Report from the National Quality Forum: Fourth Quarterly Synthesis of Action in Support of the Partnership for Patients

October 15, 2014

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Introduction

In 2011, the U.S. Department of Health and Human Services (HHS) launched the Partnership for Patients initiative in support of the National Quality Strategy's priority and goals focused on patient safety. This initiative emphasized collective action from both the public and private sectors of healthcare to focus on two critical goals: reducing hospital-acquired conditions (HAC) by 40 percent and reducing preventable hospital readmissions by 20 percent.

Building on the National Quality Forum's (NQF) successful action team projects and quarterly meeting series for the Partnership for Patients initiative, HHS asked NQF to continue this work in 2014. This report summarizes NQF's contributions to the Partnership to Patients initiative from October 2013 to October 2014, including the four-part quarterly meeting series and three action teams (Maternity Action Team, Readmissions Action Team, and Patient and Family Engagement Action Team).

Action Teams: The Power of Multistakeholder Collaboration

In 2014 the National Quality Forum convened three separate multistakeholder action teams to focus on promoting patient and family engagement, reducing preventable readmissions, and improving maternity care in healthcare settings through a model of sharing best practices and aligning public- and private-sector patient safety efforts. NQF's action teams are 15- to 20-person groups brought together to support the work of the Partnership for Patient goals of reducing hospital acquired conditions and preventable hospital readmissions. The teams included critical thought leaders and both local and national change agents in their respective fields to identify aspirational goals and key strategies to drive change. The 2014 action teams built on broader national efforts and NQF's extensive portfolio of work in patient safety.

NQF Maternity Action Team

Building on the tremendous work and success of the 2012 Maternity Action Team to reduce early elective deliveries (EED) nationwide, the 2014 Maternity Action Team set the goal of further reducing EED prior to 39 weeks gestation to 5 percent or less in every state. Although many stakeholders have highlighted the reduction in EEDs as one of the greatest quality improvement successes in healthcare to date, the action team recognized that there are still areas in the country finding it difficult to achieve these results. According to the most recent CMS data, states vary from 2 to 22 percent for EED, and even states with an overall excellent EED rate have some hospitals with high rates.[1]

Led by Maureen Corry, Childbirth Connection Programs, National Partnership for Women & Families and Dr. Elliott Main, California Maternal Quality Care Collaborative, the action team considered how to best leverage existing maternity improvement efforts and deploy their expertise and resources to achieve greater EED reduction. In support of their aspirational goal, three high-leverage strategies were

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[1] Centers for Medicare & Medicaid Services (CMS) website. Baltimore, MD: 2014. Available at https://data.medicare.gov. Last accessed August 2014.

identified with a major focus on measurement, partnership, and communication (see Appendix A for the Maternity Action Pathway).

Using these strategies as a framework, the action team developed a resource to provide guidance and strategies to help those still struggling to reduce their EED rates. The *Playbook for the Successful Elimination of Early Elective Deliveries* ("Playbook") reflects a culmination of experience and advice from the action team members and key informants, thus reflecting a range of potential solutions that have been successfully applied in various situations and settings. It supports all who are practicing and delivering care and provides specific guidance for hospitals and hospital systems/networks facing various barriers and challenges in their quality improvement (QI) efforts.

The Playbook was officially released on August 18, 2014 with a public webinar to engage a broader array of stakeholders in dialogue about opportunities to reduce EED. The action team then engaged in broad-scale outreach to disseminate the Playbook and its lessons. The action team also distributed among its own diverse constituencies including:

- Partnership for Patients Hospital Engagement Networks (HENs), including the American Hospital Association's HEN of approximately 1,700 hospitals, and Partnership for Patients Maternal Affinity Group
- NQF members
- National Partnership for Women & Families/Child Birth Connection members
- America's Essential Hospitals members
- Association of Maternal & Child Health Programs Title V chapters
- Association of State and Territorial Health Organization members
- The Joint Commission
- Quality collaboratives, such as the Florida Perinatal Quality Collaborative and the California Maternal Quality Care Collaborative
- Medicaid association members, such as the Medicaid Health Plans of America and the National Association of Medicaid Directors
- American College of Nurse-Midwives members
- Institute for Healthcare Improvement Perinatal Network
- Health Resources and Services Administration (HRSA) networks (COINN region IV, VI, and V States; all state Maternal and Child Health directors and Children with Special Health Care Needs directors, HRSA Maternal Health Listerv)
- Business coalitions, such as Pacific Business Group on Health and Midwest Business Group on Health

Quarterly Spotlight: Using the Playbook to Foster Early Elective Delivery Reduction

During the Playbook's outreach and dissemination activities, several action team members connected with state and hospital leaders as well as their local American Congress of Obstetricians and Gynecologists (ACOG) chapters to encourage greater reduction in early elective deliveries (EED). For example, Maternity Action Team co-chair Dr. Elliott Main shared the Playbook as well as data of state and hospital EED rates with Medi-Cal (California's Medicaid agency) and various hospitals across California. In Oklahoma, Barbara O'Brien of the University of Oklahoma Health Sciences Center distributed the Playbook to all birthing hospitals in the state.

Dr. Divya Cantor from WellPoint conducted outreach across her state of Kentucky. This included distributing the Playbook to all WellPoint medical directors in Kentucky, the KY Hospital Association, KY Department of Public Health, and the major KY health systems, including Norton, Baptist, and KY One. Additionally, Dr. Cantor presented the Playbook along with CMS hospital-specific data at the ACOG KY Section Advisory Council meeting at the KY Medical Association annual convention. She reported that the physicians were surprised and motivated by the data and did not understand how their hospitals could be listed as the CMS data indicated. As a result, the physicians plan to speak directly with their local hospital administrators about implementing a hard stop policy, discuss the potential for mis-documentation, and communicate this data to other hospitals in the state.

