# INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

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# Better Together: Partnering with Families — A 4-Part Webinar Series

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# Engaging Staff, Patients, and Families in Change

May 21, 2014

Better Together: Partnering with Families Webinar Series — #2

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

# In our time together . . .

◆ Identify staff concerns about changing "visiting" policies and practices as well as what is personally important to them for themselves and their own family members.

◆ Discuss barriers and challenges in changing "visiting" policies and practices.

◆ Explore ways to involve patient and family advisors in this process of change.

◆ Describe educational and support strategies to address staff concerns.

# Patient- and Family-Centered Core Concepts

◆ People are treated with **respect and dignity**.

◆ Health care providers communicate and share complete and unbiased **information** with patients and families in ways that are affirming and useful.

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

◆ **Collaboration** among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.

Patient- and family-centered care is working "<u>with</u>" patients and families, rather than just doing "<u>to</u>" or "<u>for</u>" them.

# A Broad Definition of Family



In health care settings, patients are asked to define their family and how they will be involved in care and decision-making.

The American Academy of Family Physicians which defines "family" as "a group of individuals with a continuing legal, genetic and/or emotional relationship". (American Academy of Family Physicians, 2009).

# Patient and Family Engagement

Patient and family engagement is a priority consideration essential to health reform at four levels

◆ **At the clinical encounter…patient and family engagement in direct care, care planning, and decision-making.**

◆ **At the practice or organizational level, patient and family engagement in quality improvement and health care redesign.**

◆ At the community level, bringing together community resources with health care organizations, patients, and families.

◆ At policy levels locally, regionally, and nationally.

# Transforming Healthcare: A Safety Imperative

The family is respected as part of the care team—never visitors—in every area of the hospital, including the emergency department and the intensive care unit.

Leape, L., Berwick, D., Clancy, C., & Conway, J., et al. (2009). Transforming healthcare: A safety imperative, *BMJ's Quality and Safety in Health Care.* Available at: http://qshc.bmj.com/content/18/6/424.full

# Changing the Concept of Families as Visitors. . .
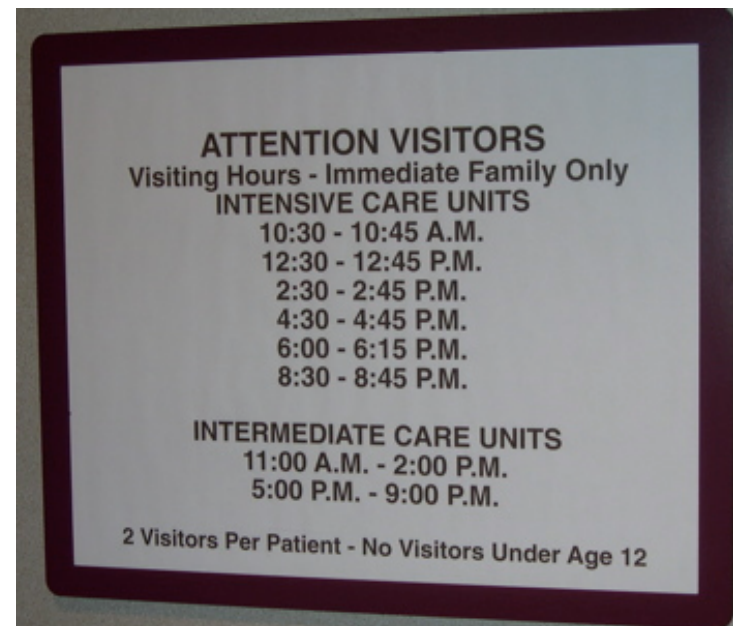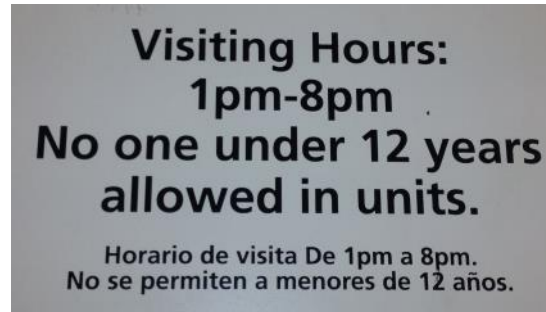
# An International Campaign

