

# The IPRO Hospital Quality Improvement Contract

Learning & Action Network (LAN)

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## Reducing Harms Through the Five PFE Best Practices

March 16, 2023



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



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Q&A



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# Introduction to the AIR Team



**Thomas Workman, PhD**  
Project Director and Principal  
Researcher



**Lee Thompson, MS**  
Principal TA Consultant



**Ashley Pantaleao**  
Project Staff  
and Researcher



**Margaret Quinn-Gibney**  
Project Manager and  
Research Assistant



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# Learning Objectives

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Increase your knowledge of:

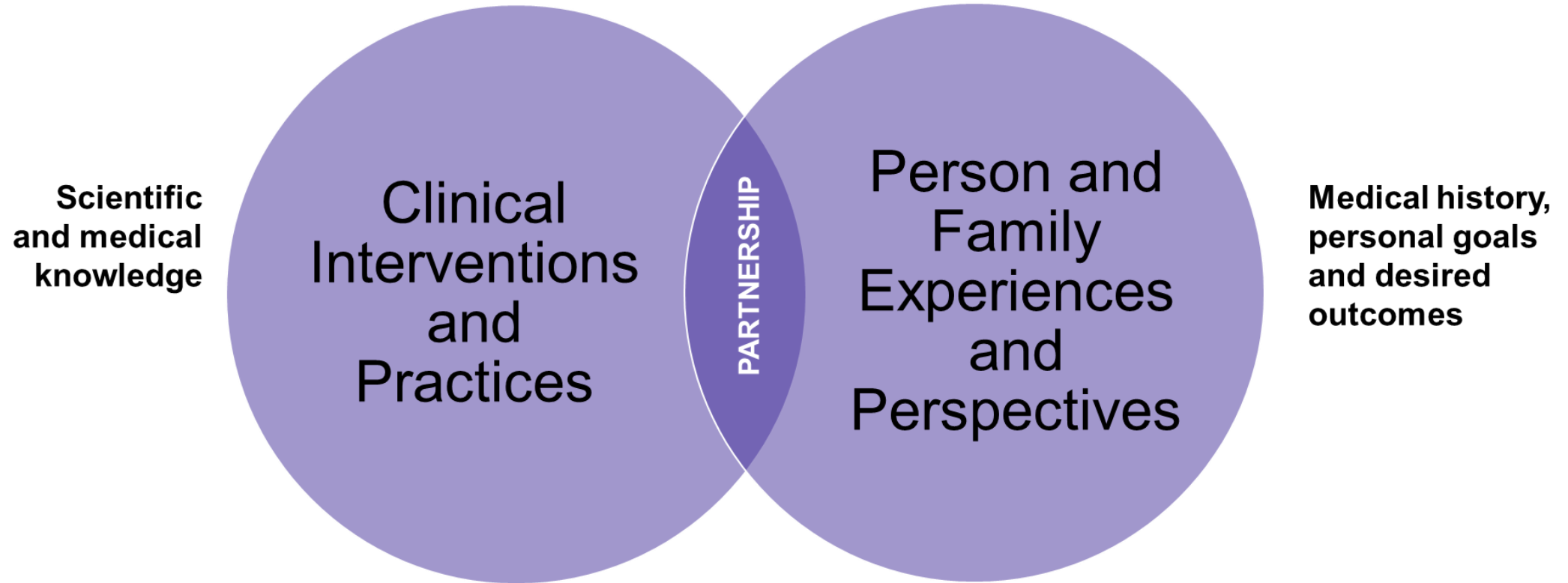
- The relationship between PFE and your hospital's efforts to improve patient safety
- How to establish a partnership with patients and families around patient safety
- How hospitals are using the five PFE Best Practices to address all-cause harms; and
- How to measure the impact of a PFE Best Practice on all-cause harm reduction