The Playbook was also featured in an article entitled, *Eliminating Early-Term Elective Births: More Work is Needed*, by action team member Dr. Kathleen Rice Simpson in the October 2014 volume of the American Journal of Maternal Child Nursing. In addition to being available on the NQF website, the Playbook is available on www.39weeksfl.com, America's Essential Hospitals website, University of South Florida College of Public Health website , and the Illinois Perinatal Quality Collaborative website.

As the Playbook is disseminated through the aforementioned channels, hospitals, health systems, health plans, and others have started to use it in their QI initiatives. For instance, Anthem Blue Cross and Blue Shield reported using the Playbook as part of their Anthem National Maternity Quality Initiative program. The California Department of Public Health plans to use the Playbook for guidance and talking points when working with vendors and hospitals in their case coordination activities and QI improvement. Additionally, Universal Health Services has used the Playbook to learn more about how to access Hospital Compare data, and Inova Health System plans to share the information in the Playbook across their system.

NQF Patient and Family Engagement Action Team

The Patient and Family Engagement Action Team, representing 17 patients, families, doctors, nurses, employers, payers, hospitals, and consumers, was charged at the beginning of its work with finding a way to integrate the patient voice into hospitals nationwide to increase patient and family engagement and patient safety. Please see Appendix B for the Patient and Family Engagement Action Team Pathway.

To meet these goals, the action team created a tool for patients to use with their providers at the point of care when they enter the hospital. Designed to help patients to start a conversation and express their needs and preferences, this tool, known as the *Patient Passport,* is based on a successful model used in the United Kingdom and in several U.S. hospitals such as Mattel Children's Hospital UCLA. When patients enter the hospital, they are often given little opportunity to initiate conversation, share their own preferences, and participate in shared decisionmaking.

This experience, of having multiple healthcare providers making assessments about their health without being asked for their own opinion or having providers share opinions and information with each other, can be frustrating, confusing, and sometimes frightening. The *Patient Passport* provides more than critical medical information such as medications, conditions, etc. It allows patients to express their own comfort level with things like communication with clinicians, arranging support at home, and what works and doesn’t work to cope with their health conditions. It helps patients identify specific areas they need help with, such as walking, eating, or remembering what is said during the patient-provider conversation. It uses pictures to start conversation and helps the provider see beyond the patient’s illness and view them as a person with a story. From the healthcare provider’s perspective, knowing a patient’s story can impact the entire plan of care.

Several hospitals are either actively piloting the passport or have plans to do so. Griffin Hospital in Connecticut has integrated it into a community-wide pilot focused on end-of-life issues and shared decisionmaking. St. Vincent Indianapolis has committed to piloting the Patient Passport and is exploring how to do that using a mobile platform. The *Patient Passport* has been integrated into a free mobile app and website; the beta version is currently being used by Johns Hopkins Hospital and has been receiving tremendous support. An independent randomized trial is also being pursued by Johns Hopkins faculty. The Patient Centered Outcomes Research Institute (PCORI) has approved a letter of intent from this group to study the effectiveness of the Patient Passport’s use and relationship to outcomes; a final grant will be submitted in November 2014. The *Patient Passport* can also be used as a downloadable PDF document and has been piloted in a hard copy print version.

The following are specific ways that the NQF Action Team is implementing and disseminating the *Patient Passport* throughout the country:

- The *Patient Passport* was presented to over 200 Hospital Engagement Network (HEN) and hospital leaders on a September 23 Partnership for Patients webinar.
- The work of the NQF PFE Action Team has been written about and published online on www.hospitalimpact.org, which targets hospitals specifically.
- The National Institute for Children’s Healthcare Quality Institute has committed to using the passport in its local, regional, and national work to improve children’s health quality.
- The *Patient Passport* has been presented to the Hennepin County Medical Center Patient Experience Steering Committee, and a sample focus group that included registered nurses, doctors, and hospital administrators.
- The *Patient Passport* is being used to jump start a conversation with an Illinois hospital that de-activated its Patient and Family Advisory Council several years ago to re-energize and regroup their community leaders.

- The Passport has been shared with the CaReAlign team, a national team working to align care for older adults with chronic and multiple conditions across healthcare settings; CaReAlign would like to implement the Passport into its new archetype of care, which is focused more specifically on patient and family needs and preferences.
- The *Patient Passport* is being shared through a learning collaborative of 11 California hospitals, overseen by Patient Family Centered Care Partners, as well as the Nevada Hospital Association, ESRD Network 18, Memorial Care Health System, New Hampshire Hospital Association, and Patients on Board — all with a focus on establishing patient and family engagement.
- The *Patient Passport* is being featured at the 2014 Planetree International Conference for Patient-Centered Care in October as one of "8 Great Ideas from Around the World."

NQF Readmissions Action Team

To complement the Partnership for Patients goal of reducing hospital readmissions and the many efforts focused on improving care transitions from the hospital setting, NQF's Readmissions Action Team leveraged patient, provider, and community partnerships to identify and address the needs of vulnerable patients, particularly focusing on their psychosocial needs. The action team held monthly calls, in-person meetings, and two open forums to engage a broad array of stakeholders in dialogue and developed the Readmissions Action Pathway (see Appendix C). This pathway put forth the strategies of working together to enhance systems improvement, collaboration, and patient and family engagement as the key elements of success. Throughout the year, action team members took action to support the action pathway by spreading best practices and advocating for patient-centered, high-quality, well-coordinated care.

