



Partnership for Patients 2014 Quarterly Meeting Series

Hardwiring Humanity into Healthcare: Protecting the Vulnerable and Preventing Harm across the Board

October 3, 2014

Introduction

On October 3, 2014, National Quality Forum (NQF) convened the fourth meeting of the Partnership for Patients (PfP) 2014 Quarterly Meeting Series, "[Hardwiring Humanity into Healthcare: Protecting the Vulnerable and Preventing Harm Across the Board](#)." Martin Hatlie, Partnership for Patients Core Team Member, welcomed the group and virtual participants to the meeting, set the stage for the day by emphasizing the overarching goal of improving patient safety for all PfP collaborative meetings held thus far and provided an overview of the meeting's objectives:

1. Understand what "harm" encompasses from the viewpoint of patients and families
2. Create greater awareness of the needs and circumstances of vulnerable patients
3. Showcase national examples of innovation that lead to person-centered care, improved patient outcomes, and an organizational culture of dignity and respect
4. Generate and launch the next wave of action to prevent harm and protect vulnerable patients

Dr. Christine Cassel, President and CEO, NQF, after being warmly introduced by Dr. Paul McGann, congratulated everyone's work on behalf of the patients and their families and acknowledged their continuing contributions to this effort. After sharing her own personal stories on having been the recipient of several humanitarian acts in healthcare that have inspired her in the past, she left the audience with a challenge of hardwiring humanity not just towards the patients but into the health workforce, who care for these patients. Her presentation was capped off by the Cleveland Clinic video – [Empathy: The Human Connection to Patient Care](#).

Rachel Weissburg, Project Manager, NQF, led the group through the warm-up exercise – "Heard, Seen, Respected" that asked participants to reflect on a time in their lives when they had not felt heard, seen or respected.

The Partnership for Patients: Where Are We Now?

Dennis Wagner and Paul McGann, Co-Directors of the Partnership for Patients, acknowledged everyone's active commitment to improving the care of patients and their families and the key role that patient and family engagement plays throughout the Partnership for Patients campaign in accelerating progress on the PfP aims of reducing preventable hospital-acquired conditions by 40% and 30-day hospital readmissions by 20%. Emphasizing that these results are not merely numbers but people, Mr. Wagner and Dr. McGann shared the following nationwide and across hospital networks' successes:

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1. 66.5% improvement on Early Elective Delivery (EED) Rate (PC-01) per 100 Deliveries (July 2014 data); (2) 8.8% reduction in measured hospital acquired conditions (HACs);
2. Medicare per capita spending growth being at historic lows;
3. 55% of Medicare Advantage (MA) plan beneficiaries choosing 4- and 5-star rated MA plans compared to 37% in 2013; and
4. Five Billion dollars in total cost savings.

They also presented the most recent results on the number of eligible PFP hospitals meeting the five PFE criteria (i.e. Planning Checklist, Shift Change Huddle, Leader Assigned, Committee/Representative, Committee Representative on Board), that shows facilities are consistently adhering to the checklist, though a rate of 43.78% on hospitals that have a patient representative on Board can be much higher. To conclude this session, Mr. Wagner and Dr. McGann left the audience with the challenge of coming up with more ways to accelerate progress on the PFP aims and, specifically, the work on patient and family engagement.

Jacqueline Kreinik and Jeneen Iwugo, Center for Medicare & Medicaid Innovation (CMMI) representatives presented the “Do My Part” campaign, focused on empowering and activating patients as active participants in their care. The campaign encourages patients to play a participatory role in ensuring an effective transition of care, and avoiding costly and unnecessary readmission. Culture change in hospitals towards patient and family engagement is clearly happening, where in the past patients were seen as receivers of care but are now increasingly being viewed as partners in care, and more tools and resources have become available for patient advocates. Despite such progress, more work is needed to foster the philosophy of patient-centric care in all hospitals across the country.

Creating Conditions for Safety and Humanity in Healthcare

The rest of the meeting was spent in an interactive, “theater-in-the-round” style seating so that all participants could have an opportunity to join the conversations that were happening in a small circle in the middle of the room, with the following speakers. Each of these small groups, and one individual, were being “interviewed” (in an informal sense) by the co-chair, Martin Hatlie. Attendees were encouraged to join the conversation.

Teresa Pasquini, Chair of the Behavioral Healthcare Partnership at Contra Costa Regional Medical Center and Lt. Jeff Moule, Chief of Security, Contra Costa Regional Medical Center.