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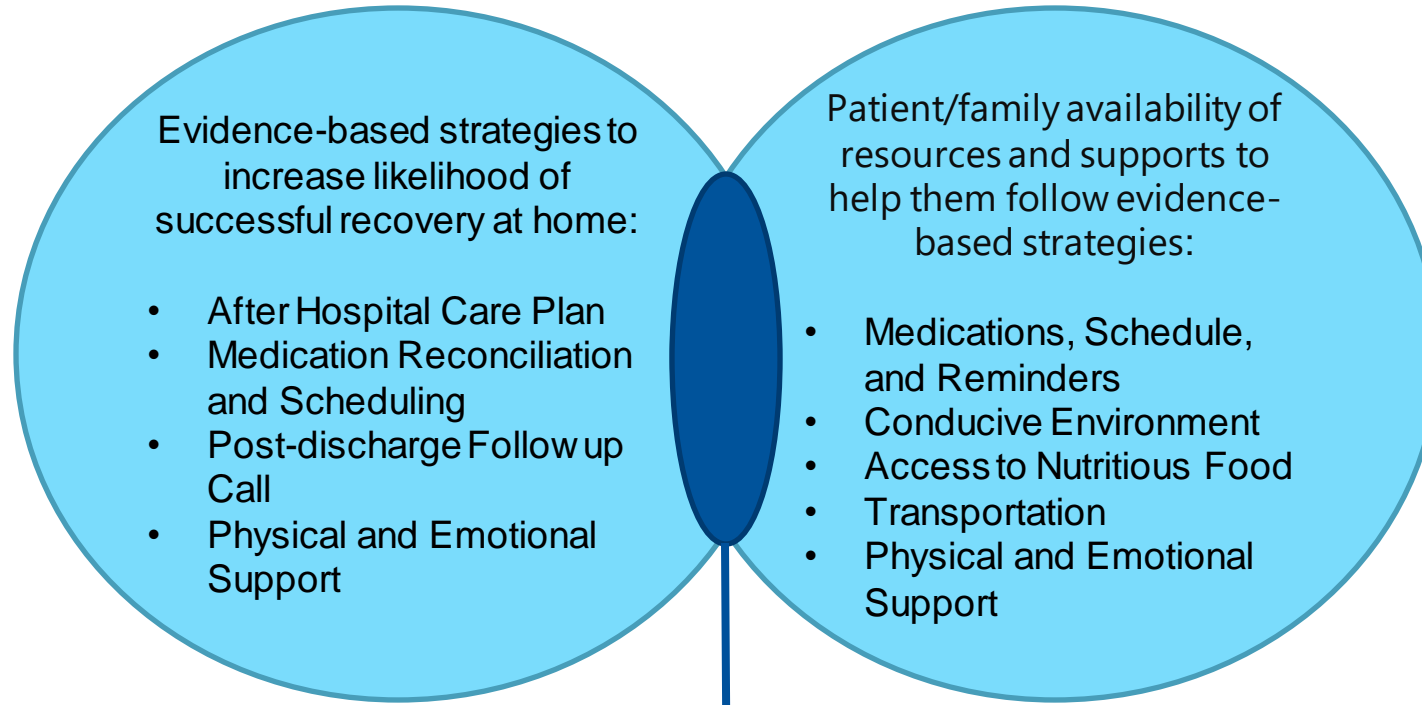
# Patients as Partners in Hospital Safety



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# Example: Partnership to Reduce Unplanned Readmissions



Evidence-based strategies to increase likelihood of successful recovery at home:

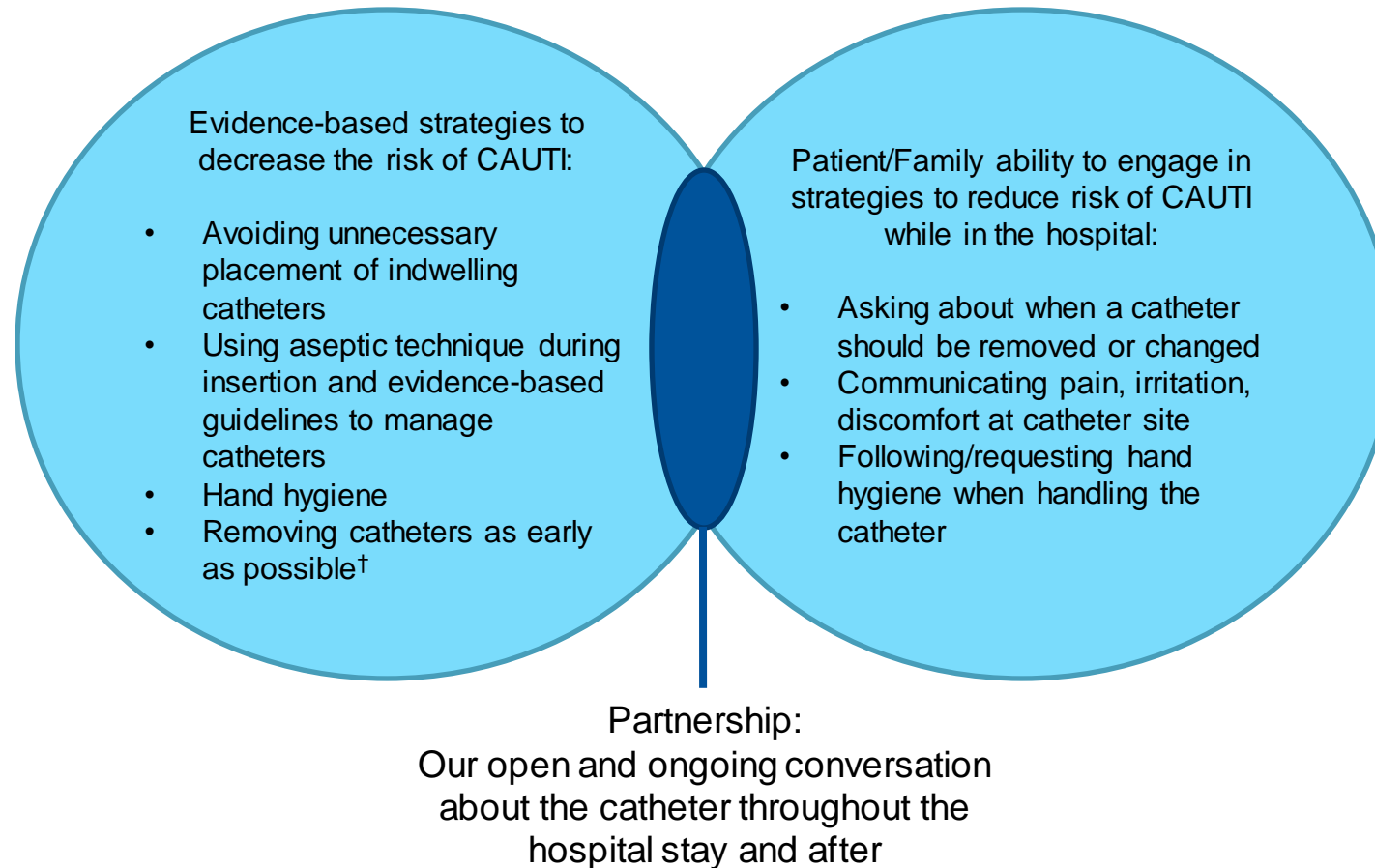
- After Hospital Care Plan
- Medication Reconciliation and Scheduling
- Post-discharge Follow up Call
- Physical and Emotional Support

Patient/family availability of resources and supports to help them follow evidence-based strategies:

- Medications, Schedule, and Reminders
- Conducive Environment
- Access to Nutritious Food
- Transportation
- Physical and Emotional Support

Partnership: Planning for successful discharge together using the discharge checklist

# Example: Partnership to Reduce CAUTI



<sup>†</sup> McNeil L. (2017). Back to basics: how evidence-based nursing practice can prevent catheter-associated urinary tract infections. *Urologic Nursing*, 37(4). <http://dx.doi.org/10.7257/1053-816X.2017.37.4.204>