The American Nurses Association (ANA) has been an active member of the Readmissions Action Team sharing resources, including program evaluations and program components associated with improved outcomes in the behavioral health population, with the action team members. One of the successful models disseminated by ANA is Mathematica's case studies of physical and behavioral health programs in Louisiana, North Carolina, Pennsylvania, Tennessee, and Vermont. These case studies highlight key features of each program and offers insights for other states and communities seeking to integrate care. Each program uses different funding streams and a variety of strategies to establish and deliver care to reflect the unique state environment in which they operates. For example, Louisiana uses one managed care organization to oversee the delivery of specialty mental health and substance abuse services for Medicaid and non-Medicaid populations, and North Carolina uses enhanced primary care case management to coordinate services for Medicaid beneficiaries and to help primary care providers function as medical homes for people with behavioral health conditions. Nevertheless, the five programs share similar features that could be useful for other states and communities to consider, including financing services creatively, broadening available services and supports, using information systems, and monitoring quality and improvement.

Quarterly Spotlight: The Role of the Consumer to Reduce Readmissions

Action team member and patient advocate Lisa Freeman is focusing her energies on two goals with full action team support: 1) increasing patient and family representation on hospital boards and advisory councils; and 2) providing community outreach involving patient education designed to empower patients so that they will embrace involvement in their own care. Accordingly, Ms. Freeman has surveyed members of various healthcare organizations, both formally and informally over the last several months. She created a series of questions to elicit whether these organizations had patient members on their boards - were they actively planning to do so, have they discussed this with the Patient and Family Advisory Council (PFAC) members, have they considered any strategies to address possible resistance to this type of policy change? Based on the feedback that she received, she felt that there might be an invisible "line" or ceiling that is preventing patients from being invited to become voting members on the hospital boards. Ms. Freeman is actively addressing this issue. In addition, she has also been reaching out to community groups and has presented to a local senior center on patient engagement about becoming an empowered patient.

A successful initiative undertaken by Mt. Sinai is the Preventable Admissions Care Team (PACT) program, introduced to the Action Team by fellow member Maria Basso Lipani, during the action team August public webinar. Lois Cross of the American Case Management Association (ACMA) and chair of the Readmissions Action Team recently shared the PACT program with the Intermountain Hospital Engagement Network and the case management team at Sutter Health. She also presented at the ACMA Annual Chapter Conferences in Kansas City and Chicago, where she described PACT and other successful programs such as the Reducing Avoidable Readmissions Effectively (RARE) Campaign and Wellspace program. Ms. Lois continues to share the Interact 2 Program, which was highlighted in the first Readmissions Action Team Action Pathway as a best practice both in classes that she teaches and at conferences where she is a speaker.

Quarterly Meeting Series in Support of the Partnership for Patients

To reach the Partnership for Patients ambitious goals of significantly reducing hospital-acquired conditions and avoidable hospital readmissions, NQF convened a series of four quarterly meetings in 2014 to facilitate discussion across the public and private sectors. The meeting topics and dates were:

- Mobilizing the Health Workforce to Reduce Hospital-Acquired Conditions on January 29, 2014
- The Power of Alignment: Engaging Purchasers and Payers to Accelerate Patient Safety Efforts on April 24, 2014
- Leveraging Accreditation and Certifications Standards to Ensure Safe Care on July 14, 2014
- Hardwiring Humanity Into Healthcare: Preventing Harm Across the Board and Protecting the Vulnerable on October 3, 2014

The intent of these meetings was to foster shared commitment and renew or invigorate high-leverage activities on the part of participants to achieve the goals. Approximately 30 to 40 participants across the healthcare industry attended each meeting, including providers, patients, certification boards, specialty societies, purchasers, payers, quality improvement specialists, measure developers, and federal partners. The meeting agendas featured interactive formats and time for sharing best practices. Summaries of each meeting are attached in Appendixes D, E, F, and G.

Quarterly Spotlight: Protecting Vulnerable Patients through Partnership

At the fourth quarterly Partnership for Patients meeting hosted by NQF in October 2014, two guests representing Contra Costa Regional Medical Center in California told the story of how a partnership between patient and family advocates, law enforcement, and hospital staff had transformed the behavioral health unit and indeed, the culture of the entire hospital.

Teresa Pasquini is the mother of an adult schizophrenic son and is now the Chair of the Behavioral Healthcare Partnership at Contra Costa and a co-founder of the nonprofit, Treatment Before Tragedy. She was joined in the October meeting by Lt. Jeff Moule, Chief of Security for Contra Costa. Before the partnership was formed, Teresa describes herself as “an angry mom” because of the way that her son, and other psychiatric patients, were being treated. As she put it, treatment through incarceration was the norm — and this became true for her when her son was arrested while getting help at a hospital. Law enforcement was a threatening presence; doors were there to keep people out, rather than to open and welcome people in; and nurses often worked in an atmosphere of fear.

With the full support of Anna Roth, Contra Costa’s CEO, Teresa rolled up her sleeves and got to work changing the culture. First, a welcoming policy was introduced to the psychiatric unit. The words “Welcome, Hope, Recovery” were put up in large, bold letters above the door; the wall was painted from a stark white to soft shades of green and tan; and a multidisciplinary team composed of a psychiatrist, a nurse, and a therapist began greeting the patients who were coming through the door, being committed involuntarily, and welcoming them to the hospital.

Second, the “No Visitors” sign came down. A 24-hour welcoming policy was introduced, supporting families 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. A significant reason for this success was the close partnership with Lt. Jeff Moule and his officers. Anna Roth integrated Lt. Moule into all of the hospital leadership meetings, enabling law enforcement to become a true partner in hospital strategy and planning.

Conclusion

The exemplars in this report represent over 150 organizations that came together this year to achieve the shared goal of improving patient safety and healthcare quality across the country. Since the launch of the Partnership for Patients initiative in April 2011, NQF has created multiple forums for these and other stakeholders to contribute to reducing harm across health care. Building on its longstanding commitment to patient safety, NQF will continue to advance this issue through multistakeholder collaboration.

