



# Member and Family Engagement

Kaiser Permanente Digital Workforce Group

Ted Eytan, MD • National Quality Forum Patient and Family Engagement Action Team  
April 1, 2014

Saw David Sobel, MD, the originator for me of "let's invite a patient in the room to see if we're adding value to their lives." [#kppcc](#) 

1:06 PM Nov 13th, 2009 via Twittelator

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[tedeytan](#)

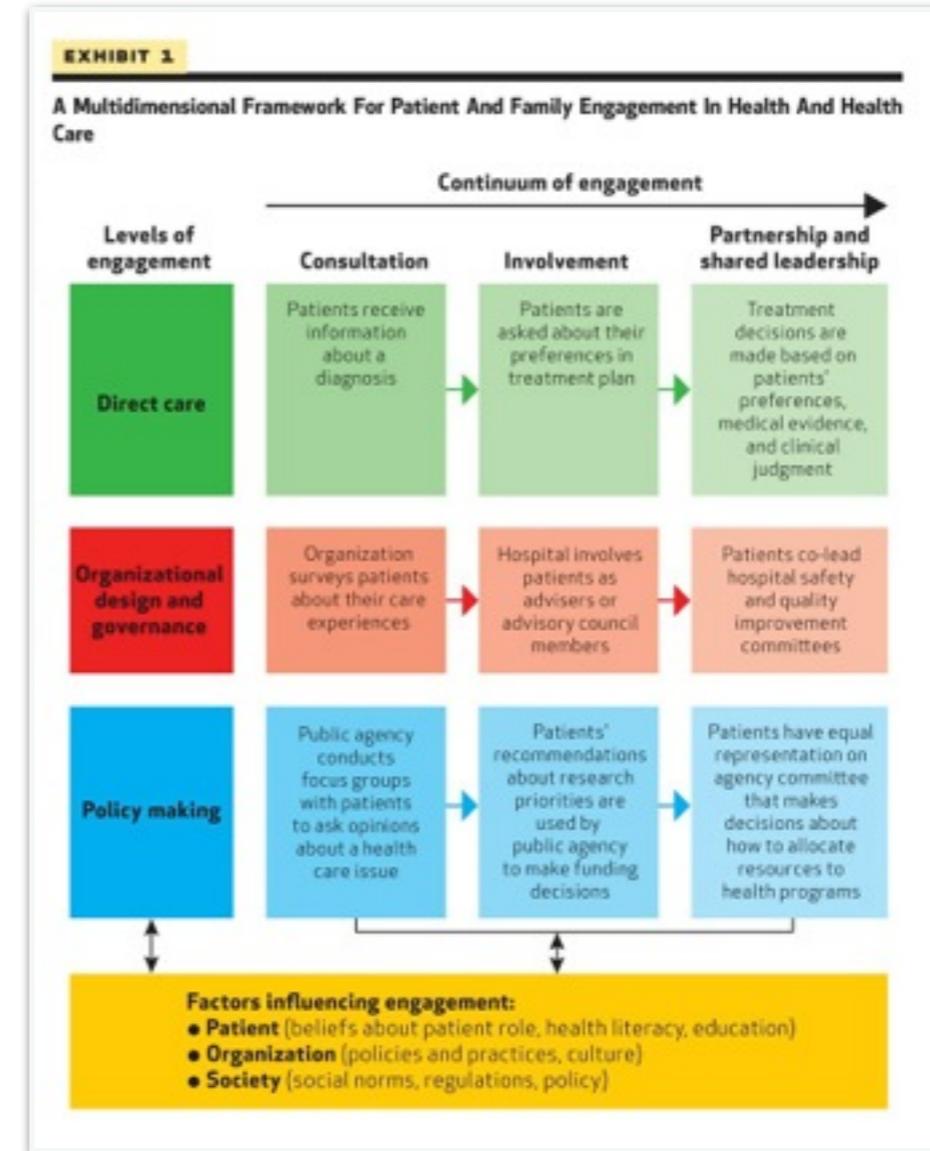
# The patient role is changing

The screenshot shows the National Quality Forum website. The main navigation bar includes 'Setting Priorities', 'Measuring Performance', 'Topics', 'News & Resources', 'Events', and 'Membership'. The 'Measuring Performance' section is active, displaying the 'Patient Safety Collaboration' project. The page includes a sidebar with 'Measuring Performance' sub-sections, a main content area with an 'Overview' tab, and a right-hand sidebar with 'Project Search' and 'Stay Informed' options. The main content area describes the project's goals and lists three action teams: Maternity, Readmissions, and Patient and Family Engagement.