# A Sneak Peek . . .

# Webinar #1 — Pre-work/Home-work:

◆ Changing Hospital "Visiting" Policies and Practices: Supporting Family Presence and Participation. Available from: www.ipfcc.org/visiting.pdf

◆ Complete the Better Together: Partnering with Families Online Organizational Assessment –

   https://www.surveymonkey.com/s/ BetterTogether_PartneringwithPatientsandFamilies

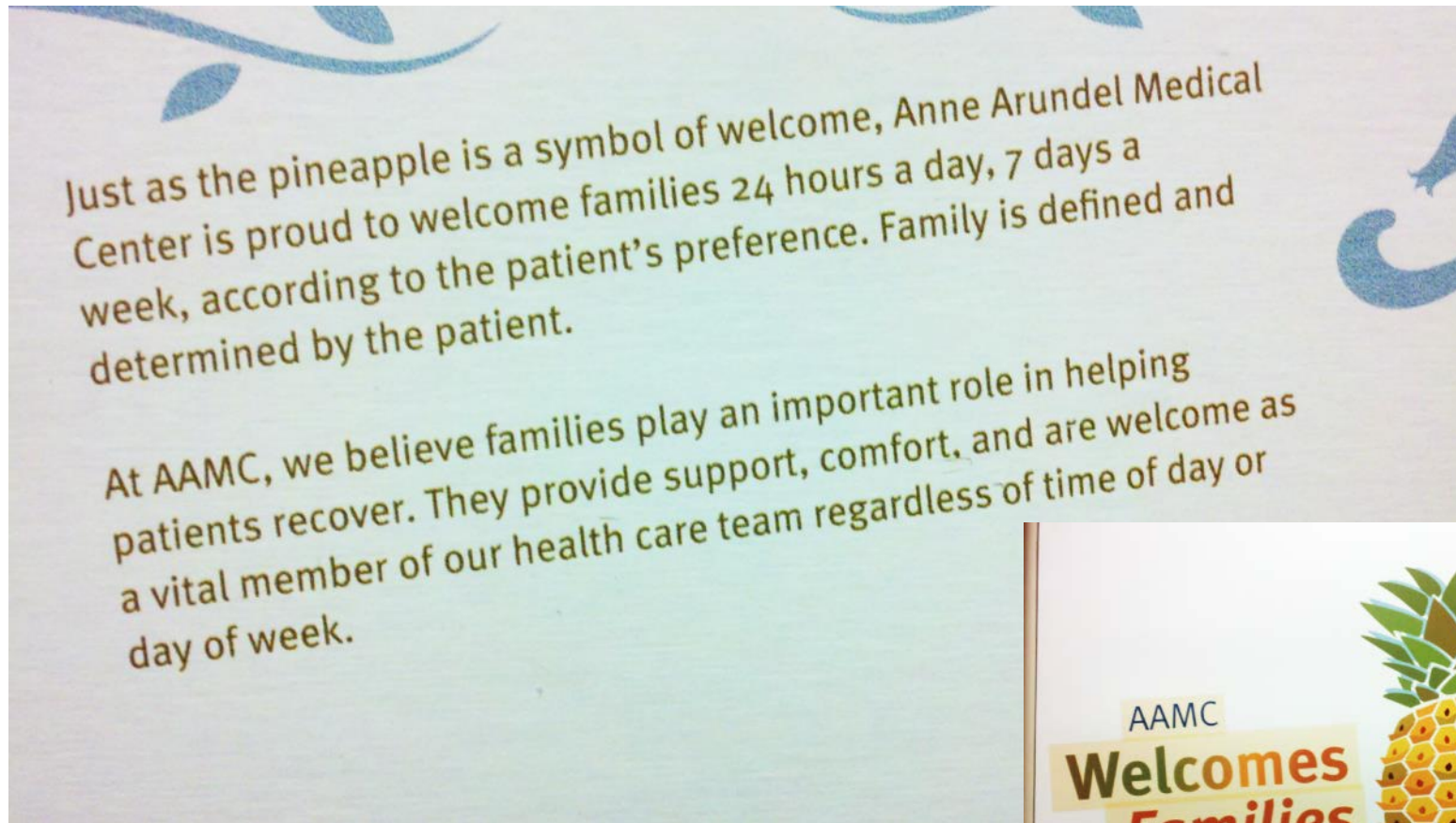◆ Conduct a Walkabout with leaders, staff, and several patients and families (see "Walkabout" guidance handout).