Appendixes

Appendix A: Maternity Action Team Final Action Pathway

Appendix B: Patient and Family Engagement Team Final Action Pathway

Appendix C: Readmissions Action Team Final Action Pathway

Appendix D: Summary of Quarterly Meeting #1

Appendix E: Summary of Quarterly Meeting #2

Appendix F: Summary of Quarterly Meeting #3

Appendix G: Summary of Quarterly Meeting #4

Note: Materials for all past and future events are available on NQF's website.

NATIONAL
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Maternity Action Team Action Pathway: Promoting Healthy Mothers and Babies

July 31, 2014

In 2014, the National Quality Forum convened a multistakeholder action team to focus on improving maternal health through a model of sharing best practices and aligning public- and private-sector patient safety efforts. In support of the Partnership for Patients initiative, this action team brings together critical thought leaders to identify aspirational goals and key strategies to drive system-level change. The results of this work will contribute to a broader national effort to achieve a significant and sustainable reduction in early elective deliveries.

Background

In March 2011, the Department of Health and Human Services (HHS) released the National Quality Strategy (NQS) and identified six priorities to achieve the overarching triple aim of healthy people and communities, better care, and affordable care. In support of the NQS, HHS launched the Partnership for Patients initiative to advance the priority areas of safety, care coordination, and patient and family engagement and to achieve two goals:

1. Decrease preventable hospital-acquired conditions by 40 percent compared to 2010.
2. Decrease preventable hospital readmissions by 20 percent compared to 2010.

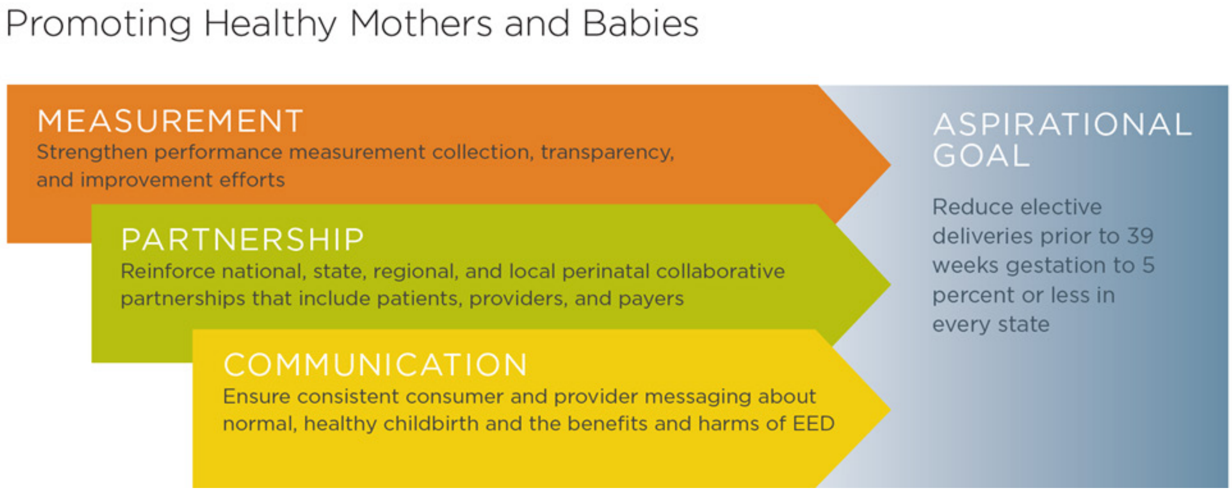
Upon HHS's request in 2012, the National Quality Forum (NQF) convened two multistakeholder action teams that brought together thought leaders to identify aspirational goals, develop and align strategies, and act as change agents to mobilize action and systems-level change for two high-leverage areas: maternity care and readmissions. The 2012 Maternity Action Team (MAT) allowed leaders to look across many maternity improvement efforts, articulate shared goals, and work collectively on deploying their resources in a more unified and efficient manner. The group focused its efforts primarily on aligning measurement around The Joint Commission's existing perinatal measure set; deploying evidence-based tools such as hard-stop policies; and aligning consumer and provider messaging around normal healthy birth and the harms and benefits of EED. Given the success of the action team model as a way to catalyze and align action across parallel public and private improvement efforts, HHS requested that NQF reconvene the maternity and readmissions action teams in the fall of 2013 and create a third action team focused on patient and family engagement.

2014 Maternity Action Pathway

In early 2014, NQF reconvened the Maternity Action Team (see roster in Appendix A) comprised of nearly 20 public and private stakeholders to continue its work on addressing inappropriate maternity care. Led by Maureen Corry, Childbirth Connection Programs, National Partnership for Women & Families and Dr. Elliott Main, California Maternal Quality Care Collaborative, the action team considered how to best leverage its shared resources to further improve the health of mothers and babies, reflecting on the remarkable reduction in early elective delivery (EED) rates over the last two years. According to Leapfrog Group data, EED rates decreased to 4.6 percent in 2013, representing a 73 percent decrease in three short years.[1] Many stakeholders have highlighted this as one of the greatest quality improvement successes in healthcare to date.

Although significant progress has been made in reducing EEDs—with many providers meeting the 5 percent goal set by the 2012 MAT—there are many areas in the country that are still finding it difficult to achieve results. Given the important implications for mothers and babies, MAT members agreed to build upon the momentum of the 2012 MAT and the work occurring across the public and private sectors to reduce EEDs prior to 39 weeks gestation to 5 percent or less in every state. To support this aspirational goal, three specific high-leverage strategies were identified with a major focus on measurement, partnership, and consumer and provider engagement (see Figure 1). Together, the three strategies offer a cohesive pathway to facilitate action and safely reduce elective deliveries.

