

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

www.ipfcc.org

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

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Medical Center, Martinez, CA

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Lt. Jeff Moule, Chief of Security



Celebrating and Sustaining the Change

November 19, 2014
Webinar Series — #4



In our time together . . .

- ◆ Discuss best practices for partnering with patients and families can reduce risks for harm and improve transitions of care.
- ◆ Explore additional ways patient and family advisors can be involved in and contribute to QI teams and patient safety initiatives.
- ◆ Describe a variety of ways to measure the impact of this change process.
- ◆ Describe how to celebrate and recognize staff for learning new skills, adapting new practices, and partnering with patients and families.



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.





Better Together

Partnering with Families

Respecting families or other care partners as allies for quality and safety according to patient preference is **foundational** to patient- and family-centered practice. . .

- ◆ Respect and dignity
- ◆ Information sharing.
- ◆ Participation
- ◆ Collaboration





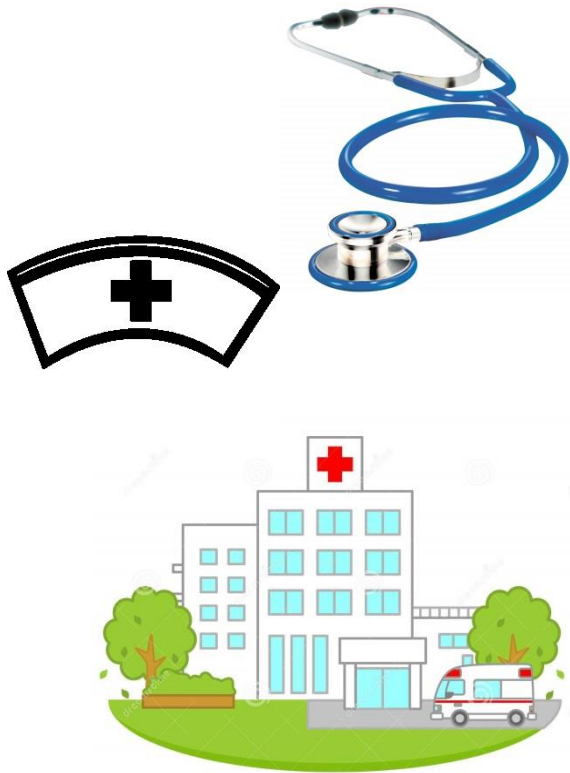
**Contra Costa Regional
Medical Center Team
FINAL WEBINAR**



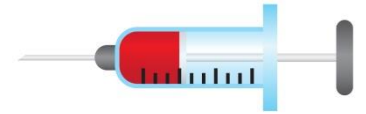
**BETTER
TOGETHER**



**PARTNERING
WITH PATIENTS
AND FAMILIES**



- **SAFER AND MORE COMFORTABLE**
- **ALERT AND AWARE – THE SECOND OR THIRD SETS OF EYES AND EARS**
- **REDUCING THE RISK FOR HARM**



Adverse reactions from medication



Assistance in getting up and down to the washroom or for a walk.



Understanding information and instructions

Communicating to patient and staff

Reducing the fear and uncertainty of the unfamiliar

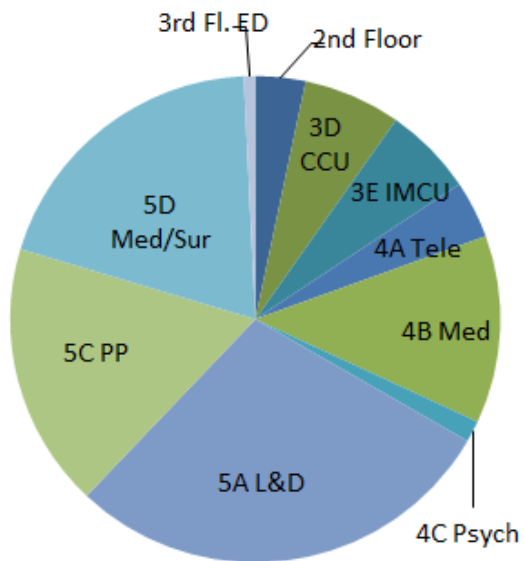
DATA:

