Patient and Family Engagement - Essential for improvement and the future of healthcare innovation

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Objectives

• Understand why patient engagement is important for innovation and improvement
• Hear the winning conditions for patient and family partnerships to create sustainable quality and safety improvements
• Learn how organizations in the CFHI learning collaborative are partnering with patients and families for quality improvement
• Explore methods of capturing the impact of engagement on teams, quality of care and organizational culture
When you talk, you are only repeating what you know; but when you listen, you learn something new.
Carman K. et al., 2013
Reflection Question # 1

• Where is your organization on the Carman continuum?

- CONSULT:
  ✓ We survey patients about their care experiences

- INVOLVE:
  ✓ Formal roles and opportunities for patients to advise (e.g. patient experience advisors)
  ✓ Patient and family advisory council(s)

- PARTNER:
  ✓ Patients co-lead committees (e.g. QI committee)
Canadian Foundation for Healthcare Improvement (CFHI)

**Our Mission**
Accelerating healthcare improvement and transformation for Canadians

**Our Goals**
- Healthcare Efficiency
- Patient- & Family-Centred Care
- Coordinated Healthcare
CFHI’s Six Levers For Accelerating Healthcare Improvement™

- Engaging front-line managers and providers in creating an improvement culture
- Promoting evidence-informed decision-making
- Focusing on population needs
- Creating supportive policies and incentives
- Building organizational capacity
- Engaging patients and citizens
The Difference Engagement Makes

- Improvements to engagement
- Improvements to quality (patient experience)
- Organizational impacts

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
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<tr>
<td>PFCC</td>
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<td>Efficiency</td>
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<td>Coordination</td>
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<tr>
<td>Equity</td>
<td>5</td>
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<tr>
<td>Effective &amp; Appropriate</td>
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<tr>
<td>Safety</td>
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<td>Access</td>
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<td>Pop. Health</td>
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Partnering with Patients and Families for Quality Improvement: a Virtuous Cycle

collaboration with patient and families on quality improvement 

patient and family centered care

quality and safety
Engagement Capable Environments: leadership, staff and patients

Enlisting and Preparing Patients

Asserting patient experience and patient-centered care as key values and goals

Communicating patient experiences to staff

Ensuring leadership support and strategic focus

Engaging staff to involve patients

Supporting teams and removing barriers to engaging patients and improving quality
**Aim:** To build capacity and enhance organizational culture to partner with patients and families in order to improve quality across the healthcare continuum.

**Top 4 Domains of Quality**
(identified by teams):
*many teams are measuring multiple domains of quality*

- **95%** Patient Experience
- **23%** Coordination of Care
- **50%** Effectiveness and Appropriateness
- **23%** Patient Safety

**Care Environments**
- **7** Primary care & community care
- **4** Rehabilitation or Continuing care
- **9** Acute care: 7 adult & 2 pediatric
- **2** Mix of acute care & cancer agencies
1. STRATEGY: Plan/Principles/Action Plans
2. LEADERSHIP SUPPORT
3. ORGANIZATIONAL CHAMPIONS
4. PARTNERS: Patient Experience Advisors
5. PERFORMANCE IMPROVEMENT MINDSET
   • Continuous Improvement
   • Change Management
   • Performance Management
6. INFRASTRUCTURE: Functional/Organizational
   • Positions / Committees / Councils
   • Processes
   • Tools
   • Space
7. SUSTAINABILITY: Authenticity
8. PATIENT CENTRED LEADERSHIP: Every Individual
Carman K. et al., 2013

Factors influencing engagement:
- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)
Performance Improvement Mindset

- Continuous improvement
- Change management
- Performance management
Performance Improvement Using Patient-led Feedback Forums

- Strategic Initiative
- Patient education
- Staff education
- Communication
- Monitoring and reporting
- Accountability agreements
KGH Experience

• Time
• Energy
• Resources

• Culture
• Capacity
• Outcomes
Feedback Forum = Identification of Opportunities to Improve the Patient Experience

- Improving communication
- New strategies to improve and support privacy and confidentiality
- Attention to staff behaviour and actions
- Incorporation of volunteers to support patients
- Developing diversion strategies
- Supporting the patient's autonomy
Factors influencing engagement:
- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)
Reflection Question # 2

• What have been your winning conditions?
• Do the ones we describe resonate?
An Inside Look at the 22 Teams

Yukon
- Child Development Centre - Whitehorse

Alberta
- Glenrose Rehabilitation Hospital
- Stollery Children’s Hospital

British Columbia
- BC Cancer and BC Children’s Hospital
- Island Health
- Vancouver Costal Health and Fraser Health

Ontario
- Bridgepoint Active Healthcare
- Bruyère Continuing Care
- Children’s Hospital of Eastern Ontario
- Grey Bruce Health Services
- Huron Perth Healthcare Alliance
- Niagara Health System
- Ontario Renal Network
- Owen Sound Family Health Team
- St. Joseph’s Healthcare Hamilton
- Sunnybrook Health Sciences Centre

Quebec
- Centre hospitalier de l’Université de Montréal
- Centre de santé et de services sociaux de l’Énergie
- Centre de santé et de services sociaux Jeanne-Mance
- McGill University Health Centre

Nova Scotia
- Capital Health

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How are patients engaged to effect improvement?

Consultation roles

• Patient and Family Advisory Forums/Councils

Co-design

• Short term/Episodic: Kaizen events, Quality Improvement teams for specific issues
• Long term/Continuous:
  • Included as members of ongoing Governance structures
  • Providing peer support as part of interdisciplinary care team
Building Capacity Together: New Training

• How to recruit & orient patient advisors
• Shared decision-making (for healthcare providers)
• Patient & family centered care
• Communication skills: teach back, engaging patients in self-care, health literacy
• Chronic illness management; Quality dying
• Change management, process mapping, PDSAs
• Peer mentoring
Critical Success Factors and Lessons Learned

- Patient as partners
- Early & continuous stakeholder engagement.
- Senior leadership support
- Teamwork
- Measurement
- Challenges
- Relentless communication
- Support & mentorship of coaches
Exemplar Cases

Centre universitaire de santé McGill
McGill University Health Centre
Objective: Explore methods of capturing the impact of engagement on teams, quality of care and organizational culture.

- Levels of engagement
- Team experience and team effectiveness
- Fostering Collaboration
- Organizational commitment (e.g. resources, roles, infrastructure)
- Improvement aims by quality domain (patient experience, coordination of care, effectiveness and appropriateness, safety)
PFE Evaluation and Performance Measurement Framework: Key Principles

- **Integrative & Mixed-Methods**: Combines program evaluation (logic modelling, outcome mapping, formative and summative techniques) and improvement science methods (cqi, real time data collection – run charts and control charts).

- **Responsive & Flexible**: Responds to improvement teams and collaborations unique evaluative needs, stages and context

- **Sustainable**: Embeds performance measurement and evaluation into curriculum and reporting to generate learning's and measurable evidence about quality of health services and care, health outcomes and systems efficiencies.
The Collaborative aims to build capacity and enhance organizational culture to partner with patients and families in order to improve quality across the healthcare continuum.

<table>
<thead>
<tr>
<th>IMPROVEMENT LEVEL</th>
<th>PROGRAM LEVEL</th>
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<tbody>
<tr>
<td>1) Understand how engaging with patients, families and citizens benefits quality improvement and changes the quality improvement culture (i.e. how initiatives are designed and delivered)</td>
<td>5) Learn how CFHI can improve the design and delivery of its program</td>
</tr>
<tr>
<td>2) Common and unique process, outcome, and system improvements that have resulted from the quality improvement initiatives led by each team and the cohort of team</td>
<td>6) Learn about the effectiveness and benefits of CFHI’s QI collaborative approach</td>
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<tr>
<td>3) The mechanisms that have enabled or impeded the sustainability and spread of the quality improvement innovations</td>
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<tr>
<td>4) The value for individuals and teams to participate in a collaborative for improvement (knowledge and capacity gains, network, structured and shared learning, pan-Canadian, coaching, peer-to-peer learning, transferable skills and tools, etc)</td>
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Changes in team effectiveness over time

Experience of the a) staff and b) patients in coming together

Changes in capacity to execute QI projects

Changes on the IHI Collaborative assessment scale over time (CFHI will provide this scale)

Changes in improvement project quality measures over time (e.g. patient experience, coordination, access, safety, appropriateness, staff satisfaction, efficiency)

Changes in the team and organization use of patient experience and satisfaction information

Plan to create new patient and family forums (e.g. advisory councils, forums, embedded on committees etc.)

Changes to organization practices/processes (e.g. development of informational or educational resources; informing policy/planning initiatives; improved care or service delivery, improved organizational governance)

Changes to leadership perspective and support for partnering with patients and families for QI
Methods and measures used by the 22 teams

- Patient experience (satisfaction) of care: surveys, interviews
- Team effectiveness / collaboration surveys
- Readiness to partner with patients,
- Patient involvement in care decisions; Caregiver burden
- Provider capacity to facilitate pt engagement in self-care management
- Emotion mapping, kaizen events, PDSAs
- Participation rates
- Patient outcome clinical measures: HA1c, LDL, BP, wt
- Staff measures: satisfaction, competencies, co-design experience
## Cross-Collaborative Team Survey: Engagement, Experience, Effectiveness

### Response Rate & Roles

<table>
<thead>
<tr>
<th>PROJECT ROLE</th>
<th># OF RESPONDENTS IN CATEGORY (n=115)</th>
<th>% OF TOTAL</th>
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<tbody>
<tr>
<td>Project Lead</td>
<td>13</td>
<td>11.3%</td>
</tr>
<tr>
<td>Project Co-Lead</td>
<td>12</td>
<td>10.4%</td>
</tr>
<tr>
<td>Measurement Lead</td>
<td>20</td>
<td>17.4%</td>
</tr>
<tr>
<td>Patient/Family Advisor/Team Member</td>
<td>24</td>
<td>20.9%</td>
</tr>
<tr>
<td>Team Member</td>
<td>20</td>
<td>17.4%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>89</strong></td>
<td><strong>77.4%</strong></td>
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Level of Engagement

An analysis of teams’ dynamics and relationship structure using network analysis

Response n=80
Nominees n=166

Frequency of Relationship Types Selected (n=80 survey responses, 166 nominees)
Level of Engagement: An analysis of team structure

- Patient or Family Team Member

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21.
Level of Engagement: Structure & Dynamics

What does your team network structure say about your team?

You have a core team and an extended team. This shows that your team members, while working closely with each other are also likely working with others to support the project.

You have one team member at the centre of the team sharing information outwards with the other team members. This person is the ‘hub’ of the team, and is the connection between most team members.

You have a small tightly connected team. All team members are talking to one another and are likely working together effectively.

You have a small core team which is working closely together. However, each of the individual team members also has an outer network which they are connecting to for this project. The linear nature of this team structure likely reflects the two separate organizations that have come together to support the project.
Team Experience

3 Concepts

1. Shared objectives
   e.g. I feel that everyone on the team is aware of the long term plans and directions of this QI Project

2. Participation in the team
   e.g. I feel that my contribution to the QI Project is listened to and considered.

3. Change & Innovation
   e.g. I feel that this QI Project team is responsive to suggestions made by members to achieve the desired project outcome.
Team Effectiveness

- Partnership and shared decision making within their project teams rated with a mean item score of 4.34. This indicates a positive rating in this area.

- Two items had <4.00 mean (used as the cut-off score in this instrument)
  - when working together as a team, my team members meet and discuss QI Project work on a regular basis (M = 3.65)
  - when working together as a team, my team members feel a sense of belonging to the QI Project team’ (M = 3.99)

- Cooperation within their teams rated at a positive level (M = 4.49)

- Coordination mean was somewhat lower (M = 4.12). This variation was associated with the item ‘when working together as a team, my team members use an agreed upon process to resolve conflicts’.

- how collaborative the QI Project teams perceive they have become in their work

- how well health providers are including patients and family members in the project work
Early Insights

Team Experience:
- Health providers have a more positive view about how patients and family members are involved in project teams*

Team Effectiveness:
- Commitment required of patients and family members to undertake QI project team work
- Clearly articulated and shared expectations of roles and participation for all team members
- Process to deal with any disagreements
Reflection Question # 3

• Are there strategies, methods, measures you’re using that haven’t been described in what you’ve heard today?
Transforming Organizational Cultures

• The development of patient and family centered care requires building a culture that supports a different way of working

• These organizational transformations create a different experience for patients, families and staff

• But the pace of this change is insufficient to alter health system outcomes unless care can be redesigned across the continuum
### How can we make a shift from...

<table>
<thead>
<tr>
<th>Deficit-thinking</th>
<th>to</th>
<th>Asset-thinking</th>
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<tbody>
<tr>
<td>Problem-oriented</td>
<td></td>
<td>Strengths-based</td>
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<tr>
<td>How can we fix this problem?</td>
<td></td>
<td>How can we engage the community?</td>
</tr>
<tr>
<td>Someone needs to sort this out... Us vs. them</td>
<td></td>
<td>What can I/we do? How can we work together?</td>
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<tr>
<td>Do things to people</td>
<td></td>
<td>Work with people</td>
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Adapted from Kretzmann & McKnight (1993); Goldman & Schmalz (2005)
Where We’re Heading

- Don’t listen very much to our users, we do the designing
- Design and improve, then ask our users what they think
- Listen to our users, then go off and do the designing
- Listen to our users, design together

*Presented by Susan Haufe, Administrative Director of Patient Experience, Virginia Mason Medical Center, CFHI webinar Using Patient Experience to Drive Improvement, February 9, 2015.*
Patients, families and community members bring the energy for change.
Call to Action

• Consider how your organization currently brings the patient voice into improvement work?
• Share one thing you might do next week to support partnerships with patients and families for improvement
Patient Engagement Resource Hub

Looking for tools and resources to support you on your patient engagement journey? Start at the Patient Engagement Resource Hub!

Our online resources can help at the stages of assessing, designing, implementing or evaluating your initiative. For more information:

www.cfhi-fcass/PatientEngagementResourceHub
Thank You!