Figure 1: 2014 Maternity Action Pathway



Action Team Strategies

A major initiative of the action team is the development of the *Playbook for the Successful Reduction of Early Elective Deliveries*, or “Playbook” for short. The primary objective of this resource is to provide guidance and strategies to help those still struggling to reduce their EED rates. It supports all who are practicing and delivering care, and provides specific guidance for hospitals and hospital systems/networks facing various barriers and challenges in their quality improvement (QI) efforts. The *Playbook* is discussed further in the context of the three strategies below.

Measurement

In its 2012 work, the action team emphasized the essential role of performance measurement in driving improvement, and quickly focused in on The Joint Commission’s NQF-endorsed perinatal measure set. One often highlighted success of the 2012 MAT was its contribution—both individually and collectively—to accelerating required reporting of a standardized set of perinatal measures to improve maternity care for mothers and babies. Over the past two years, reporting of this measure set—including the PC-01 Elective Delivery measure—was made a requirement for Joint Commission-accredited hospitals with greater than 1,100 births. As a result, it is estimated that approximately 1,200 accredited hospitals now report on this measure set, in contrast to roughly 200 reporting hospitals in the third quarter of 2013.[2]

With a stronger requirement in place for measuring and reporting on EED rates, providers have expressed the need for standardized data collection, reporting, and improvement tools to aide their QI efforts and to mitigate measurement burden. Although the perinatal measure set has focused needed attention on reducing EEDs, there is a lack of clarity among hospitals and providers about data collection processes, the differences between requirements for the Centers for Medicare & Medicaid Services (CMS) and the Joint Commission, and interpretation of results. To address these challenges, the action team is including specific measurement guidance in the *Playbook*. This includes an overview of various reporting requirements; guidance on calculating the PC-01 measure, including a “cheat sheet” for hospitals to use when calculating the measure; guidance on interpreting the PC-01 measure results; tips for working with EHR vendors; and other educational materials identified by team members.

Partnership

A consistent theme that has arisen from the action team work is the importance of multistakeholder collaboration, and the role that partnerships play in the success of maternity initiatives. Action team member emphasize the engagement of public- and private-sector stakeholders—including upfront engagement of physicians—and having a convener or “driver of change” are keys to success. In addition to the obvious need to engage healthcare providers, clinicians, and consumers, action team members emphasize the important role that purchasers (both public and private) and health plans play in driving change. Partnerships lacking all of these critical perspectives at the table are not likely to succeed.

Action team members have committed to fostering collaborative partnerships to facilitate further reduction of EEDs and to catalyze improvement on other maternal quality fronts. This important strategy of connecting stakeholders and promoting collaboration is critical to achieving the goal of reducing EEDs in every state.Action team members are also committed to sharing successes and lessons learned in their respective EED initiatives, and to discuss barriers and strategies that could be applied to other EED or maternal QI efforts.

Another major theme of the *Playbook* is partnering with other stakeholders, both within and external to one’s own organization/health system. The *Playbook* offers a variety of strategies for overcoming barriers, including engagement of senior and/or institutional leadership; guidance related to policy and payment strategies; and exemplars of states that have initiated successful policy and/or payment initiatives. Over the next several months, action team members are committed to widely distributing the *Playbook* to their respective communities and partnering organizations, in addition to the Partnership for Patients Hospital Engagement Networks (HENs). They also will conduct targeted outreach to those that have demonstrated success—as well as to those that have struggled—with reducing EED rates in an effort to translate and spread proven strategies and resources.

Communication

The action team strongly supports consistent and aligned messaging and communication strategies for consumers and providers and the spread of evidence-based tools that promote normal, healthy childbirth as an important strategy to further reduce EED rates. Recent surveys of mothers support the need for further education about healthy pregnancy and childbirth decisions. For instance, Childbirth Connection’s Listening to Mothers II survey results underscore the need to better inform women about potential harms associated with induction and cesarean section to help them make the best decisions about their care.[3] In an effort to promote shared decision-making and resources that communicate align consumer and provider messages, the *Playbook* includes a wide range of resources targeting both providers and consumers. The *Playbook* also highlights evidence-based tools that educate and promote normal healthy birth. Examples include the March of Dimes’ *Late Preterm Brain Development Card* and the American College of Nurse Midwives’ recent factsheet *Normal, Healthy Childbirth for Women & Families: What You Need to Know*.

The Path Forward—Driving Momentum and Sustainability

The action team is actively working on the action pathway's execution and pursuing additional opportunities to collaborate with stakeholder groups in the public and private sectors, including the HENs and the NQF membership. The action team plans to disseminate the *Playbook* in early August and hold a public webinar to engage a broader array of stakeholders in dialogue about opportunities to reduce EED. This public forum will allow the action team to share its work on the *Playbook* and further connect with other maternity leaders from across the country to catalyze broad-scale improvement.

Updates on the activities and accomplishments of the action team members are highlighted in NQF's Quarterly Impact Reports, and through in-person meeting and webinar summaries posted to the NQF website. The final Quarterly Impact Report (due October 15, 2014) will include a summary of the action team's activities and results over the course of the project.

Endnotes

[1] Dramatic decline in dangerous early elective deliveries; The Leapfrog Groups cautions against babies being born too soon, hits national target. The Leapfrog Group, March 2014. Available at http://www.leapfroggroup.org/policy_leadership/leapfrog_news/5164214.

[2] Maternity Action Team Call, March 17, 2014.

[3] Declercq ER, Sakala C, et al. Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences. New York: Childbirth Connection, October 2006. Available at http://www.childbirthconnection.org/listeningtomothers/.