**National Quality Forum: Patient and Family Engagement Action Team**

The screenshot shows a Twitter post from Pat Mastors (@pmastors). The tweet reads: "Excellent work at @NatQualityForum! Missed u @tedeytan; @tdahlborg gr8 fellow rd. warrior! Hoping 2 depart this AM! pic.twitter.com/H9SjpQW2ac". Below the text is a group photo of approximately 20 people at a conference. The tweet has 2 retweets and 1 favorite. Below the tweet are two replies from Ted Eytan, MD (@tedeytan) and Pat Mastors (@pmastors), both expressing appreciation for the forum.

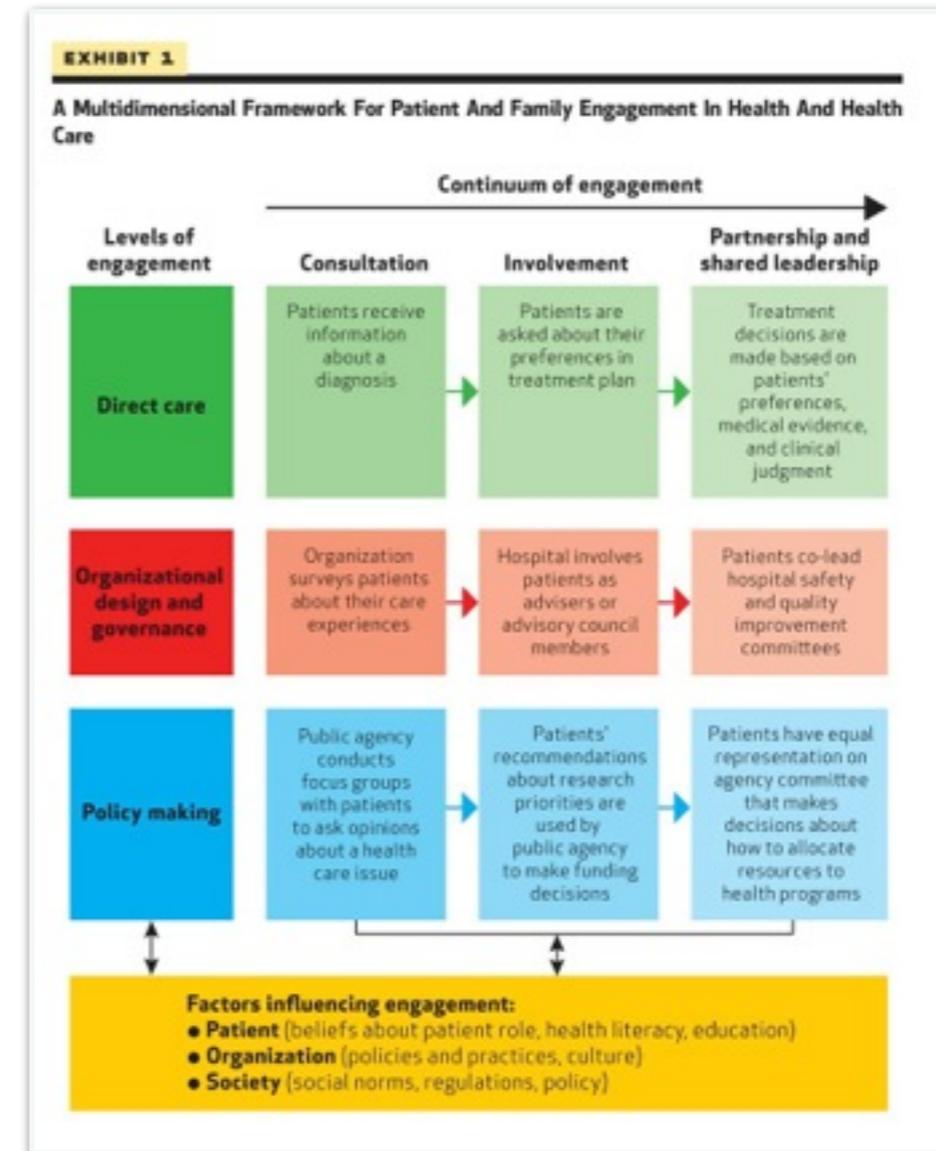
# Health care is changing



Source: Carman KL, Dardess P, Maurer M, et al. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Aff. (Millwood)*. 2013;32(2):223–31. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/23381514> [Accessed January 20, 2014].

