



# AMERICA'S ESSENTIAL HOSPITALS

**Patient and Family Engagement Series IV – Patient and Family  
Centered Care at the Bedside**

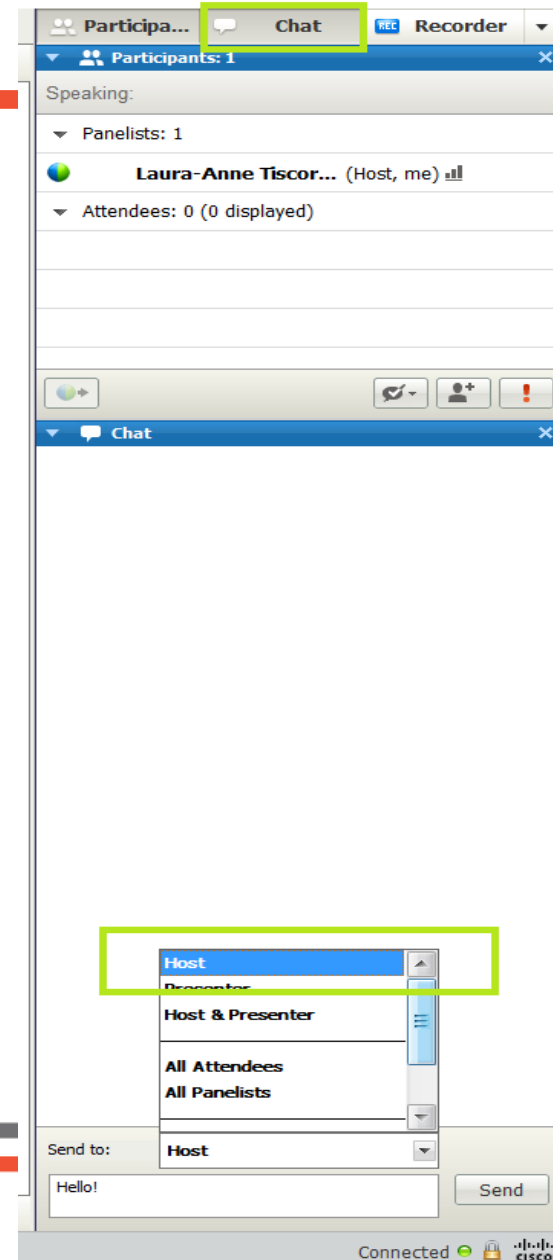
Essential Hospitals Engagement Network

*March 6, 2014*



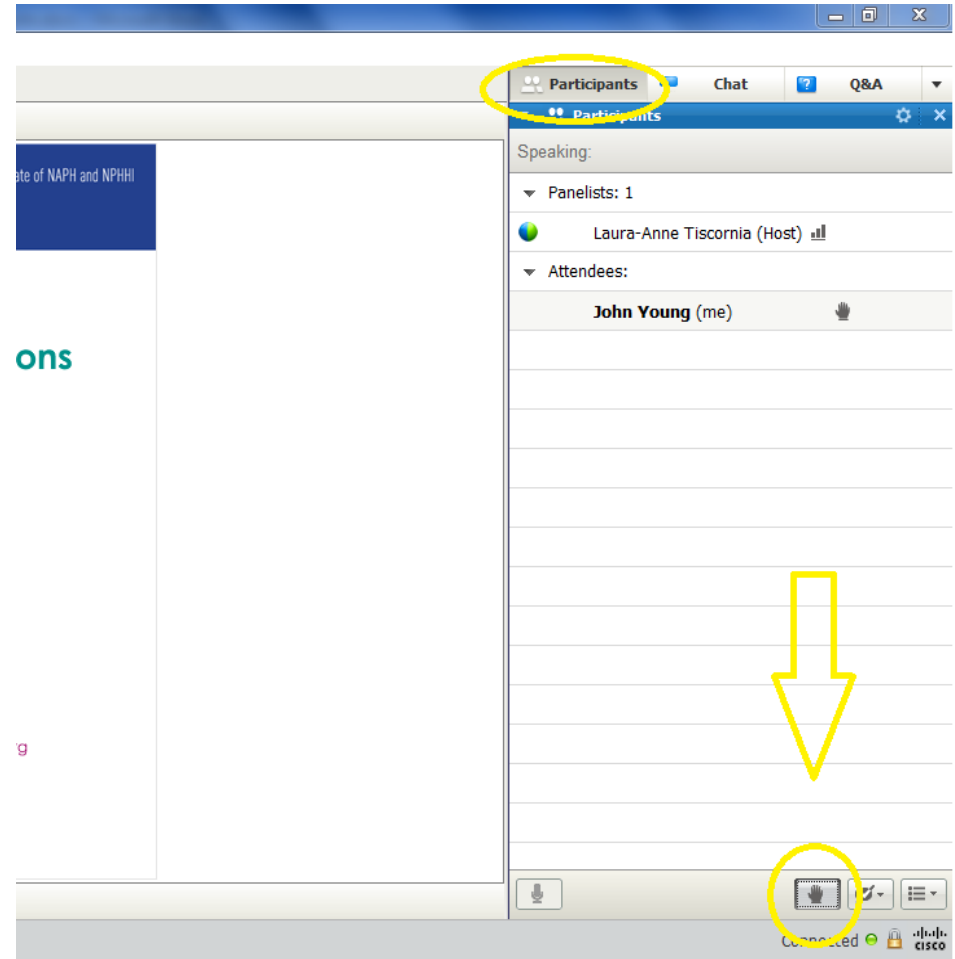
# CHAT FEATURE

The chat tool is available to ask questions or comments at any time during this event.



# RAISE YOUR HAND

If you wish to speak telephonically, please “raise your hand.” We will call your name, when your phone line is unmuted.



# ENGAGE AT OUR NEW WEBSITE!

The screenshot displays the homepage of the America's Essential Hospitals website. At the top, the navigation bar includes links for 'about / special events / sponsorship opportunities / newsroom / contact us / essential hospitals list /', a search function, and 'SIGN UP | LOGIN' buttons. The main header features the organization's logo and a list of categories: ACTION (Public Policy), QUALITY (Improving Our Hospitals), EDUCATION (Training Health Care Leaders), INSTITUTE (Research & Transformation), and BLOG (Essential Insights). A large banner on the left contains the text 'Essential People, Essential Communities, Essential Hospitals' and 'These are the faces and stories behind our essential hospitals across the country', accompanied by four black and white portraits of diverse individuals. Below the banner, a 'FILTER BY' section allows users to select from ACTION, QUALITY, EDUCATION, and INSTITUTE. The main content area is divided into three columns. The left column, titled 'QUALITY NOTES', features an article 'Defining the Patient Experience: Study Explains Why Words Matter' by Cassandra Blohowiak. The middle column, titled 'IN THE FIELD', features an article 'Caring for the Underserved: Providers Do Whatever It Takes' by Janelle Schrag. The right column contains a social media feed for '@OurHospitals', a newsletter sign-up form, and a 'Top Issues and Topics' section. The website is flanked by large red circular buttons with white arrows pointing left and right.