Appendix A: 2014 Maternity Action Team Roster

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NATIONAL
QUALITY FORUM

Patient and Family Engagement Action Pathway: Fostering Authentic Partnerships between Patients, Families, and Care Teams

July 31, 2014

In 2014 the National Quality Forum convened a multi-stakeholder action team to focus on promoting patient and family engagement in healthcare settings through a model of sharing best practices and aligning public- and private-sector patient safety efforts. In support of the Partnership for Patients initiative, this action team brings together critical thought leaders and both local and national change agents in the field of patient and family engagement to identify aspirational goals and key strategies to drive system-level change. The results of this work will contribute to a broader national effort to authentically engage patients, families, and caregivers at all levels of the healthcare system.

Background

In March 2011, the Department of Health and Human Services (HHS) released the National Quality Strategy (NQS) and identified six priorities to achieve the overarching triple aim of healthy people and communities, better care, and affordable care. One of the six NQS priorities specifically calls us to "ensure that each person and family is engaged as partners in their care" by improving patient, family, and caregiver experience of care related to quality, safety, and access across settings; in partnership with patients, families, and caregivers—and using a shared decision making process—developing culturally sensitive and understandable care plans; and enabling patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively.

In support of the NQS, HHS launched the Partnership for Patients initiative to advance the priority areas of safety, care coordination, and patient and family engagement and to achieve two important goals:

1. Decrease preventable hospital-acquired conditions by 40 percent compared to 2010.
2. Decrease preventable hospital readmissions by 20 percent compared to 2010.

To achieve broad stakeholder engagement around these goals, HHS requested the National Quality Forum (NQF) to convene critical thought leaders and organizations to identify high-leverage strategies for change around the issue of patient and family engagement. NQF's Patient and Family Engagement (PFE) Action Team supports the broader Partnership for Patient goals around patient safety by harnessing the power of patients and families to be patient safety advocates, and by partnering with health care organizations to encourage person-centered care as an organizational core value. Research increasingly shows that "engaging patients and families as respected partners can improve the safety of care and…this should drive an organization's mission and strategies for individual settings of care."[1] NQF's action team supports the Partnership for Patients' approach and specific metrics for patient and family engagement, in particular, its emphasis on authentic engagement, identifying and spreading best practices, and partnering (or "team"-ing) to accomplish the goals.

A recent Health Affairs article provides a framework for this work and details three levels of engagement: direct care, organizational design and governance, and policy making.[2] Although action team members currently operate across these levels in their work, the team's focus is specifically focused on the redesign of systems and practices within the second of these levels, and is working together to create a shift in the way that families are welcomed and engaged in organization-wide systems and processes. This is similar to the Partnership for Patients best practices and metrics, which emphasize point of care, policy and protocol, and governance—the action team's focus is best categorized as "policy and protocol".

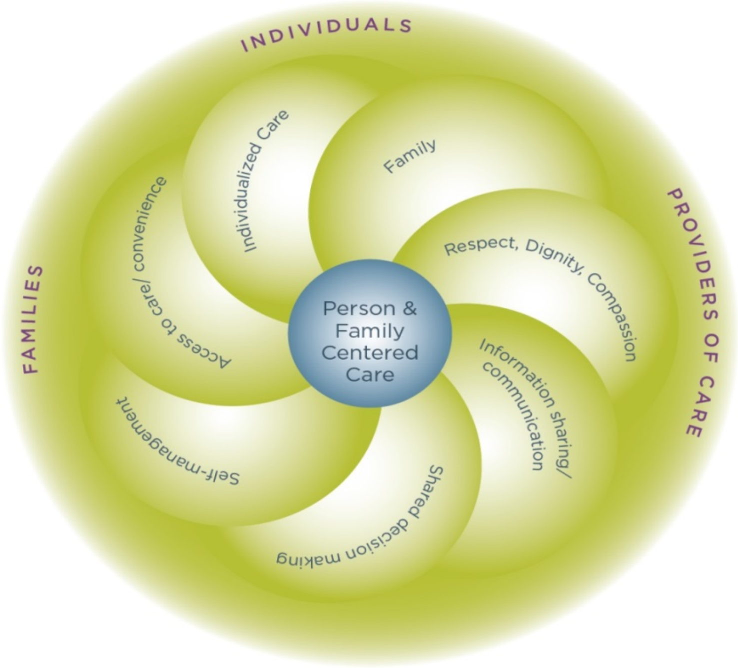
Anchoring Healthcare in Patient and Family Preferences

The multi-stakeholder PFE action team includes patients and consumer advisors, as well as representation of purchasers, health plans, and healthcare providers, including nurses, social workers, physicians, and hospital administrators dedicated to patient and family engagement (see roster in Appendix A). The team is led by Pat Mastors of the Patient Voice Institute, a leading patient and consumer advisor, and Susan Frampton, President of Planetree, a leader in advancing person- and family-centered care.

The vision of this action team is to trigger a shift throughout U.S. healthcare systems to focus on patient and family needs and preferences. Often, the patient voice is lost in the din of activity that happens in the healthcare environment. While this is not necessarily intentional on the part of healthcare providers or system administrators, it will take a concerted effort from every person providing care to profoundly change the system so that patients and their families truly feel that their needs, goals, and preferences are a primary focus. For this reason, the biggest emphasis of the action team is on *partnership*.

The action team has used two working definitions of patient-centered care. The first was published by the Institute of Medicine, and emphasizes the provider's responsibility to "[provide] care that is respectful of and responsive to individual patient preferences, needs, and values and [ensures] that patient values guide all clinical decisions…"[3] The second definition guiding the team was created by Angelica Thierot, the founder of Planetree, Inc., and it emphasizes the responsibility of the patient: "We should all demand to be treated as competent adults, and take an active part in our healing. And we should insist on hospitals meeting our human need for respect, control, warm and supportive care, a harmonious environment and…a truly healing environment."[4] More recently, an NQF project focused on identifying gaps in performance measurement related to person- and family-centered care identified core concepts to guide measure development as illustrated in Figure 1.