Total family and friend partners from 9-7-13 through 11-14-14.....8,866

Evening Shift Total.....5,586

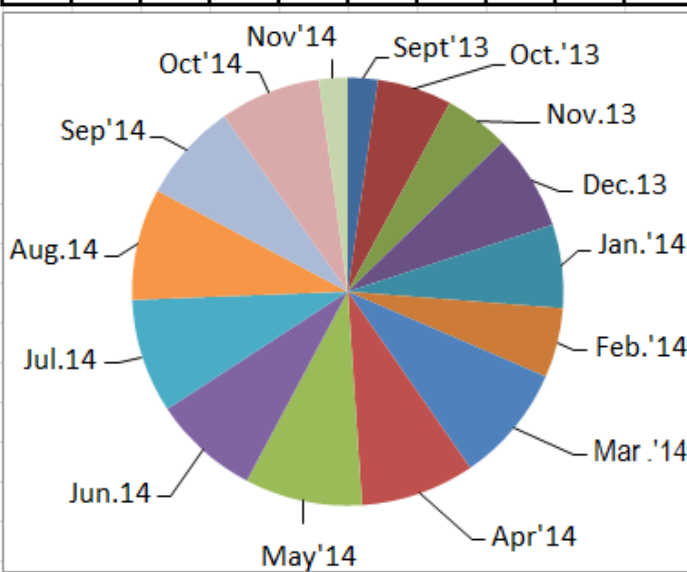
Overnight Shift Total.....3,102

TOTALS for Units	2nd Floor	3D CCU	3E IMCU	4A Tele	4B Med	4C Psych	5A L&D	5C PP	5D Med/Srg	3rd Fl. ED
9.17.13 - 11.14.14	287	558	514	332	1083	123	2496	1527	1703	65



TOTALS by Month

Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
195	486	422	630	547	457	772	743	766	695	749	733	649	658	186	





CONTRA COSTA COUNTY BOARD OF SUPERVISORS

Recognition given to the Welcome teams:

- Security
- Facilities
- Nursing Leadership
- Nursing Staff
- Administrative Support
- Medical Staff

CONTRA COSTA REGIONAL MEDICAL CENTER
CONTRA COSTA HEALTH CENTER

HOSPITAL POLICY 603
APRIL 2013

PARTNERS IN CARE WELCOME POLICY

I. PURPOSE

The purpose of this policy is to provide guidelines that supports and welcomes 24/7 presence and participation of a family member or care partner in the patient's care experience during their clinic visit, emergency room visit, and/or hospital and health center visit. CCRMC recognizes that family members and/or care partners play an important part in the patient's healing process.

Family members and/or care partners, according to patient preferences, are respected as essential members of the patient's health care team in sharing information and providing support and comfort during their health center visit, emergency room visit and/or hospital stay. They enhance quality and safety. They also provide patient information essential to the care plan.

In the unique event that family member/care partner presence would need to be limited to ensure safety or confidentiality, CCRMC employees will work with the family member and/or care partner to continue the visit as soon as possible. Examples for when family member or care partner presence may need to be restricted include a court order limiting or restraining contact, behavior that is a direct threat to patients, families, staff, or others in the immediate environment, or is disruptive to the functioning of the care unit. Patient preference and patient wishes will be given priority. Contra Costa Regional Medical Center & Health Centers (CCRMC & HC) respects that the partners in care are essential members who help provide support and comfort to enhance safety and quality of care during the patient's experience while at CCRMC & HC.

Partners in Care, as identified by the patient, provide essential information during their time in our health care system and also during the transition to home or community care.

II. DEFINITIONS

- Partners in Care** are person(s) identified by the patient who are family members and/or friends or other individuals that are present to support the patient during the course of the patient's stay at the health care facility and may exercise the patient's visitation rights on patient's behalf if patient is unable to do so. The support person(s) may provide emotional and/or social support and comfort according to the patient's preference. Such individual(s) may or may not be an individual legally responsible for making medical decisions on the patient's behalf.
- Patient** refers to anyone admitted to the Hospital who has an appointment at any one of our Health Centers, or is actively receiving medical care at any one of our facilities.
- Family** as defined by the Institute for Patient and Family Centered Care, "family" refers to two or more persons who are related in any way – biologically, legally, or emotionally. Patients and families define their "family."