Network with peers, learn how essential hospitals are changing lives  
Now live at [essentialhospitals.org](http://essentialhospitals.org)

## PAST WEBINARS

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- Patient and Family Engagement: Surfacing the Abundance (February 26, 2013)
  - » Contra Costa Regional Medical Center
- Engaging Patients to Improve Outcomes (July 25, 2013)
  - » Cambridge Health Alliance
  - » Institute for Patient- and Family-Centered Care
- The Patient Advisor's Voice in Patient and Family Engagement (December 3, 2013)
  - » The Ohio State University Wexner Medical Center



# AGENDA

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- Partnership for Patients and 2014
- Putting Patient- and Family-Centered Care into Practice
  - » Christiana Care Health System, Newark, Del.
- Q & A
- Upcoming events

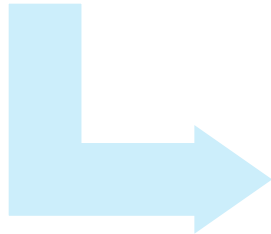


# 2014 PARTNERSHIP FOR PATIENTS

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## Partnership for Patients (PfP)

- CMS-funded
- Reduce nine hospital-acquired conditions by 40 percent
- Reduce readmissions by 20 percent



## Hospital Engagement Networks (HENs)

- 27 contracted organizations
- 3,700 U.S. hospitals



## Essential Hospitals Engagement Network (EHEN)

- 22 hospitals nationwide
- Only essential hospital-focused HEN
- Special focus on health equity



# SPEAKER INFORMATION

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Ann-Marie C. Baker, MSN, RN-BC  
Staff Education Specialist  
Christiana Care Health System