Teresa Pasquini shared her personal journey of being the mother of an adult schizophrenic son who has been in and out of the healthcare system since he was quite young, and was recently arrested while getting help at a hospital. Through the Behavioral Healthcare Partnership at Contra Costa, Ms. Pasquini spearheaded efforts to create significant changes in the psychiatric unit. The hospital’s visiting policy is now a “welcoming policy”; the entrance to the ward has been redesigned to include the words “Welcome, Hope, Recovery” to greet patients above the door, who are also welcomed by a multi-disciplinary team composed of a psychiatrist, a nurse, and a therapist. Another significant change that the Partnership introduced was eliminating visiting hours so that family are welcome at all times, supporting them as full partners in the care and recovery process of their loved ones. The Institute for Patient and Family-Centered Care (IPFCC) recognized Contra Costa as one of only a handful of hospitals in the entire country that has taken this bold step in patient and family-centered care.

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A significant reason this change was successful was due to the close partnership with Lt. Jeff Moule, Chief of Security for Contra Costa Regional Medical Center, and his officers. Lt. Moule has become an integral part of hospital leadership meetings, making him a true partner in hospital strategy and planning. This has positively impacted the patients and families as well as the nursing staff, who now feel safer while providing care. Ms. Pasquini and Lt. Moule also talked about Contra Costa Community's Living Room Conversation project, an example of how the hospital is trying to dialogue with patients and their families about their experiences outside of the hospital, bringing everyone together – hospital staff, law enforcement, people just out of prison, the homeless – a genuine attempt at capturing the real voices of the community.

Jason Byrd, Director of Patient Safety and Director of the HEN for Carolinas HealthCare System

Jason Byrd presented the Carolinas HealthCare System's ongoing patient safety efforts, starting with the innovative ways they have utilized the five Patient and Family Engagement criteria within the Carolinas HealthCare System HEN to measure and compare hospital performance. While there are still questions around causality, the data suggests that hospitals that are engaged in PFE work score lower (e.g. get better scores) on HAC and readmission rates. As a result of the Carolinas' data trend, other HEN networks have started following the same analysis to measure hospital quality.

Mr. Byrd also emphasized the power that respect and dignity has on the patient's perception of the quality of his or her care, no longer just limited to clinical outcomes. He shared several examples of this in his system, including the story of a young woman living with schizophrenia who has utilized an aggressive community-based program focused on helping patients with behavioral issues to turn her life around. Mr. Byrd featured several of her paintings that have been instrumental in helping her feel truly "heard" as a person. She now teaches art to other patients.

Paula Bradlee, Director of Organizational Quality, Gary Linger, Advisor/Past Co-Chair, Patient and Family Advisory, Jennifer Smolen, Co-Chair Patient and Family Advisory Board and Council - from Providence Regional Medical Center Everett

The three representatives from Providence Regional Medical Center Everett shared their unique perspectives on the twelve years of culture change and quality improvement that has occurred at the hospital since it formed its Patient and Family Advisory Council (PFAC) in 2002 in response to an adverse event. Paula Bradlee, who was there at that time and spearheaded the PFAC, shared the history of the PFAC and the challenges it faced in the early years, especially when it didn't have strong leadership support. Over time, there were significant achievements. In 2008, a patient advisory group was integrated into every hospital department. Hospital staff members along with people from the community have volunteered countless hours in support of the PFAC and its aim of improving patient safety.

Gary Linger, outgoing co-chair of the PFAC and a member of the group for six years, shared their process of designing patient rooms that are safe and patient-centered, providing input on constructing adjoining patient rooms in the emergency department to accommodate family members, and establishing consistency in giving bedside reports for both patients and family members. He reiterated the importance of patient advocates continuing to speak up, and not being passive partners.

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Jennifer Smolen, PFAC's incoming chair, reinforced the meeting's theme of protecting the vulnerable by sharing her personal story of caring for a sick sibling who spent years not being heard. She emphasized that personal leadership, such as what the volunteers are doing despite some not having any clinical background, is the key to hardwiring humanity into healthcare. She also pointed out that all human beings are vulnerable.

Caring for the Caregivers: Safety Starts at Home

Jo Shapiro, Director, Center for Professionalism and Peer Support, Brigham and Women's Hospital

In the afternoon of the meeting, there was a focus on caring for hospital staff and how important organizational culture is in contributing to safe outcomes for patients. Jo Shapiro and Cynda Rushton sat down together with Marty Hatlie to provide their perspectives on this issue. Jo focused on the emotional distress caregivers experience when they are part of a harm event, and how to create an organizational-wide culture change that supports both the caregiver and the patient. Dr. Shapiro heads Brigham Hospital's Center for Professionalism and Peer Support, which provides support to physicians and other healthcare professionals in providing compassionate care for every patient and fostering team training and eliminating disruptive behavior among the workplace. The Peer Support program and its Disclosure Coaching sessions helps the care team when they are experiencing things like sadness, shame, incompetence, fear, and isolation after a harm event.

Cynda Hylton Rushton PhD, RN, FAAN, Berman Institute of Bioethics/School of Nursing, Johns Hopkins University

As a palliative care nurse, Cynda Rushton became aware of the kinds of suffering that clinicians carry on a daily basis. As an ethicist, she studied it. She presented to the attendees her Moral Distress Framework, which aims to help physicians acknowledge the inevitability of "moral distress" – what she defines as a situation when someone consciously participates in wrongdoing at some level - so they can be better equipped to handle adverse situations.. Dr. Rushton also presented her ongoing work on the program called GRACE, a model of compassion that enables caregivers to foster the five elements of G. R. A. C. E. (**G**athering attention; **R**ecalling intention; **A**ttuning to self/other; **C**onsidering: what will serve; and **E**ngaging: ethical enactment, then ending). This model offers clinicians and others who work in stressful situations to develop the capacity to respond with compassion in interacting with others.

Conversation Café: Sharing Solutions and Generating Action

The day's activities culminated with the meeting participants reflecting on the following questions, specifically focused on personal accountability:

- Where do you have discretion and freedom to act?
- What can you do **without** more resources or authority?
- If there are resources in this room (like the person sitting next to you or across from you), what or who are they and how can you work with them?
- **What is your 15% contribution to creating conditions for humanity in healthcare?**

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Written commitments focused on the following themes:

- Fostering safety/outcomes improvement/culture change
- Supporting multiple communities coming together
- Alignment behind Goals, thereby Creating System
- Forming partnerships between providers of care and users of care
- Moving towards this type of partnership: From Patients/Families Not Present to Patients Present, from Presence to Listening, from Listening to Engagement, from Engagement to Partnership
- Implementing safety Across the Board
- Galvanizing Patient and Family Engagement, especially as a contributor to Safety/Quality
- Fostering joy and meaning in the Workplace
- Protecting the vulnerable populations
- Disseminating and replicating Partnership for Patient Safety Campaign Results
- Promoting transparency

Next Steps

This meeting's agenda, slides, summary and recording are all available on the National Quality Forum's [website](#).

Appendix: Roster of Attendees

Organization	Name
America's Essential Hospitals	Sarah Callahan
Brigham and Women's Hospital	Jo Shapiro
Carolinas HealthCare System	Jason Byrd
Contra Costa Regional Medical Center	Jeff Moule
Contra Costa Regional Medical Center	Teresa Pasquini
Financial Transformations, Inc.	John Scanlon
Georgia Hospital Association	Joyce Reid
Gordon and Betty Moore Foundation	Susan Baade
Health Research & Educational Trust	Sue Collier
Institute for Patient- and Family-Centered Care	Joanna Kaufman
Institute of Medicine	Diedtra Henderson
Iowa Healthcare Collaborative	Tom Evans
Johns Hopkins University, School of Nursing	Cynda H. Rushton
Josiah Macy Jr. Foundation	Steve Schoenbaum
Kaiser Permanente Center for Total Health	Ted Eytan
Massachusetts General Hospital	Alexander R. Green
MedStar Montgomery Medical Center	Roger Leonard
National Hospice and Palliative Care Organization	Carol Spence
National Partnership for Women & Families	Lindsay Lang
National Quality Forum	Christine K. Cassel
Partnership for Patients, CMMI	Kouassi 'Albert' Ahondion
Partnership for Patients, CMMI	Lt. Fred Butler
Partnership for Patients, CMMI	Jacqueline Kreinik
Partnership for Patients, CMMI	Paul McGann
Partnership for Patients, CMMI	Dennis Wagner
Partnership for Patients, CMMI	Jeneen Iwugo
Patient and Family Centered Care Partners Inc.	Tara Bristol
Patient Representative (LAM Professional Services, LLC)	Lisa Ann Morrise
Patient Representative and Advocate	Alicia Cole
Press Ganey	Deirdre Mylod
Project Patient Care	Martin Hatlie
Providence Regional Medical Center Everett	Paula Bradlee
Providence Regional Medical Center Everett	Gary Linger
Providence Regional Medical Center Everett	Jennifer Smolen
Telligen - Illinois, Iowa, and Colorado Medicare QIN QIO Programs	Patricia Merryweather
Washington Howard Associates	Knitasha V. Washington
Washington State Hospital Association	Carol Wagner
Webber Shandwick (Powell Tate)	Michelle Baker