

The IPRO Hospital Quality Improvement Contract

Learning & Action Network (LAN)

Person and Family Engagement: Applying PFE Best Practice 5 to Reducing Unplanned Readmissions

June 15, 2023 2:00 p.m. ET



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
| QUALITY IMPROVEMENT & INNOVATION GROUP

Recording Notice

This session is being recorded. All materials and a link to the recording will be distributed to registrants after the event.



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
| QUALITY IMPROVEMENT & INNOVATION GROUP

Overview of Tools (Bottom of Screen)

Click here to
view and
respond to polls



Audio Settings



Chat



Polls



Raise Hand



Q&A



Interpretation

Leave

Click here to
participate in
the chat



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
| QUALITY IMPROVEMENT & INNOVATION GROUP

Introduction to the AIR Team



Thomas Workman, PhD
Project Director and Principal
Researcher



Lee Thompson, MS
Principal TA Consultant



Ashley Pantaleao, PhD
Researcher
PFE Subject Matter Expert



Margaret Quinn-Gibney, BS
Project Manager and Research
Assistant



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
IQUALITY IMPROVEMENT & INNOVATION GROUP

Learning Objectives

- Understand how patient and family members can assist hospitals in reducing unplanned hospital readmissions
- Apply approaches to engaging Patient and Family Advisory Councils (or Patient and Family Advisors on hospital committees) to reduce unplanned readmissions
- Discuss ways that PFACs and Patient and Family Advisors in HQIC hospitals contribute to hospital-wide efforts to reduce unplanned readmissions



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
| QUALITY IMPROVEMENT & INNOVATION GROUP

Polls

How much of a priority is reducing unplanned hospital readmissions for your hospital?

- High priority
- Medium priority
- Low priority
- Don't know

Does your hospital have an active PFAC or is your hospital actively partnering with patient and family advisors on a hospital quality or safety committee?

- Yes
- No
- Don't know



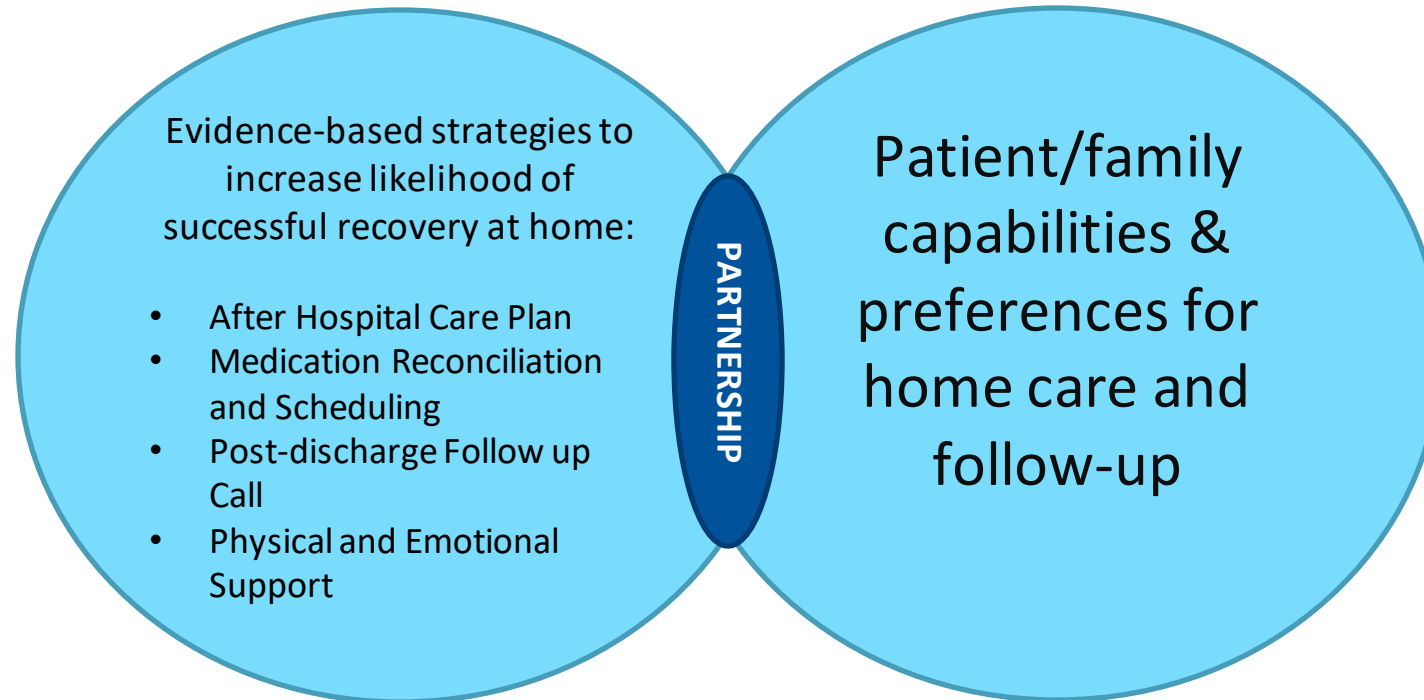
■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
| QUALITY IMPROVEMENT & INNOVATION GROUP