Michelle Collins MSN, RN-BC, ACNS-BC  
Manager, Nursing Professional Development & Education  
Leader, Centers for Educator Development and  
Patient-Family Education  
Christiana Care Health System



Suzanne Heath, MS, BSN, RN, BC  
Nurse Manager,  
Medical Stepdown and Express Admission  
Christiana Care Health System



John McMillen, MBA, MS, BSN, RN, NE-BC  
Nurse Manager,  
5C Medical  
Christiana Care Health System





**CHRISTIANA CARE**  
HEALTH SYSTEM

## Goals for this afternoon

### Speakers:

- Ann-Marie Baker  
MSN RN- BC
- **Michelle L. Collins**  
MSN, RN-BC, ACNS-BC
- Suzanne Heath MSN  
RN
- John McMillen MSN  
RN
- James Ruether MD

- Share our journey with you
- Share lessons learned
- Share  
tips/recommendations
- Answer any questions you  
may have!

# The Patient Experience



*The patient experience is the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.*

~ The Beryl Institute

# What is driving the current climate of change?

- Patients' expectations are rising – consumer expectations today are being shaped by the expectations of consumer brands.
  - In the minds of consumers, each component of their hospital care is inseparable.
  - To patients and families – the hospital, nurses, physicians, staff, clinical care, and the overall experience are one.
- Results now have a direct financial effect on hospitals; CMS payments may be raised or lowered based on specific criteria

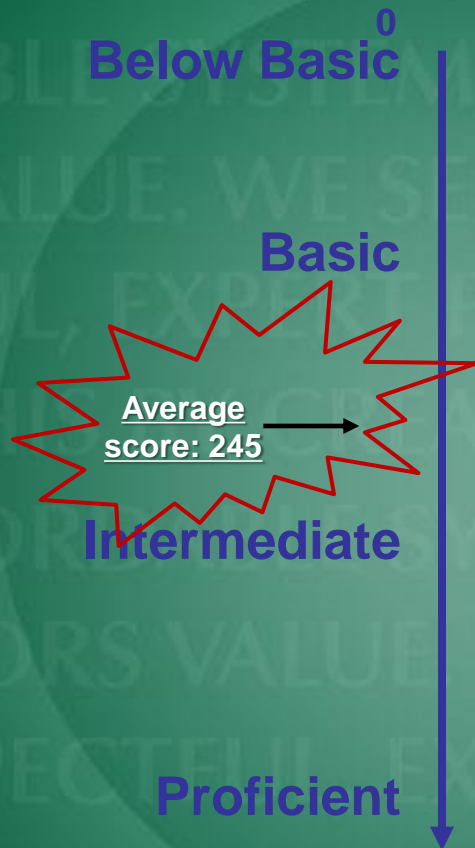


# How do we influence the outcomes?

- Provide Patient and Family Centered Care
  - Develop/engage work to improve the Patient Experience
  - Communicate with our patients and Families in a health literate manner
    - Teach Back
  - Apply Patient and Family Care Principles
    - Purposeful Hourly Rounds
    - Bedside Shift Report/ Handoff
    - Interdisciplinary Rounds that include patients and Families

# Expect to be Misunderstood

## Health Literacy Tasks



Circle the date of a medical appointment on a hospital appointment slip. (101)

Give two reasons a person should be tested for a specific disease, based on information in a clearly written pamphlet. (202)

Determine what time a person can take a prescription medication, based on information on the drug label that relates the timing of medication to eating. (253)

Calculate an employee's share of health insurance costs for a year, using a table. (382)

*The majority of patients and families will struggle with health information!!*



## Assess patient and family needs

- What are their learning needs?
  - Best way to learn
  - Best language to learn in
- Who wants to/needs to learn?
- What do they know already

(Kripalani and Weiss, 2006)



## Use Plain Language

- Avoid jargon
- Organize information
  - understandable pieces
  - simple language
  - active voice
  - personal to patients and families



## Need to Know

- Don't overload the learning with “nice” to know information



## Use Health Literate Materials

- Visuals!
- Bullets
- Short and to the point

(Kandula et al, 2011; Schwartzberg et al 2007; Kripalani and Weiss, 2006)





# Check for understanding- Use Teach Back!!

- Ensures agreement and understanding ...