# Powerful first impressions . . .



STOP! Use Telephone in Waiting Room Before Entry.
ALTO! Usar el teléfono en la sala de espera antes de entrar.



Visiting Hours: 1pm-8pm
No one under 12 years allowed in units.
Horario de visita De 1pm a 8pm.
No se permiten a menores de 12 años.



All Visitors
Please Pick Up Wall Phone and Dial "1" For Permission to Enter.



No Visiting
Physician Rounds In Progress



ATTENTION VISITORS
Visiting Hours - Immediate Family Only
INTENSIVE CARE UNITS
10:30 - 10:45 A.M.
12:30 - 12:45 P.M.
2:30 - 2:45 P.M.
4:30 - 4:45 P.M.
6:00 - 6:15 P.M.
8:30 - 8:45 P.M.

INTERMEDIATE CARE UNITS
11:00 A.M. - 2:00 P.M.
5:00 P.M. - 9:00 P.M.

2 Visitors Per Patient - No Visitors Under Age 12

# Changing the Concept of Families as "Visitors" A Key Strategy for Quality and Safety



Just as the pineapple is a symbol of welcome, Anne Arundel Medical Center is proud to welcome families 24 hours a day, 7 days a week, according to the patient's preference. Family is defined and determined by the patient.

At AAMC, we believe families play an important role in helping patients recover. They provide support, comfort, and are welcome as a vital member of our health care team regardless of time of day or day of week.

AAMC **Welcomes** *Families*

Anne Arundel Medical Center
Annapolis, MD

[Click here](#) to play this video

The Welcoming Policy:

A Journey of Leadership and Commitment at all Levels of the Organization and With the Community

AND a Journey of Innovation, Change, and Improvement



Anna Roth, Hospital CEO

# Contra Costa Regional Medical Center & Health Centers, Martinez, CA

Respecting Staff Concerns
Listening to Staff
Supporting Staff Involvement

Jaspreet Benepal
Chief Nursing Officer

# Engaging Staff and Clinicians

◆ Invite staff to share personal stories about hospital experiences:

  ◆ When there were restricted visiting policies and their family could not be present.

  ◆ When families were encouraged and supported in being present.

  ◆ Explore the differences and the feelings from these experiences.

◆ Invite patients and families to share stories with staff about their experiences with restrictive visiting policies and with more supportive family presence policies.

# Engaging Staff and Clinicians

◆ View the video, The Contra Costa Story . . . Coming soon

◆ Conduct a "walkabout" to see how welcoming your hospital is.

◆ Complete the Better Together online survey at:

> https://www.surveymonkey.com/s/
> BetterTogether_PartneringwithPatientsandFamilies

◆ Identify staff and clinician champions.

◆ Create a Journal Club or hold brown bag lunches to explore articles and websites that describe changing policies and practices and the emerging evidence.

## Engaging Staff and Clinicians in the Review of Your Hospital's Current "Visiting" Policy

◆ What do you like and want to keep? Why?

◆ What do you think could be improved?  Why?

◆ How would this policy work for you if the person you loved most was our patient and the policy was applied to you? How might it impact you and your family?

◆ Is this policy followed uniformly throughout our organization?  ICU? ED? Med Surg? OB? Psychiatry? In the middle of the night?  Week-ends?

◆ Do all departments know and apply the policy consistently?

## Engaging Staff and Clinicians

◆ In a variety of forums and in a variety of ways, ask staff and clinicians:

   ◆ What excites you about this change in policy?

   ◆ What concerns or fears do you have about this change in policy?

◆ Share the positives broadly.

◆ Address each of the concerns directly and respectfully …encourage staff to develop the strategies for addressing concerns. Share these strategies broadly.

Better Together
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# Engaging Staff and Clinicians — HIPAA

**Read the following statements and ask whether they are true:**

◆ HIPAA limits family presence and participation.

◆ HIPAA prohibits a patient from accessing his or her medical record.