# The Five PFE Best Practices: WHERE and WHEN to Engage

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	<b>PFE Best Practice 1: Implementation of a planning checklist for patients who have a planned admission PFE</b>	<b>PFE Best Practice 2: Implementation of a discharge planning checklist</b>	<b>PFE Best Practice 3: Conducting shift change huddles and bedside reporting with patients and families</b>	<b>PFE Best Practice 4: Designation of a PFE leader in the hospital</b>	<b>PFE Best Practice 5: Active Person and Family Engagement Committee or other committees</b>
<b>Purpose</b>	Invite patients and designated care partners to serve as partners in reducing all-cause harms at or prior to admissions	Discuss ways to prevent or mitigate harms once the patient has been discharged from the hospital	Involve the patient in a review of care provided and the planning of care in the coming time period, with a focus on addressing or preventing harm	Coordinating and overseeing PFE activities to establish and sustain a culture of PFE	Partnering with patient and family advisors on committees that are focused on improving the quality and safety of care

# Connecting the Five Practices to All-Cause Harms

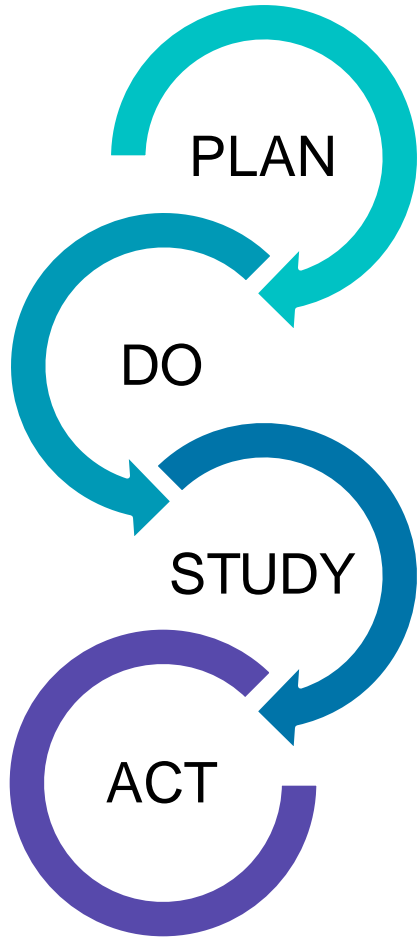
	PFE Best Practice 1: Implementation of a planning checklist for patients who have a planned admission PFE	PFE Best Practice 2: Implementation of a discharge planning checklist	PFE Best Practice 3: Conducting shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designation of a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
<b>Catheter-Associated Urinary Tract Infection (CAUTI)</b>	Invitation to communicate UI history, give feedback about insertion and maintenance concerns, symptoms of UI, and inform staff of any symptoms of UI	Prepare patient and family caregiver to properly insert, remove, and maintain a catheter if needed after discharge, the signs of UI, and when and where to seek medical care	Review and confirm use of protocols for maintenance of catheter; discuss and address potential signs of urinary infection	Identify and recruit former patients who have experienced CAUTI or their family caregivers to participate in efforts to address CAUTI in the hospital	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce CAUTI



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# Measuring the Impact of 5 PFE Best Practices on Patient Safety Using PDSA



- **PLAN:** Prepare a single unit/floor to pilot ONE PFE Best Practice; select an all-cause harm of concern for the unit and determine baseline.
- **DO:** Conduct a two-month pilot in a single unit and collect feedback
- **STUDY:** Review data (e.g., pre- and post-HCAHPS scores and all-cause harm data; feedback from staff, patients, and care partners)
- **ACT:** Communicate successful outcomes; make needed refinements; expand implementation to additional units

# Example from the Field: Suburban Hospital

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**Jean Hochron**

Volunteer PFA Co-Chair, Suburban Hospital,  
Johns Hopkins Medicine, Maryland



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# Example from the Field: Oaklawn Hospital

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**Amy Schultz, MSN-RN**  
Clinical Nurse Director, Medical/Surgical and  
Oncology Departments  
Oaklawn Hospital, Michigan



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Director, Case Management-Care Management  
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**Mission Statement:** Provide personal, accessible, and high-quality care to improve the health and well-being of the communities we serve.