# Health care is changing

- **Organizational Design And Governance** At the level of organizational design and governance, engagement integrates patients' values, experiences, and perspectives into the design and governance of health care organizations such as hospitals, accountable care organizations, clinics, and nursing homes.



Source: Carman KL, Dardess P, Maurer M, et al. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Aff. (Millwood)*. 2013;32(2):223–31. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/23381514> [Accessed January 20, 2014].

# Digital Workforce Group is Changing



**Southern California Permanente  
Medical Group  
La Mesa Medical Offices  
January, 2013**



**Felipe Hernandez, MD  
CPMG**



**Colorado Permanente Medical Group  
Englewood & Lakewood Medical Offices  
January, 2014**

# Why? Why here?



**Ed Ellison, MD and Gilbert Salinas**  
**Institute for Healthcare Improvement 15th Annual International Summit**  
**Center for Total Health • Washington, DC • March 10, 2014**

# FAQ

- Is the work of this group relevant to a member?
- Why not ask a member of the workforce to participate instead?
- Aren't these conversations sensitive? (e.g. vendor performance issues)
- Will member involvement harm the dynamic of the group?
- Will it set a precedent for other groups?

**Patient and Family Centered Care Myth-busters: Overcoming Common Challenges and Concerns**

Sometimes clinicians and staff are reluctant to involve members, patients or family members in improvement activities because of concerns about the time it will take, transparency of data, or HIPAA requirements. If this occurs, it is a good idea to discuss the concerns as a team. You can use this section to help dispel "myths."

Concerns	Mythbuster	Example
"Engaging members and patients is difficult—it takes a lot of resources, energy and time. It is logistically challenging"	Although involving patients and members requires some additional time and planning in the beginning, member involvement enables creative, meaningful and rapid solutions and almost always energizes clinicians and staff. Members bring a perspective that we cannot see because we are so close to the work and have our own routines. New ideas not only improve outcomes and satisfaction for members, they often reduce time and costs.	For the October 2011 Care Management Institute (CMI) Annual Meeting, three KP members who have survived cancer and a family caregiver were invited to participate in this three day event. Estee Neuwirth, Director, Field Studies, CMI stated "It took some extra time to identify the members, invite them to participate, and orient them to the content of the meeting, however, the whole meeting was energized because they were there. Having KP cancer survivors and their family members sitting side by side with us sharing their insights made the data we had collected from surveys and focus groups come alive, along with new and deeper information that led to important changes in some of our processes."
"Transparency is scary. You can't speak freely in front of patients; the conversations will change. If we share operational challenges or gaps in our services, patients will no longer trust us and the care we provide."	Having a patient in the room will change the conversation—for the better! Patients have the unbiased perspective that may not only simplify solutions, but may provide a different view that might not have been thought of before. There are no known incidents where patients on advisory councils went to the media or regulatory body because of transparency of data.	Numerous Advisory Councils can be found in the Kaiser Permanente system. During these meetings, data is shared. Patients say they have greater trust and confidence in KP because we are not hiding any problems we have, but instead, we are trying to solve them.
"I can't involve members in improvement because of HIPAA and confidentiality issues."	With HIPAA, there are boundaries in sharing Protected Health Information (PHI), but HIPAA should not be a barrier to involving patients and families. HIPAA is designed to be clear and respectful of patient rights to confidentiality and privacy and to protect those rights. Patients and families receive HIPAA training.	You can involve patients and members in improvement work if you collect the necessary forms: PHI authorization, non-disclosure/confidentiality and/or photo/video consent. You can obtain these from the <a href="#">legal section</a> . Always remind members that they are free to withdraw at any time for any reason.
"We are already Patient and Family Centered."	Like most health systems, KP is focused on our patients to provide an excellent care experience, however, there is more we can do. Instead of determining what is best for patients and doing things for patients, we can partner with them to design new processes that better meet their needs.	We are moving towards becoming more patient centered with every patient, every time. Right now, KP has pockets of PFCC across the system, but it is still only the beginning. Getting started is the key. Use this Tool Kit to get ideas about how to begin or enhance your efforts to involve patients throughout our organization.

Internal Use Only. Work In Progress, April 2012 | 8

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[http://kpnet.kp.org/qrrm/pfcc/bfccc\\_index.htm](http://kpnet.kp.org/qrrm/pfcc/bfccc_index.htm)

Patient and Family Centered Care Toolkit: [http://kpnet.kp.org/qrrm/pfcc/toolkit/toolkit\\_section1.html](http://kpnet.kp.org/qrrm/pfcc/toolkit/toolkit_section1.html)

# FAQ

- Is the work of this group relevant to a member? **Yes.**
- Why not ask a member of the workforce to participate instead? **That's our role.**
- Aren't some of these conversations sensitive? **They are; members trust us with their most sensitive information, we can do the same with them.**
- Will member involvement harm the dynamic of the group? **Usually it does the opposite.**
- Will it set a precedent for other groups? **We hope so.**

The doctor, pharmacist, endocrinologist, nurse, internist, physical therapist, lab technician, OB-GYN, nutritionist, dermatologist, podiatrist, radiologist, otolaryngologist, rheumatologist, ophthalmologist, neonatologist, clinician, pediatrician, orthopedic surgeon, thoracic surgeon, urologist, hematologist, pathologist, brain surgeon, anesthesiologist, family practitioner, oncologist, immunologist, neurologist, gastroenterologist, phlebotomist, pulmonologist and receptionist will see you now.

They're all connected to each other. And all connected to you. That's the power of integrated care.

kp.org/thrive KAISER PERMANENTE. thrive

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### Welcome

Mid Staffordshire NHS Foundation Trust provides healthcare for people in Stafford, Cannock, Rugeley and the surrounding areas, serving a local population of 276,500 people.

The Trust manages two Hospitals, at Stafford and Cannock.



### Latest News

#### 1,500 mile rally for Cannock fundraiser

08 January 2013  
A Cannock man is embarking on a 1,500 mile car rally to raise funds for the Stafford Hospital cancer unit that treated his late wife.



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### Visiting a Patient?



We welcome visitors and appreciate that your support can play a vital role in your relative or loved ones recovery.

Most of our wards have a two hour visiting slot in the afternoon and again in the evening. Please check the times for each ward below.

Help us to fight infections, use the alcohol gel to clean your hands before you enter and after you leave the ward.

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[Parking](#)

### Children's Web Page



If you are coming in to hospital and are staying on the Shugborough Ward, you can find out what to expect.

[More Info](#)

**Staffordshire Prepared**

Stafford Hospital  
Weston Road  
Stafford  
ST16 3SA  
Tel: 01785 257731

Cannock Chase Hospital  
Brunswick Road  
Cannock  
WS11 5XY  
Tel: 01543 572757

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# Mid Staffordshire NHS trust left patients humiliated and in pain

Francis inquiry finds 'shocking' failures in care as hospital focused on cutting costs and hitting government targets

Sarah Boseley

guardian.co.uk, Wednesday 24 February 2010 12.19 EST



Relatives of those who have died at Stafford general hospital stand in front of a tribute wall. The hospital left patients in pain, says an inquiry. Photograph: Rui Vieira/PA

An independent inquiry found today that there were "shocking" systematic failures of hospital care in Mid Staffordshire that left patients routinely neglected, humiliated and in pain as the trust focused on cutting costs and hitting government targets.

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### On Society

#### Last 24 hours



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3. 'Bucket list'

4. Domestic v harm, says

5. Paedophilia

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## Up to 1,200 needless deaths, patients abused, staff bullied to meet targets... yet a secret inquiry into failing hospital says no one's to blame

By **FAY SCHLESINGER, ANDY DOLAN and TIM SHIPMAN**  
UPDATED: 08:45 EST, 25 February 2010

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- Up to 1,200 patients died unnecessarily because of appalling care
- Labour's obsession with targets and box ticking blamed for scandal
- Patients were 'routinely neglected' at hospital
- Report calls for **FOURTH** investigation into scandal

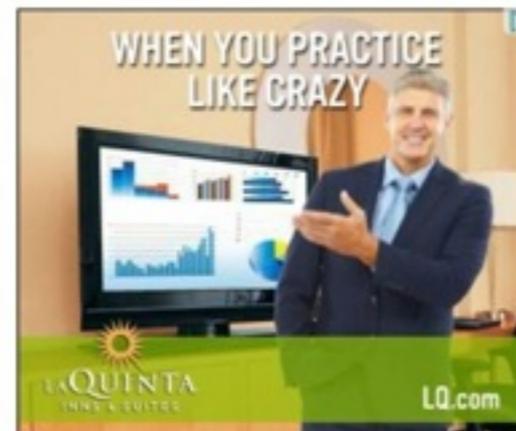
Not a single official has been disciplined over the worst-ever NHS hospital scandal, it emerged last night.

Up to 1,200 people lost their lives needlessly because Mid-Staffordshire NHS Trust put government targets and cost-cutting ahead of patient care.

But none of the doctors, nurses and managers who failed them has suffered any formal sanction.



Site Web Search



### FEMAIL TODAY

▶ She's still The Body... but what's she done to her hair? Elle Macpherson distracts from still-stunning figure with garish blonde locks. Still looks stunning



▶ Is that method dressing? Nicole Kidman looks more and more like Grace Kelly in vintage red carpet outfits



▶ Her first maternity wear! Kim Kardashian covers up billowy shirt and baggy trousers as she jets into Los Angeles. Trading in sexy outfits



▶ She's so cheeky! Lady Gaga exposes her backside as she shreds Versace latex outfit performing new dance moves. Wardrobe malfunction



▶ 'Big Willy': Unedited version of Prince William photo posted on his website reveals





## NHS Mid-Staffordshire Trust Scandal: How Relatives Watched Loved Ones Suffer Lack Of Care

The Huffington Post UK | Posted 05/02/2013 08:11 GMT | Updated 05/02/2013 10:27 GMT

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A number of relatives have spoken out about the shocking treatment their loved ones received while being treated at Stafford Hospital.

Gillian Peacham, 73, was forced to move into a smaller flat following the death of husband Arthur as she could no longer pay the bills. Mr Peacham, 68, died on March 19 2006 after almost four months in hospital during which time he contracted the infection C Difficile.



Gillian Peacham talks of the treatment her husband, Arthur, 68, had in the months leading up to his death at Stafford Hospital

"I'd like to see someone accountable actually for what happened at Stafford. I would like some answers and I would like someone to just stand up and say 'We're sorry' because nobody's done that yet.

"I'm sceptical really, because I just think that it's perhaps too late really for anybody to be accountable. It happened and what we need now is an assurance that it won't happen again.

"I would call for criminal convictions, obviously. The CEO that was there at the time I do feel perhaps wasn't qualified really to handle what was going on at the hospital.

"I'm on my own living in a flat when I should be in a lovely old farmhouse that we were in having a good life, and it's just so, so sad.

"I couldn't afford to live there any more and I lost my retirement with Arthur and my future with him.

"It's something that we can't get over really. We can just hope that it gets easier to bear.

Mr Peacham was admitted to hospital in December 2005, just two weeks after he

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## NHS darkest hour: 1,200 'appalling' deaths at horror hospital but NO ONE blamed

Feb 06, 2013 23:00 By Andrew Gregory 6 Comments

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No-one was fired over the shameful four-year period where bosses put cash before care as the sick lay in dirty beds crying for help because they were refused pain relief



The blunders, neglect and abuse that left up to 1,200 patients dead at Stafford Hospital should have been met with strong disciplinary action against those responsible.

Yet not one person was fired over the shameful four-year period where bosses put cash before care as the sick lay in dirty beds crying for help because they were refused pain

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*“Place the quality and safety of patient care above all other aims for the NHS. (This, by the way, is your safest and best route to lower cost.)”*

*“Engage, empower, and hear patients and carers throughout the entire system, and at all times.”*

*”use quantitative targets with caution”*

The screenshot shows the GOV.UK website interface. At the top, there is a search bar and navigation links for Departments, Topics, Worldwide, How government works, Get Involved, Policies, Publications, Consultations, Statistics, and Announcements. The main heading is 'Independent report' followed by 'Berwick review into patient safety'. Below this, it lists the Organisation as 'Department of Health', the Page history as 'Published 6 August 2013', and the Policies as 'Treating patients and service users with respect, dignity and compassion + 1 other'. A section titled 'Recommendations to improve patient safety in the NHS in England.' is followed by a 'Documents' section. This section lists four documents: 1. 'A promise to learn – a commitment to act: improving the safety of patients in England' (PDF, 359KB, 46 pages); 2. 'Don Berwick's letter to senior government officials and senior executives in the health service' (PDF, 37.5KB, 2 pages); 3. 'Don Berwick's letter to the clinicians, managers, and all staff of the NHS' (PDF, 38.6KB, 2 pages); and 4. 'Don Berwick's letter to the people of England' (PDF, 40.2KB, 2 pages).

Source: <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>



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