◆ Patients' personal health information cannot be discussed at the bedside in semi-private rooms.

◆ Family presence changes the information that can be written on white boards in patient rooms.

◆ Change of shift bedside report and rounds can only be done in private rooms when family members are not present.

◆ Only the designated Emergency Contact has access to information about a patient who is unconscious or incompetent.

**For complete exercise:**

http://essentialhospitals.org/webinar/engaging-staff-patients-and-families-in-change/

# Contra Costa Regional Medical Center & Health Centers, Martinez, CA

Supporting Security Staff and the Collaboration with Front-line Nursing Staff and Facilities Management

Lt. Jeff Moule, Chief Security Officer

**INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE**

**Implementing a Welcoming Family Presence Policy: The Role of Security**

Security personnel have important expertise and experience in assuring the safety of patients, families, and staff. This expertise and experience will be important to the process of changing the concept of families as "visitors" in a hospital or for specific clinical area. They should be well represented on planning committees and should play an essential role in planning the change in policy as well as in successful implementation and ongoing evaluation. The following recommendations outline important considerations for a hospital's security personnel:

- Hospital leaders convey to all security personnel, through contracts and in person, the vision, values, and behavioral expectations for patient- and family-centered care and the importance of the welcoming family presence policy.

- Security leaders and staff participate in educational sessions about patient- and family-centered care and welcoming family presence policy. In these sessions, there are opportunities to:
  - o Learn directly from patient and family advisors about helpful, supportive security practices and those that are not.
  - o Develop skills and confidence in using language that is welcoming and supportive of patients and families.
  - o Learn about privacy and confidentiality and explore myths and misperceptions about HIPAA.
  - o Discover the power of signage and its impact on the experience of care.

- Security leaders and staff partner with front-line staff and facilities management in identifying and addressing potential problems and security risks related to the implementation of the welcoming family presence policy.

- Security personnel are provided with training on how to proactively welcome, support, and anticipate the needs of patients and families, especially in emergency and critical care situations.

- Security leaders and staff provide training to front-line staff on how to manage and de-escalate difficult situations, such as threatening, violent, disruptive, self-destructive, and other inappropriate behaviors.

- Security personnel are trained to support families during resuscitation, in end-of-life situations, and in the trauma bay. They always respond when codes are called.

- Security leaders and staff participate in the monitoring, evaluation, and continuous improvement of the welcoming family presence policy.

For more information, tools, and resources about the Better Together: Partnering with Families campaign, visit:
http://www.ipfcc.org/advance/topics/better-together.html
For more information about the role of security and advancing the practice of patient- and family-centered care:
Spencer, P. (2008). The security case for patient and family centered care. *Journal of Healthcare Protection Management*, 24(2), 1-5.
Spencer, P. (2012). Security's role in PFCC. *Journal of Healthcare Protection Management*, 28(2), 30-34.

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# Supporting Security Staff and the Collaboration with Front-line Nursing Staff and Facilities Management

http://essentialhospitals.org/webinar/engaging-staff-patients-and-families-in-change/

# Questions and Sharing of Ideas

# Resources


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# CHANGING HOSPITAL "VISITING" POLICIES AND PRACTICES: SUPPORTING FAMILY PRESENCE AND PARTICIPATION

## EXECUTIVE SUMMARY

Current "visiting" policies in many of our nation's hospitals, even for traditionally defined "families," are inappropriately restrictive, costly, put patients at risk, and contribute to emotional suffering for both the patient and family…even if administered without a trace of discrimination (Lee, et al., 2007; Spuhler, 2007). Not only is it vital to enact change as President Obama has outlined, including how families are defined, it is also imperative to transform the restrictive policies and practices of many of our nation's hospitals (Berwick & Kotagal, 2004).

Fundamental change is necessary to move away from the current prevailing view that families are visitors. To achieve this, the family must be *respected as part of the care team—never visitors—in every area of the hospital, including the emergency department and the intensive care unit* (Leape et al., 2009, p. 426).

http://www.ipfcc.org/visiting.pdf

SICK, SCARED *and*
SEPARATED *from*
LOVED ONES:

A Report on NYS Hospital Visiting Policies and
How Patient-Centered Approaches
Can Promote Wellness and Safer Healthcare

— A Report by —
NEW YORKERS FOR PATIENT & FAMILY EMPOWERMENT
NEW YORK PUBLIC INTEREST RESEARCH GROUP

*August 2012*

"A surprising 22% *provide no visiting hours in the morning and fail to disclose any potential for flexibility, even for a patient's support person*."

