



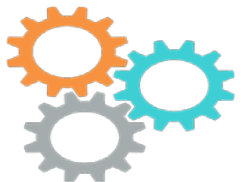
Engaging Patients and Families to the Forefront of Health Care Operations and Research

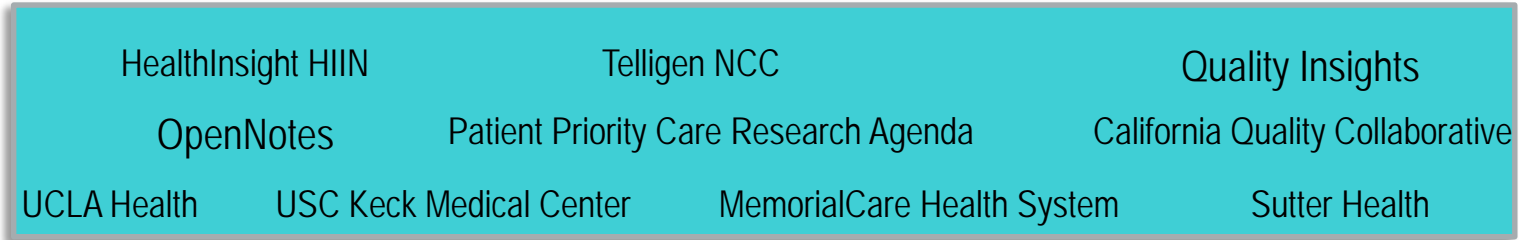
Libby Hoy,
Founder/CEO
PFCCpartners

July 24, 2018

Vision

Reinvent the healthcare industry so that hospitals, healthcare organizations and stakeholders continuously partner with empowered patients and families as a resource in the co-design of programs, policies, and quality improvement activities.



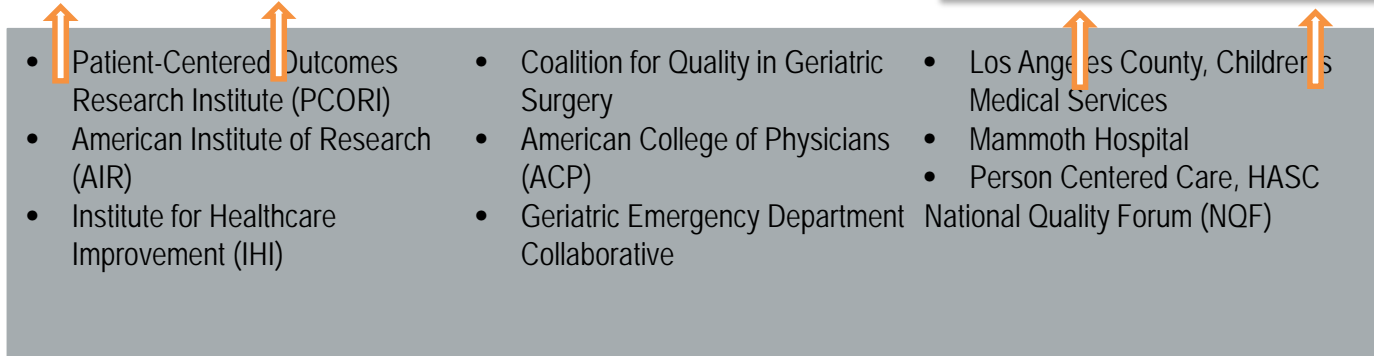


PFCC Infrastructure

- Gateways to PFAC Learning Collaborative
- PFCC Work Plan
- PFASE Facilitator Training

Advisor Support

- PFA Skills Exchange
- Quality Improvement Basics for PFAs
- PFANetwork



Patient Family Advisor Community

Definitions

Noun

- Person Family Centered Care

Verb

- Patient Family Engagement

Outcome

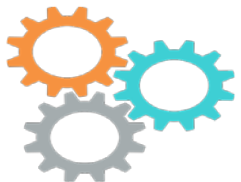
- Patient Safety
- Patient Experience
- High Quality Care

Reduce Utilization
Minimize Cost
Improved Coordination of Care

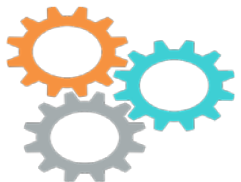
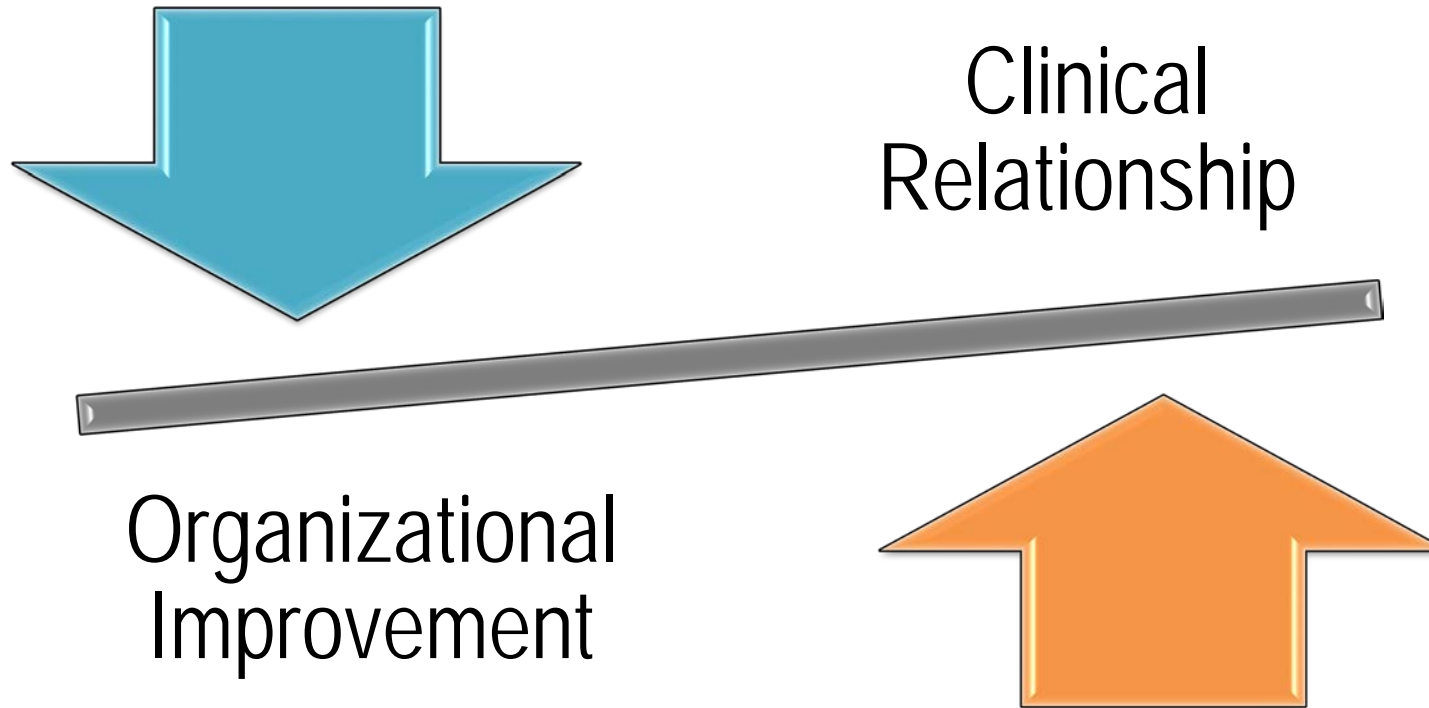


Jeopardy Question

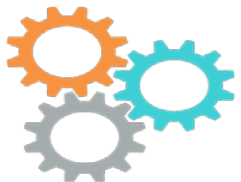
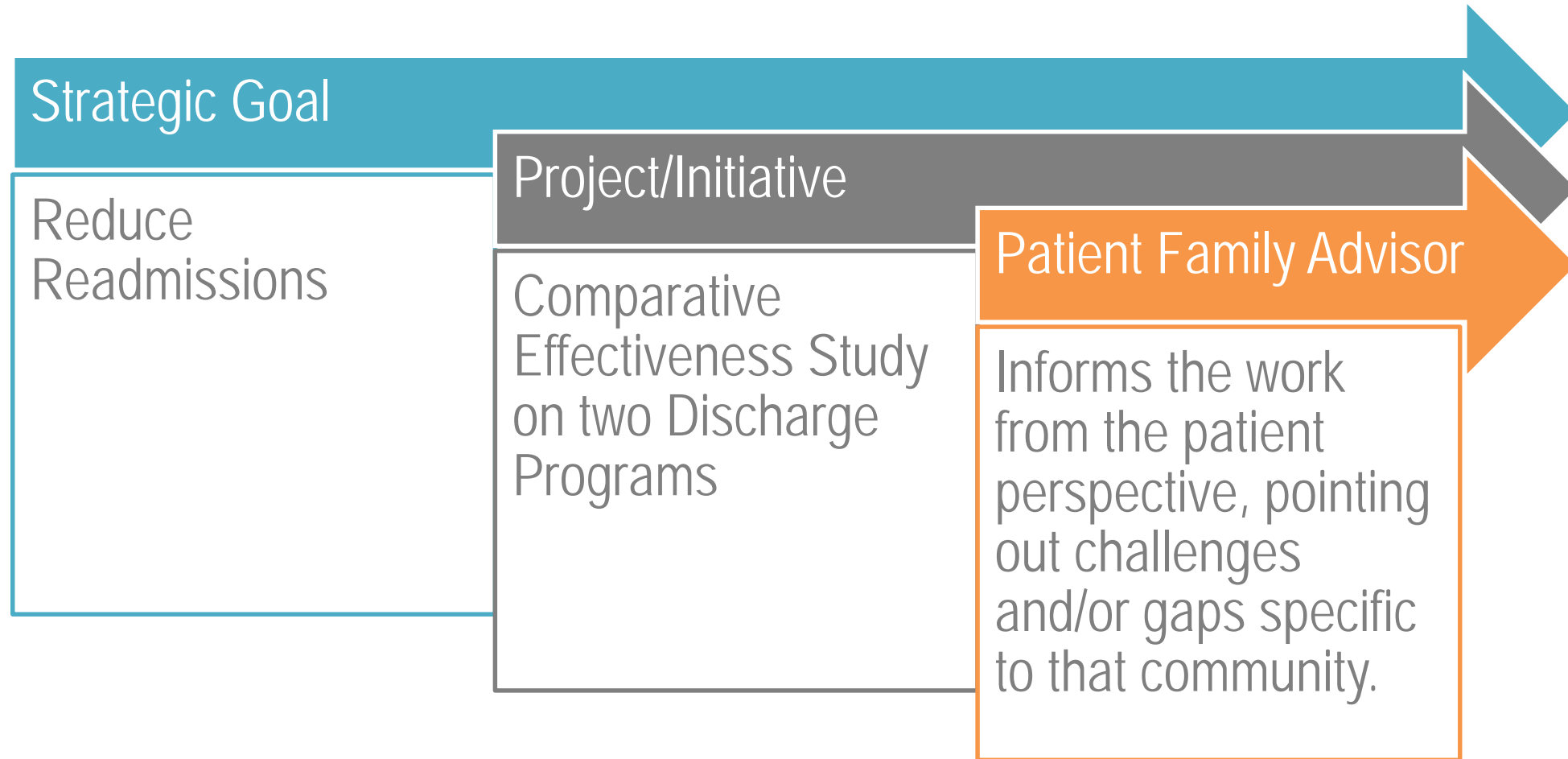
What is the most underutilized resource in the healthcare environment for improvement?



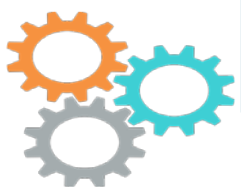
Engaging Patients & Families



Active Strategy for Improvement



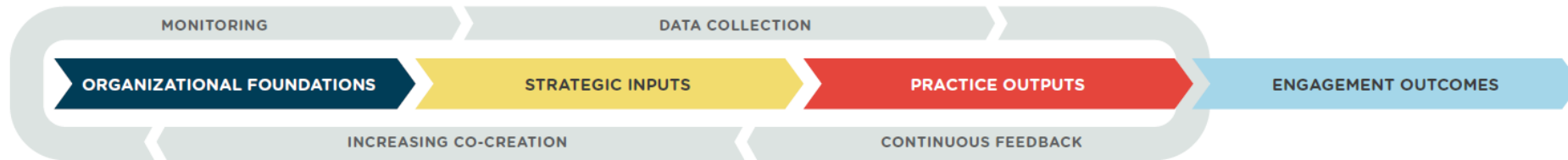
Engaging the Patient Voice in Improvement



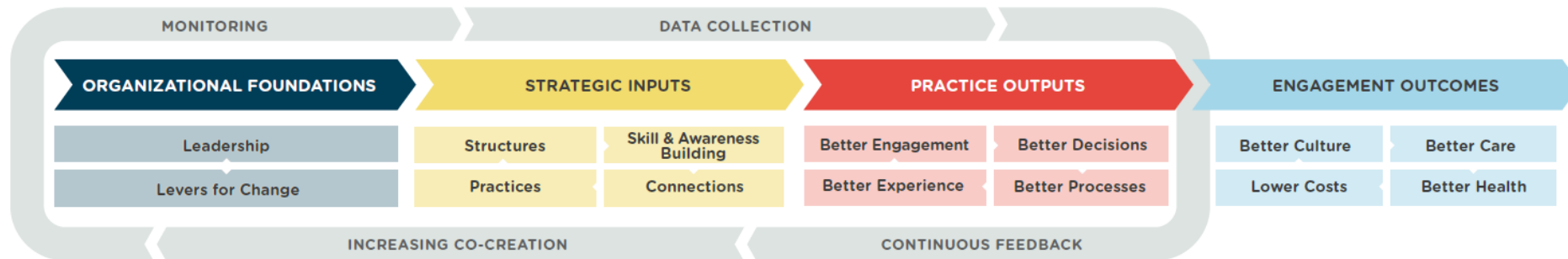
Method	Quality of Information	Benefit	Organizational Burden
Patient Satisfaction Surveys	Somewhat diluted from delayed & diffusion of experience – unilateral	Targeted information	Financial, Dissemination
Focus Groups	Broader range of information received on a specific topic – bilateral	Insights into patient family experience beyond what we might have assumed	Minimal effort for high return of information
Patient Family Advisory Councils	Highly informative on a continuous basis, dependant on relationship of trust & relevance to the organization Reciprocal	A resource hard wired into the hospital so that your patients and families continuously inform improvement	Moderate amount of staff time and financial resource required.
Project Improvement Teams (LEAN, A3, Quality, Safety Cmte)	Highly relevant – Patient Family Advisors continuously inform improvement efforts across the organization Dynamic	360 degree understanding of improvement needs of the organization	Moderate amount of staff time and financial resource

From high level

Broad overview of the framework:
core elements of each transformational stage



Delineation of core elements of each transformational stage



To a more detailed implementation plan



NOTE: Linear placement of each bucket is not meant to suggest order or hierarchy

NAM Perspectives discussion paper

DISCUSSION PAPER

- Annotated Evidence List directly connected to each component
- Tools for Engagement
- Case Studies for Engagement

Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care

Susan B. Frampton, PhD, Planetree; **Sara Guastello**, Planetree; **Libby Hoy**, PFCCpartners; **Mary Naylor, PhD, FAAN, RN**, University of Pennsylvania School of Nursing; **Sue Sheridan, MBA, MIM, DHL**, Patient-Centered Outcomes Research Institute; **Michelle Johnston-Fleece, MPH**, National Academy of Medicine

January 31, 2017

ABSTRACT | Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals. This vision represents a shift in the traditional role patients and families have historically played in their own health care teams, as well as in ongoing quality improvement and care delivery efforts. PFEC also represents an important shift from focusing solely on care processes to aligning those processes to best address the health outcomes that matter to patients. In a culture of PFEC, patients are not merely subjects of their care; they are active participants whose voices are honored. Family and/or care partners are not kept an arm's length away as spectators, but participate as integral members of their loved one's care team. Individuals' (and their families') expertise about their bodies, lifestyles, and priorities is incorporated into care planning and their care experience is valued and incorporated into improvement efforts.

A prevalent and persistent challenge to a system-wide transformation to PFEC is uncertainty about whether the resource investment required will lead to better results. There is also a lack of clarity about how, practically speaking, to make it happen.

To address these barriers, the National Academy of Medicine's (NAM's) Leadership Consortium for a Value & Science-Driven Health System convened a Scientific Advisory Panel (SAP) to compile and disseminate important insights on culture change strategies. The SAP's focus was on evidence-based strategies that facilitate patient and family engagement and are tied to research findings revealing improved patient care

and outcomes. To achieve this goal, the SAP drew on both the scientific evidence and the lived experiences of patients, their care partners, practitioners, and leaders to develop a comprehensive framework that explicitly identifies specific high-impact elements necessary to create and sustain a culture of PFEC. Research in support of the various elements of the model was then compiled into a selected bibliography. This paper introduces the framework and associated evidence, along with practical examples of elements of the model applied in the "real world," with the goal of supporting action that will pave the way for PFEC to become the norm in health care.

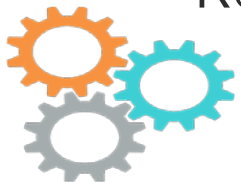
Elements of Impactful Advisor Efforts

High Impact

- Reciprocal
- Tied to the strategic goals of the organization
- Proactive
- Co Design
- Integrated across areas of the organization
- Vision & Mission as North Star
- Focus on the structure
- Reflective of the population served

Low Impact

- Customer Service approach
- Lack anchor to organizational priorities
- Rubberstamp
- Facilitator Presents information for feedback
- Siloed into Pt Experience efforts or Quality or Safety
- North Star is the improvement goal
- Focused on the people
- Lack diversity



Preparation is Key

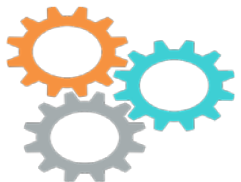
Advisor

- Organization
- Improvement Team
- Advisory Role

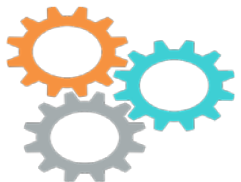
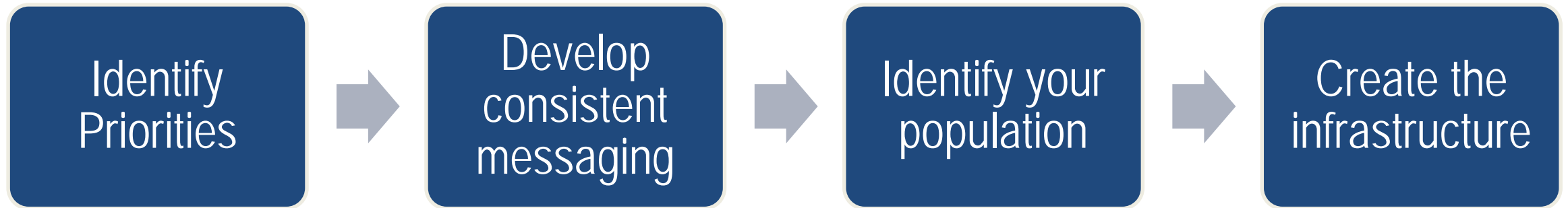
Organization

- Purpose
- Expectations
- Advisor Preparation
- Concerns

V
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Starting Points....



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