**This is essential**

- Verify that the intended message and the *received message* are one and the same

# Current Teach Back Programs

- 2 Cardiac Units
- Stroke Step Down Unit
- Coming soon to-  
Medical Unit, Surgical  
Service Line
- Evaluating the  
Effectiveness  
medication teaching
  - Unit Specific
  - Focus on 1 medication  
specific to condition
- Measure Readmission

# Purposeful Hourly Rounding

## Our Wilmington Acute Care of the Elderly Unit Story

# Bedside Report/ Handoff

- Handoffs and transitions in care are a point of vulnerability and often cited as a contributing factor to medical errors
- A standardized process has the potential to reduce content omissions and streamline handoffs
- Bedside report/handoff supports the philosophy of Patient and Family Centered Care

The background features a large, light green circular arrow pointing clockwise. Overlaid on this is a repeating pattern of the text "WE SERVE OUR NEIGHBORS AS RESPECTFUL, EXPERT PARTNERS IN THEIR HEALTH. WE DO THIS BY CREATING INNOVATIVE, EFFECTIVE, AFFORDABLE SYSTEMS OF CARE THAT OUR NEIGHBORS VALUE." in a lighter green, sans-serif font.

## Bedside Report Project



# Standardized DATAS Handoff tool

Christiana Care Health Services – Patient Care Report	
<b>Patient Name:</b> _____ <b>Confidential:</b> No <b>Patient Status:</b> Active <b>Room:</b> _____ <b>FIN:</b> _____ <b>MRN:</b> _____ <b>DOB:</b> 09/04 70 Y <b>Sex:</b> Female <b>Admit:</b> 02/16/12 – Inpatient <b>LOS:</b> 25.9	<b>Admitting:</b> _____ <b>Attending:</b> _____ <b>Responsible:</b> _____ <b>PCP:</b> _____ <b>Isolation:</b> 1B – MRSA <b>DNR Status:</b> _____ <b>Special Notes:</b> _____
<b>Tasks For Patient:</b> <b>Allergies Review:</b> _____ <b>ARP:</b> 02/20/12 <b>Height &amp; Weight:</b> Weight _____ <b>Home Meds:</b> Unknown <b>Learning Needs:</b> Incomplete <b>Nursing Profile&gt;24:</b> _____ <b>Pneumovax Assessment:</b> September 2011 <b>Influenza Assessment:</b> September 2011 <b>Orders for Renewal:</b> _____	
<b>D</b> <b>Demographics</b>	<b>Reason for Visit:</b> RIGHT LOWER EXTREMITY LIMB THREATENING I <b>Medical History This Admission:</b> Diet: NPO past Midnight for O.R.: No Exceptions, x 1 DAY, O.R. Date: 03/13/2012 00:01 <b>Drug Allergies:</b> codeine, Claritin, nonsteroidal anti-inflammatory agents <b>Food Allergies:</b> _____ <b>Environmental Allergies:</b> _____ <b>Living Arrangements:</b> Alone
<b>A</b> <b>Assessment</b>	<b>Vital Signs:</b> BP: 107/47 Pulse: 78 RR: 15 Temperature: 37.3 Pulseox: 100 Time: 03/13/12 13:28 <b>Pain Score:</b> 5 03/13 07:49 <b>Pain Controlled:</b> Yes No <b>Time Last Medicated:</b> _____ <b>Neuro:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Unconscious <b>Oriented:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time: _____ <b>Neuro Checks:</b> _____ <b>CIWA Score:</b> Time: _____ <b>Respiratory/Oxygen/Device:</b> Vent Weaning PSV Titration Protocol: FIO2: 40%, PEEP: 5 cm H2O, Routine, PSV+8, 03/10/2012 18:42 <b>BiPap/Cpap Orders:</b> _____ <b>Lung Sounds:</b> RUL: _____ RLL: _____ LUL: _____ LLL: _____ <b>Cardiac/Heart:</b> _____ <b>Apical Pulse Rate:</b> _____ <b>Tele:</b> _____ <b>Current Rhythm:</b> _____ <b>PAC #:</b> _____ <b>Edema:</b> Yes No <b>Location:</b> _____ <b>Weight:</b> 68.90 KG 0 <b>Frequency:</b> _____ <b>VTE Score:</b> 19 Time: 03/13 08:38 <b>DVT Prophylaxis Ordered:</b> Aspirin 325 Mg Tab: Dose of 325 MG = 1 TAB, NG Tube, Daily, Order Start: 03/02/2012 23:00 Circulation and Skin Integrity Checks: Restraint Management; Q2Hr, Start 02/25/2012 12:15 Enoxaparin Sodium 40 Mg Syringe: Dose of 40 MG, SubQ, Q24H, Order Start: 02/29/2012 08:00 Enoxaparin Sodium 40 Mg Syringe: Dose of 40 MG, SubQ, Q24H, Order Start: 02/29/2012 08:00 <b>GI: Bowel Sounds:</b> Positive Negative <b>Last BM:</b> 03/12 13:17, Count 1 <b>Constipation Protocol:</b> Yes No <b>Date Initiated:</b> _____ <b>NGT:</b> NG Tube – Large Bore: for None, Do Not Remove, 03/09/2012 11:28 <b>Drainage Description:</b> _____ <b>Colostomy/Ileostomy:</b> _____ <b>Heme Check/Guac:</b> _____ <b>Completed?:</b> _____ <b>GU: Continent:</b> Yes No <b>Time Last Voided:</b> _____