III. REFERENCES

- CHS regulations revising the Medicare Conditions of Participation as set forth at 42 CFR § 482.13
- www.shamrockhospital.com/Shared%20Hospital%20Patient%20Visitation%20Policy%20CHS
- LANGUAGE IS NOT A BARRIER – AND FAMILY IS CENTERED STATEMENT**
- Patient's Bill of Rights
- The Joint Commission N.01.01, EP.02

CONTRA COSTA REGIONAL MEDICAL CENTER
CONTRA COSTA HEALTH CENTER

HOSPITAL POLICY 603
APRIL 2013

IV. POLICY

- All CCRMC & HC staff, as well as physicians shall not restrict, limit or otherwise deny visitation on the basis of race, color, national origin, religion, sex, gender identity, gender expression, sexual orientation and presentation or disability. For more information refer to department specific policies.
- Partners in care welcomed, based on the patient's preferences and wishes. A patient may verbally designate a partner in care to exercise the patient's visitation rights on his or her behalf in the event the patient becomes unable to do so. Upon such designation by a patient, the legal status of the relationship between the patient and the designated partner in care shall be irrelevant. This designation of an individual as the patient's partner in care, however, does not extend to medical decision making.
- All CCRMC & HC staff and physicians will work collaboratively with the patient and Partners in Care to make any adjustments or changes to maintain the health, safety, privacy, and confidentiality of all patients.

V. AUTHORITY/RESPONSIBILITY

This policy applies to all CCRMC & HC staff and physicians.

VI. PROCEDURE

- Share the "Partners in Care Welcoming Guide" with all patients and their partners in care.
- There are no specified visiting hours. However, in the hospital, quiet time has been designated for the hours of 10PM until 7AM every day to promote a peaceful healing environment for our patients.
- Every effort will be made to work collaboratively and respectfully with the patient and their partners in care to ensure health, safety, quality care, privacy and confidentiality for all patients.

VII. Attachment(s)/Forms Used:

- 603A Partners in Care Welcoming Guide
- 603B Data Collection Sheet

VIII. Approved By:

- (Clinical Practice Committee – CPC)
- (Ambulatory Clinical Practice Committee – ACP)
- (Patient Care Policy and Evaluation Committee – PCP&E)
- (Medical Executive Committee – MEC)

Created Date: April 2013

Date Revised



CONTRA COSTA REGIONAL MEDICAL CENTER PATIENT AND FAMILY CENTERED CARE DASHBOARD

PATIENT/FAMILY PERCEPTIONS OF CARE

National Research Corporation (HCAHPS)

January 1, 2014 — September 30, 2014

During this hospital stay, how often did doctors listen carefully to you?

81.6%

During this hospital stay, how often did nurses listen carefully to you?

75.2%

During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

80.0%

Before giving you any new medication, how often did hospital staff tell you what the medication was for?

82.6%

During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

39.1%

During this hospital, how often was the area around your room quiet at night?

51.9%

When I left the hospital, I clearly understood the purpose for taking each of my medications.

54.3%

GREEN—Score is equal to or greater than NRC Average

YELLOW—Score is less than NRC Average

RED—Score is significantly less than NRC Average

PATIENT AND FAMILY PARTNERS

118 Patient/Family/Community Partners on Advisory Partnership Councils (2009–2013)

09 Committees/teams with partners/advisors

Committee name(s)

- Patient Safety & Performance Improvement Committee
- Executive Leadership Operations Team
- Perinatal Safety Team
- Ambulatory Care Redesign Team—Martinez
- Behavioral HealthCare Partnership Council
- Patient Experience Partnership Council
- Spiritual Care Partnership Council
- Kaizen—Rapid Improvement Teams

04 Partnership Council Oversight Committee Meetings

55 Staff/clinicians involved with endeavors (2009–2013)

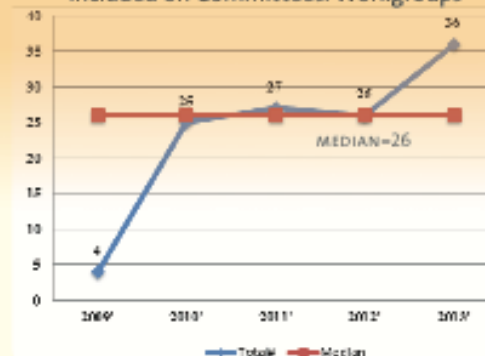
Collaborative Projects: Continuous Patient Safety and Performance Improvement Projects