- Licensed for 77 private acute care beds and 17-bed inpatient psychiatric unit
- Independently owned; not for profit
- Located in Marshall, MI
- Serving Calhoun, Branch, and Eaton counties



# Questions and Discussion

Type your question or comment into the chat!

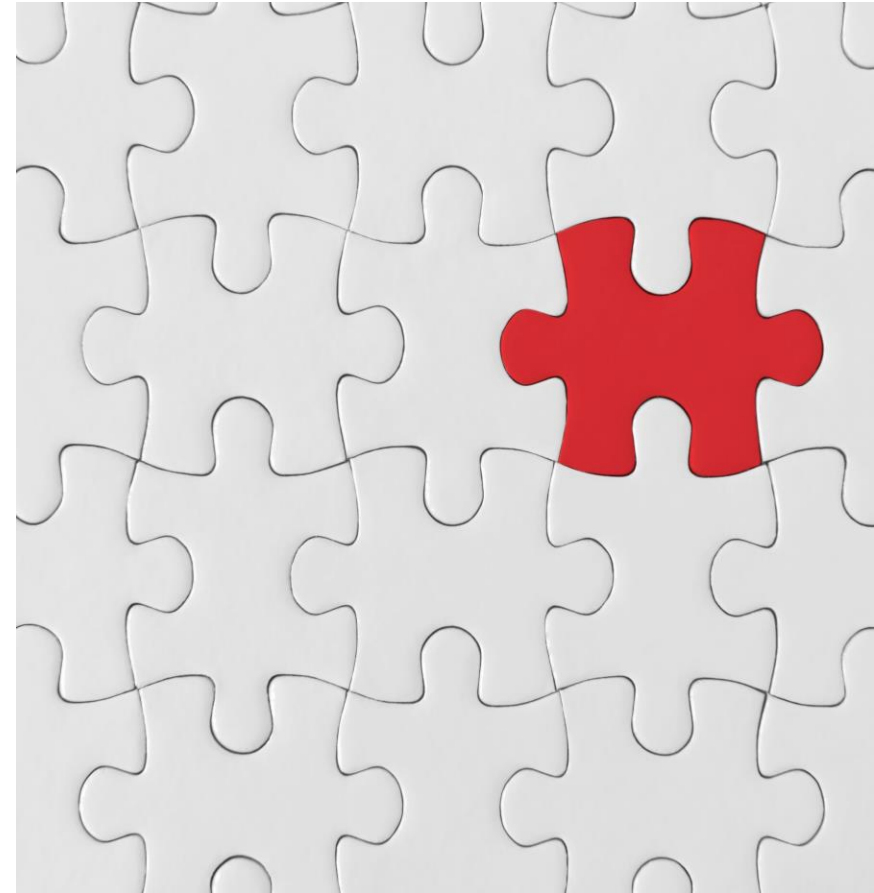


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# Moving Forward in Action: Steps Your Hospital Can Take Today

- ❑ **Implement** the Five PFE Best Practices
- ❑ **Invite patients and family caregivers** to partner with you in efforts to reduce the risk of harm
- ❑ **Engage patient and family advisors** to identify the intersection of evidence-based harm reduction strategies and patient/family actions
- ❑ **Conduct a PDSA** to refine your efforts and measure impact





# PFE Resources and Technical Assistance

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- ❑ **PFE Best Practice Implementation Guides**
  - Handout document available in the HQIC Resource Library or your HQIC coach
  
- ❑ **NEW! Connecting PFE Best Practices to All-Cause Harms**
  - Available SOON in the HQIC Resource Library or your HQIC Coach
  
- ❑ **Technical Assistance available from the American Institutes for Research**
  - How can we help you? Let's set up a call!



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# Questions?

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