- Created a shared model of standardized content of what is to be communicated
- Improved quality of hand off communication with the opportunity to ask questions and have them answered
- Created an electronically driven tool

# Tips, Do's and Don'ts

- Informed Consent/Permission - **every time**
- Pre Bedside prep - **outside of the patient's room**
- Use standard communication tool
- Address what report WILL NOT include
- INCLUDE the PATIENT!!

# Look Under the Covers!

- Look Under the Covers!
  - Wounds/dressings/drains/tubes
  - Intravenous lines, solutions
- Environment check
- Focus on Quality & Safety
  - Equipment/alarms



# Frequently Asked Questions

- Bedside Report and HIPAA
- Bedside Report will take too much time
- What if the patient refuses or is asleep?

# Interdisciplinary Rounds

## [Our Video](#)

- Be sensitive to your patients needs, requests.
- Ask questions of patient
- Ask them to correct you if you misspeak!
- What are their goals?

# Lessons Learned

- It's HARD!!
- Takes persistent application
- Accountability
- Fall off, get back on
- Learn from mistakes

## Q & A

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# ADDITIONAL RESOURCES

- Partnering with patients and families in multiple settings and on various schedules across the enterprise
- Striking a balance between sharing information effectively and respecting confidentiality
  - <http://www.ipfcc.org/tools/downloads.html>



**PARTNERING WITH PATIENTS AND FAMILIES TO ENHANCE SAFETY AND QUALITY**  
A Mini Toolkit

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

**HIPAA—Providing New Opportunities for Collaboration<sup>1</sup>**

The date for compliance with the Health Insurance Portability and Accountability Act (HIPAA) was little more than a year ago, and hospitals and health systems are still engaged in extensive efforts to ensure they meet its requirements. While the job they face is daunting, it is helpful to recognize that HIPAA creates new and positive opportunities for health care providers, as well as a myriad of legal requirements. HIPAA's focus on patients' rights to confidentiality and to access to information has created an environment that can facilitate and support collaboration among patients, families, and health care providers. It has raised national awareness and brought to the fore many issues of longstanding importance to practitioners of patient- and family-centered care.

As implementation of HIPAA moves forward, it is critical to build on those areas where the principles of patient- and family-centered care and HIPAA priorities are mutually supportive. These areas also need to be acknowledged and built into training programs so that administrators and staff better understand how HIPAA should be applied in everyday practice. Practitioners committed to patient- and family-centered care can take advantage of the momentum provided by HIPAA in many areas and work toward shared goals.

This article summarizes HIPAA "basics." It defines its key terms and describes patients' rights and protections under HIPAA. It then offers an in-depth discussion of specific issues relating to the interface of HIPAA and the principles of patient- and family-centered care.

**Background and History of HIPAA**

The U.S. Congress enacted the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 to facilitate the transformation of the health care delivery system into the information age. The HIPAA privacy regulations took effect on April 14, 2003, and the compliance date was April 14, 2003. The regulations ensure a national floor of privacy protections for patients by limiting the ways in which health plans, pharmacies, hospitals, and other entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is written on paper, transmitted electronically, or communicated orally.

One of HIPAA's original purposes was to help patients retain access to health benefits by allowing them to take their insurance with them when they moved from one job to another (hence the word "portability" in its title). As the HIPAA legislation was being drafted, supporters saw it as an opportunity to take on a broader charge—to make health care more "effective and efficient," especially with respect

<sup>1</sup> This article has been developed in part from the presentation, *Applying Patient- and Family-Centered Principles to HIPAA*, by Patricia E. Sedmak, MACE, Executive Vice President/Chief Operating Officer, MCG Health Inc., Augusta, GA, and Sandra Swanson, RN, BSN, MCHD, member of the Privacy Implementation Steering Committee and Organization Development Specialist, Loyola University Medical Center, Maywood, IL, at the 1st International Conference on Family-Centered Care, September 8, 2002. Other contributors to this article are Regina V. Mann, RN, MS, MBA, Compliance and Privacy Officer for MCG Health Inc., and George A. Little, MD, Professor of Pediatrics and Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH. We also wish to acknowledge John Tanning, Office for Civil Rights within the U.S. Department of Health and Human Services, for his assistance with this article.