Partnering with Patients to Reduce Unplanned Readmissions

How do these evidence-based strategies make life better for the patient and family? The community?

How do they make life more difficult?



What is preventing patients from following evidence-based strategies?

What is needed in the home or community to improve outcomes?

Partnership: Adapting problem-solving strategies to fit patient/family needs and preferences, resulting in agreement and commitment

Interventions to Improve Hospital Readmissions

- Clear, monitored discharge procedures can reduce the risk of readmission
- Interventions starting during hospital stay and continuing after discharge were more effective in reducing readmissions compared to interventions starting after discharge
- Enhancing patient empowerment is a key factor in reducing hospital readmissions

A study of 110 hospitals in New York found that hospitals with a PFAC performed better than hospitals without a PFAC on:

- pressure ulcers,
- sepsis and septic shock, and
- 30-day hospital-wide readmissions

Source: IPFCC (June 2018). *Strategically Advancing Patient and Family Advisory Councils in New York State Hospitals*. Funded by the NYS Health Foundation.



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Soliciting the Patient and Family Perspective

About readmission

- In your mind, what was missing for you to recover successfully at home?
- What resources were not available to you that might have helped you be successful?

About the discharge process

- How confident did you feel after your discharge from the hospital that you could recover successfully at home?
- What do you wish you had been told or been provided that would have helped you after your discharge?
- What could the hospital do differently at discharge to make your recovery at home successful?

What Can a PFAC Do to Help Reduce Unplanned Readmissions?

- Share the patient/family perspective about the discharge process and readmission experience
- Co-create patient/family education materials
- Help design/revise the discharge process
- Create an empowerment campaign for patients and families to increase self-management post-discharge
- Work in the community to fill resource gaps that keep people from successful home recovery
- Assist in follow-up calls or visits with discharged patients to learn more about their needs or offer support



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
| QUALITY IMPROVEMENT & INNOVATION GROUP

Getting Started

- ❑ **Identify** who at your hospital is best to work with the PFAC or Patient/Family Advisors on the issue of unplanned readmissions.
 - Prepare this individual if they are unfamiliar with working with patient and family advisors
- ❑ **Inform** the PFAC or Patient/Family Advisors about readmissions trends at your hospital
- ❑ **Engage** the PFAC or Patient/Family Advisors in a root cause analysis of unplanned readmissions at your hospital
 - Be ready – Patient Advisors may identify very different root causes! Encourage active listening and avoid defensiveness.
 - Solicit ideas and suggestions from the PFAC or Patient/Family Advisors on how root causes could be addressed
- ❑ **Ask** the PFAC how they would like to contribute to improving readmissions at your hospital



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
| QUALITY IMPROVEMENT & INNOVATION GROUP