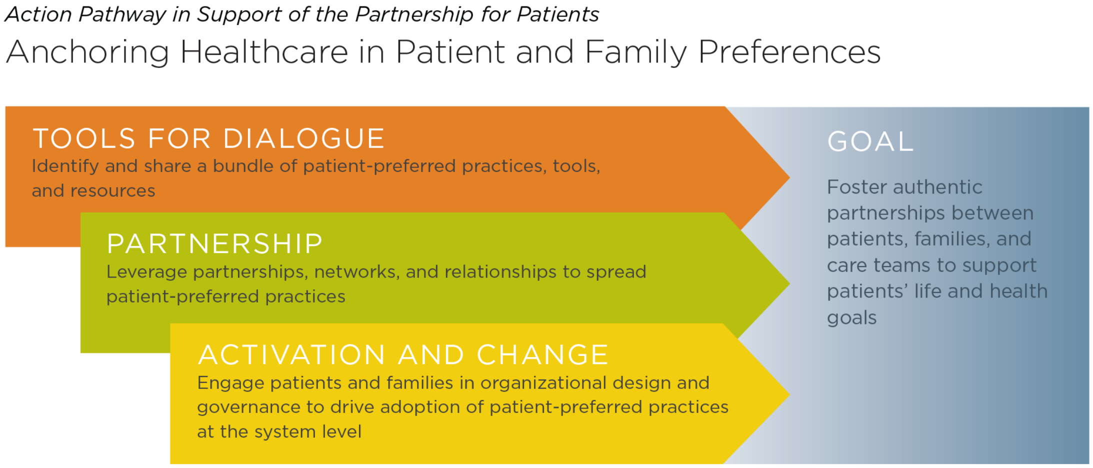
Figure 1. Person- and Family-Centered Care Core Concepts



The relationship between the above definitions and the core concepts signifies the importance of dialogue and partnership between patients, families, and healthcare teams. These are the key elements that the action team believes are missing—and yet so crucial to develop and spread. Patients must be empowered to be their own patient safety advocates; to engage in meaningful dialogues about their preferences for care; and to demand better information about discharge processes, medications, and follow-up care to promote long-term healing and prevent hospital-acquired conditions, medical errors, and unnecessary readmissions.

To accomplish this goal of authentic partnership between patients, families, and care teams, the action team is employing three strategies. The first is to identify tools, resources, and practices that reflect patient-preferred practices, and encourage meaningful dialogue. The second is to leverage existing networks and relationships to spread these tools and practices throughout healthcare systems for broad uptake. The third is to activate patients and families in organizational design and governance to drive system-level change. The action team's vision, goal, and strategies are depicted in Figure 2 below.

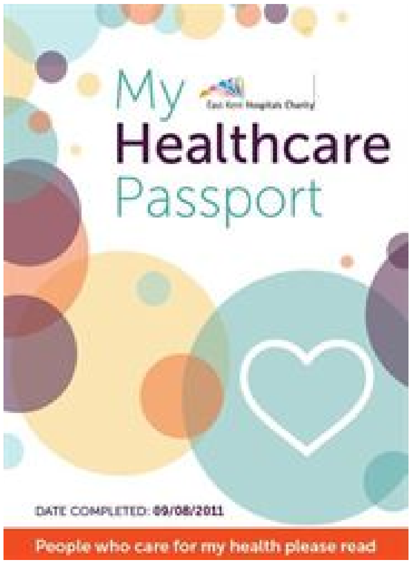
Figure 2. Patient and Family Engagement Action Pathway



Tools for Dialogue

For patient and family preferences to drive healthcare delivery and achieve the goals of the Partnership for Patients, patients, families and their caregivers must have effective tools that allow them to articulate their needs, goals, and values. In response to this need, the action team is promoting the domains of a "*Patient Passport*," a tool to assist patients in having meaningful and effective communication with providers at the point of care, particularly in the hospital setting. The *Patient Passport* is modeled on existing tools, such as "*My Healthcare Passport*" that the NHS system uses in the United Kingdom to help individuals with learning disabilities express their needs and preferences when in hospital. Another model is the "*Patient Passport"* developed in partnership at the Mattel Children's Hospital UCLA between the parents of medically complex children and emergency physicians to expedite triage. Exemplars of these tools are presented in Figure 3 below.

Figure 3. Exemplars of Existing Patient Passports

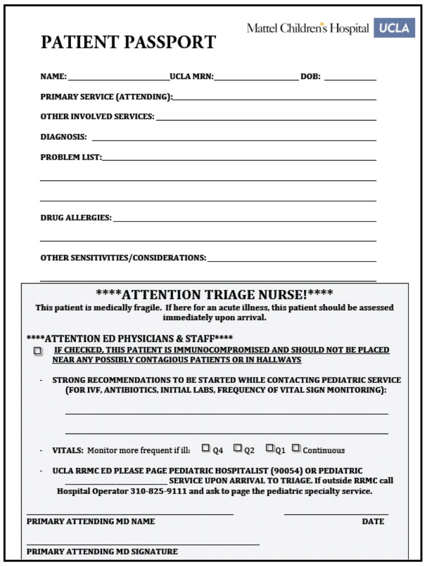


My Healthcare Passport

East Kent Hospitals Charity

DATE COMPLETED: 09/08/2011

People who care for my health please read



Mattel Children's Hospital UCLA

PATIENT PASSPORT

NAME: ____________ UCLA MRN: ____________ DOB: ________

PRIMARY SERVICE (ATTENDING): ____________

OTHER INVOLVED SERVICES: ____________

DIAGNOSIS: ____________

PROBLEM LIST: ____________

DRUG ALLERGIES: ____________

OTHER SENSITIVITIES/CONSIDERATIONS: ____________

****ATTENTION TRIAGE NURSE!****

This patient is medically fragile. If here for an acute illness, this patient should be assessed immediately upon arrival.