"26% of the hospital websites make public statements contrary to New York State and federal policy. . . "

http://www.nypirg.org/patientandfamily/pubs/20120807/Sick-Scared-Separated%20from%20Loved%20Ones%208-2012.pdf

# Better Together: Partnering with Families

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# Online Organizational Self-Assessment

## Better Together: Partnering with Families - An Organizational Self-Assessment

This organizational self-assessment provides an opportunity for a hospital to assess current policies and practices as part of a process to change the concept of families as "visitors" to welcoming families as essential members of the care team, according to patient preference. It helps determine initial priorities and action steps to begin the process of change and improvement. It can also be used to track progress over time.

**1. The name of the hospital where I work is:**

**2. Does our hospital acknowledge the importance of families and other care partners to the care, comfort, and safety of patients in:**

|  | Yes | No |
|---|---|---|
| Written policies? | ○ | ○ |
| Staff practices? | ○ | ○ |
| Website? | ○ | ○ |

Comments:

**3. Do our hospital's written policies refer to families and other care partners as essential members of the health care team and not as "visitors"?**

○ Yes
○ No

Comments:

**4. Does our hospital encourage patients to define their family or other care partners who will be involved in care and decision-making through:**

|  | Yes | No |
|---|---|---|
| Written policies? | ○ | ○ |
| Staff practices? | ○ | ○ |
| Documentation systems? | ○ | ○ |

Comments:

**5. Does our hospital encourage patients to identify their preferences for how family members and other care partners will be involved in care, care planning, and decision-making in:**

|  | Yes | No |
|---|---|---|

http://essentialhospitals.org/webinar/engaging-staff-patients-and-families-in-change/

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**HOW TO CONDUCT A "WALK-ABOUT" FROM THE PATIENT AND FAMILY PERSPECTIVE**

One way to begin working with patients and families in planning for improvement is to explore your hospital, unit, or clinic through the eyes of patients and their families. A "walk-about" is an activity that can be used to obtain patient and family perspectives about the experience of care, especially about first impressions, and how your organization's policies, practices, and environment support patients and families in engaging as key partners on their health care team.

If you have patient and family advisors working with your organization, ask them to participate in this activity. If you don't currently have any patients or families identified as advisors, invite several patients and families who have received care at your organization to participate. It is helpful to have more than one patient or family member participating in the "walk-about." Select patients and families who are willing to share their opinions (for guidance, see "Selecting, Preparing, and Supporting Patient and Family Advisors" in the resources titled, *Advancing the Practice of Patient- and Family-Centered Care in Hospitals: How to Get Started* and *Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Settings: How to Get Started* available at www.ipfcc.org/tools/downloads.html).



http://essentialhospitals.org/webinar/engaging-staff-patients-and-families-in-change/

◆ **Expected Practice**

   ◆ "Facilitate unrestricted access of hospitalized patients to a chosen support person…"

   ◆ Respecting patient preferences. . .

   ◆ Policies prohibit discrimination. . .

   ◆ Policies guide the handling of situations that interfere with safety, the rights of others, or are medically or therapeutically contraindicated . . .

◆ **Succinct listing of supporting evidence.**

◆ **Actions for Nursing Practice**

**Pre-work/Home-work for August 13ᵗʰ Webinar:**

◆ Develop a working draft of a Welcoming Family Policy. Samples and a template can be found at: http://www.ipfcc.org/advance/topics/changing-policies-sample-guidelines.html

◆ Begin to use a variety of resources and educational materials to prepare and support staff, patients, and families for change in practice.

  ◆ HIPAA: Clarifying the Impact of a Welcoming Policy on Privacy and Confidentiality.

  ◆ Implementing a Welcoming Family Presence Policy: The Role of Security.

  ◆ Roles for Patient & Family Advisors in Changing the Concept of Families as "Visitors" to Families as Partners.

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# Webinar #3

## Learning New Ways of Communicating

August 13, 2014

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE