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