ADVANCES IN FAMILY-CENTERED CARE 1

# TOOLS

- Bedside shift report
  - <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/patfamilyengagementguide/strategy3/index.html>
- Discharge planning tool
  - <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/patfamilyengagementguide/strategy4/index.html>

**Bedside Shift Report Checklist**

- ☐ Introduce the nursing staff to the patient and family. Invite the patient and family to take part in the bedside shift report.
- ☐ Open the medical record or assess the electronic work station in the patient's room.
- ☐ Conduct a verbal SBAR report with the patient and family. Use words that the patient and family can understand.
  - S** - Situation: What is going on with the patient? What are the current vital signs?
  - B** - Background: What is the pertinent patient history?
  - A** - Assessment: What is the patient's problem now?
  - R** - Recommendation: What does the patient need?
- ☐ Conduct a focused assessment of the patient and a safety assessment of the room.
  - Visually inspect all wounds, incisions, drains, IV sites, IV tubing, catheters, etc.
  - Visually sweep the room for any physical safety concerns.
- ☐ Review tasks that need to be done, such as:
  - Labs or tests needed
  - Medications administered
  - Forms that need to be completed
  - Other tasks: \_\_\_\_\_
- ☐ Identify the patient's and family's needs.
  - Ask the patient and family:
    - "What could you tell us about your concerns?"
    - "Tell us how you feel about your care."
    - "Do you have any questions?"
    - "Do you have any suggestions?"
  - Ask the patient and nursing staff's goal:
    - "What do you want to achieve by the time you leave the hospital?"
    - Follow up to see if the goal was achieved.

**IDEAL Discharge Planning Checklist**

Fill in, initial, and date next to each task as completed.  
Patient Name: \_\_\_\_\_

Initial Nursing Assessment	Prior to Discharge Planning Meeting	During Discharge Planning Meeting	Day of Discharge
Identified the caregiver at home and backups	Distributed checklist and booklet to patient and family with explanation	Discussed patient questions	<b>Medication</b> Reconciled medication list
Told patient and family about white board	Scheduled discharge planning meeting	Discussed family questions	Reviewed medication list with patient and family and used teach back
Elicited patient and family goals for hospital stay	Scheduled for _____ at _____ [time]	Reviewed discharge instructions as needed	<b>Appointments and contact information</b> Scheduled followup appointments:
Informed patient and family about steps to discharge		Used Teach Back	1) With _____ on _____ / _____ / _____ at _____ [time]
		Offered to schedule followup appointments with providers. Preferred dates / times for: _____	2) With _____ on _____ / _____ / _____ at _____ [time]
		PCP: _____	Arranged any home care needed
		Other: _____	Wrote down and gave appointments to the patient and family
			Wrote down and gave contact information for followup person after discharge

Guide to Patient and Family Engagement 5

## UPCOMING EVENTS

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- **Patient Harm Series II – Focus on CAUTI**

April 16, 2-3 pm ET

- **Save the Date**

**Leadership for Safety Workshops in Dallas, Texas:**

May 8 – Workshop for C-suite Leaders and board members

May 9 – Workshop for hospital directors and managers



# JOIN US JUNE 25 – 27 IN THE LONE STAR STATE!

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**VITAL2014**  
*Connect. Inspire. Lead.*

**VITAL2014, America's Essential Hospitals' annual conference, is coming to San Antonio!** Plan now to join us Wednesday, June 25, through Friday, June 27, at the Westin Riverwalk for the premier national event for hospital and health system professionals. Together, we will support our shared mission of ensuring high-quality health care for vulnerable patients.

Visit <http://vital2014.essentialhospitals.org/> to **register** today.





## THANK YOU FOR ATTENDING

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- **Evaluation:** When you close out of WebEx following the webinar an evaluation will open in your browser. Please take a moment to complete. We greatly appreciate your feedback!
- Check out the NEW Essential Hospitals Engagement Network website:  
<http://essentialhospitals.org/groups/ehen/>