Example: Valley Health System (Ridgewood, NJ)



- PFAC focused on medication administration and reconciliation
 - PFAC was part of the approval process to assist in standardization
- Buttons for nurses – “let’s talk about medication”
- Medication card - reviewed and customized based on PFAC input
 - Medication cards and a medication list is now sent to all patients after they are admitted to Home Care
- Outcomes: increase in HCAHPS scores in 2017
 - Talk about taking medicine went from 92.7 to 95.2
 - Ask to see all meds patient is taking went from 82.6 to 89.0



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Valley Health System (cont.)



<p>Medical Conditions:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>Medication Allergies:</p> <table border="1"> <thead> <tr> <th>Medication</th> <th>Type of Reaction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>Name: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Date of Birth: _____</p> <p>Height: _____ Weight: _____</p> <p>Doctor's Name and Phone Number: _____</p> <p>Pharmacy Name and Phone Number: _____</p> <p>Emergency Contact Name and Number: _____</p>		Medication	Type of Reaction									<p>Prescription and non-prescription medications, supplements or vitamins, including eye drops, creams, etc., I am taking regularly or as needed. (Cross out if discontinued)</p> <table border="1"> <thead> <tr> <th>Medication name</th> <th>Strength</th> <th>No. of tabs/caps</th> <th>How often per day</th> </tr> </thead> <tbody> <tr> <td>Medication</td> <td>10mg</td> <td>AM</td> <td>tabe</td> <td>once</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Blood Pressure</p> <p>Date _____ / _____ / _____</p> <p>Date _____ / _____ / _____</p> <p>Date _____ / _____ / _____</p> <p>Date _____ / _____ / _____</p>	Medication name	Strength	No. of tabs/caps	How often per day	Medication	10mg	AM	tabe	once																																																																																																									
Medication	Type of Reaction																																																																																																																													
Medication name	Strength	No. of tabs/caps	How often per day																																																																																																																											
Medication	10mg	AM	tabe	once																																																																																																																										

- Valley Health PFAs:
- Shadowed the home care staff doing medication review in initial home visits with patients and families and discovered inconsistencies in practice.
 - To support reliability, the discharge materials were revised.

Personal Medication Card

It is important to keep a list of current medications with you at all times. The Valley Health System is pleased to provide you with this card to make this possible.

For additional copies of this card call 201-291-6330 or visit www.ValleyHealth.com

Group Discussion

- ❑ Briefly introduce yourself in the chat (name, title, hospital name and type)
- ❑ How does your hospital invite patients and families to share their perspectives on the discharge process? On unplanned readmissions?
- ❑ How can your hospital partner with patients and families to help reduce unplanned hospital readmissions?

New Tool: A Crosswalk to Focus the PFE Best Practices on All-Cause Harms

<https://hqic-library.ipro.org/2023/04/04/connecting-pfe-best-practices-to-all-cause-harm-reduction/>



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Connecting the Five Practices to All-Cause Harms

	PFE Best Practice 1: Implementation of a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implementation of a discharge planning checklist	PFE Best Practice 3: Conducting shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designation of a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Unplanned Readmission	Discuss successful discharge as a goal of hospital care	Engage patient and designated care partner in planning for hospital discharge	Include discharge plans in daily conversations; connect activities of the previous and future nurse shift periods to planning for hospital discharge	Identify and recruit former patients or their family caregivers who have experienced unplanned readmissions to participate in efforts to address readmissions in the hospital	Invite and include patient and family perspectives and ideas for reducing unplanned readmissions in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce unplanned readmissions



- Healthcentric Advisors
- Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Questions?

Thomas Workman

Principal Researcher

301.592.2215

tworkman@air.org

Lee Thompson

Principal TA Consultant

703.403.2698

lthompson@air.org

Ashley Pantaleao

Researcher

202.403.5618

apantaleao@air.org



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
| QUALITY IMPROVEMENT & INNOVATION GROUP