- Vaginal Birth after C-Section VBAC Project
- Vacuum Bundles
- Patient Experience
- Quietness—Noise Level Reduction
- Spiritual Care Services and Oversight
- Behavioral Health Access and Welcomeness
- Partners in Care Welcome Policy
- Hospital Operations
- Ambulatory Care Access

Media Coverage: Patient/Family Engagement and Partners in Care Welcomeness

- New York Times blog
www.newoldage.blog.nytimes.com/2014/07/11
- Modern Healthcare Magazine
www.modernhealthcare.com/article/20121201/MAGAZINE/312019953
- HealthCare Leaders
www.healthleadersmedia.com/content/qua-306074

Patient, Family Community Partners Included on Committees/Workgroups



Patient Family or Caregiver Involved in Health Care Decision Making

May 2014—September 2014

n=691

Has your family member or caregiver been acknowledged and included when making decisions about your care by the nurse and doctor? How often?

62%

8%

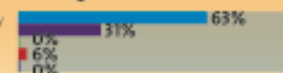
30%

Always Sometimes Never

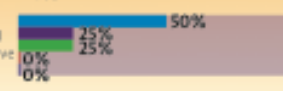
2014 Patient and Family Centered Care Staff Self-Assessment Survey-Hospital

n=19

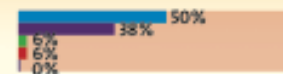
Including patients & family members in care planning can improve clinical outcomes for the patient!



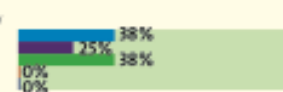
Including patient & family members in organizational decision making will improve the overall patient's care experience!



CORMC is committed to patient & family centered care at all levels of the organization?



Involving patients & family advisors as part of the improvement teams & program development is beneficial!



Strongly Agree Agree Not Sure Disagree Strongly Disagree



Better Together

Partnering with Families

Sharing from hospitals . . .

- ◆ Developing and Implementing a Welcoming Policy
- ◆ HIPAA: Clarifying the Impact of a Welcoming Policy on Privacy and Confidentiality.
- ◆ Connecting with Security and Creating Guidance for Security to Welcome Families, Other Care Partners, and Visitors
- ◆ Roles for Patient & Family Advisors in Changing the Concept of Families as “Visitors” to Families as Partners.





Better Together

Partnering with Families





Changing the Concept From Families as “Visitors” to Families as Partners



The Toolkit created by IPFCC for the **Better Together** campaign includes the following materials available to hospitals to download and use:

1. **Strategies for Changing Policies**
Steps and models to use in the process of developing new policies
2. **Strategies for Educating Staff**
Strategies and resources for bringing staff "on board" with new policies and practices
3. **Guidance about Family Participation**
Practical ways to work **TOGETHER** as a team
4. **Videos**
5. **Media Resources**
Strategies and materials to use in announcing new policies within a hospital's own community

www.ipfcc.org/bettertogether/



Better Together

Partnering with Families

Moving Forward with Patient- and Family-Centered Care and Creating and Implementing a Welcoming Policy

- ◆ Assemble multi-perspective leadership team. Include patient and family advisors and/or the hospital's PFAC.
- ◆ Review current “visitor” policy.
- ◆ Conduct a walkabout and capture images that are welcoming and not so welcoming.
- ◆ Begin conversations with nurse managers and front-line staff . . . Collect stories from them.
- ◆ **Join the Better Together Community of Practice**

www.ipfcc.org/bettertogether/



Supporting Staff for Change in Practice

Offer staff skill building opportunities for:

- ◆ Welcoming a new patient or family.
- ◆ Asking patients to define their “family” or other care partner and their role in care planning and decision-making.
- ◆ Partnering with patients and families at the bedside.
- ◆ Building on patient and family strengths.
- ◆ Engaging patients and families in in care and care planning.
- ◆ Working confidently in the presence of families.
- ◆ Respecting privacy and confidentiality.
- ◆ Managing difficult situations.
- ◆ Engaging in reflective practice.
- ◆ Modifying the web site and welcoming packets.



Sharing Stories





Better Together

Partnering with Families

Questions and Next Steps





Thank you . . .

A Call to Action

Plan to join the Better Together
Community of Practice . . .

www.ipfcc.org/bettertogether/