****ATTENTION ED PHYSICIANS & STAFF****

☐ IF CHECKED, THIS PATIENT IS IMMUNOCOMPROMISED AND SHOULD NOT BE PLACED NEAR ANY POSSIBLY CONTAGIOUS PATIENTS OR IN HALLWAYS

- STRONG RECOMMENDATIONS TO BE STARTED WHILE CONTACTING PEDIATRIC SERVICE (FOR IVF, ANTIBIOTICS, INITIAL LABS, FREQUENCY OF VITAL SIGN MONITORING):
- VITALS: Monitor more frequent if ill: ☐ Q4 ☐ Q2 ☐ Q1 ☐ Continuous
- UCLA RRMC ED PLEASE PAGE PEDIATRIC HOSPITALIST (90054) OR PEDIATRIC ____________ SERVICE UPON ARRIVAL TO TRIAGE. If outside RRMC call Hospital Operator 310-825-9111 and ask to page the pediatric specialty service.

PRIMARY ATTENDING MD NAME ____________ DATE ________

PRIMARY ATTENDING MD SIGNATURE ____________

Rather than focusing on a particular demographic, the *Patient Passport* domains target the general population, although they could be modified for specific patient needs. The action team has agreed that the following domains are critical:

- Patient Identification—name, preferred language
- Critical Health Information—allergies, medications, disability, relevant care plans, primary contact, caregiver information, etc.
- Health Team—PCP, specialists, care team members
- Health History and Goals—significant health events, hospitalizations, coping with my health conditions, good days/bad days, health goals for when I get out of the hospital
- What I Need While I'm Here—major concerns, what makes me comfortable, what I need help with, etc.
- Personalized Photo—how I look and what I do when I'm not sick
- Discharge—what to do when I get home
- Advance Care Directives and End of Life Preferences—how I want my care to be handled

This tool is unique because it allows the patient to initiate and guide patient-provider conversations, as opposed to other tools that attempt to guide patients through the health system or tell them what to do, what to ask, and what to expect. It is written by the patient in the patient's voice, and is intended as a complement to other resources. Both its content and style are intended to make frontline staff's work simpler and more effective by presenting critical information about the patient in a concise and meaningful way. Also, small things—like a personalized photo—help to humanize the experience of the patient/provider encounter. The value of the passport is that it can be developed in partnership with patient advocates, frontline staff, and health administrators to be responsive to each of these unique perspectives.

Partnership

The action team is utilizing its networks and relationships to spread the *Patient Passport* domains in a number of settings. Griffin Hospital—a Planetree-designated facility—in Connecticut is integrating the domains into a community-wide "Patient-Family Activation Initiative," with goals of increasing the delivery of healthcare that honors patient preferences; developing shared decision-making partnerships between patients and their healthcare providers; improving population health; and increasing engagement and activation of patients and families. Specific training modules for healthcare providers, Patient and Family Partner Council members, and community stakeholders will focus on initiating conversations and sharing tools and resources.

Interest in the domains of the *Patient Passport* has been expressed by a number of health plans, a national pharmacy chain, a patient safety technology company, and several Patient and Family Advisory Councils (PFAC) of health systems. The action team continues to promote partnerships that will spread the passport concept as a means of authentically engaging patients, and as a potential system-level initiative for consideration by PFACs and hospital boards.

Activating Patients to Drive Organizational and System-Level Change

The final strategy involves the activation and engagement of patients and families to be the drivers of the change they want to see. Changing organizational culture to be patient-and family-centered requires the engagement of healthcare leadership, but not every system or organization has the necessary leadership to shift an established provider-centric culture. One of the most promising ways to influence organizational culture is through patients. By providing patients with a ready-made tool like a *Patient Passport*, they can be more empowered to initiate conversations with their healthcare team(s) about their needs, goals, and preferences.

In addition to spreading the domains of the passport, the PFE Action Team is considering key messages to spread awareness about the passport concept, as well as guiding principles for successful development and implementation, such as the importance of patient ownership, engagement of frontline staff, and consistent messaging about the purpose of a passport so that hospitals have necessary context. Ideally a *Patient Passport* would be "agile" and work well in multiple units; frontline staff would be prepared to read the passport; and PFACs would find value in initiating such a project to meet its patient and family engagement goals.

The Path Forward— Action Team Members as Change Agents

The action team is actively collaborating with stakeholder groups in the public and private sectors to achieve the goals of the Partnership for Patients, and is working with the National Content Developer, consumer advocates, and the NQF membership to spread promising practices and resources. The action team is holding monthly calls, in-person meetings, and two open forums to engage a broad array of stakeholders in dialogue. These activities are organized to foster the identification of opportunities to augment, amplify, and accelerate the strategies as well as other patient- and family focused efforts in the field. Team members are providing updates on actions related to progress on the pathway, and identifying the opportunities and activities that will spread best practices and programs, particularly the *Patient Passport*. Updates on the activities and accomplishments of the action team members are highlighted in NQF's Quarterly Impact Reports, and through in-person meeting and webinar summaries posted to the NQF website. The final Quarterly Impact Report (due October 15, 2014) will include a summary of the action team's activities and results over the course of the project.

As demonstrated by the momentum generated by the PFE Action Team, the subject of person-centered care is one that is very personal and can motivate positive change in the healthcare system. Action team members have expressed a strong desire to continue this work beyond the scope of the deliverable through the specific strategies identified in the pathway. Several members are exploring partnership opportunities to test and pilot the model independently. Others are focusing on activating patients through educational materials and social media.

Endnotes

[1] Safety is Personal: Partnering with Patients and Families for the Safest Care. National Patient Safety Foundation. Boston, 2014.

[2] Kristin L. Carman et al, Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies. *Health Affairs*. 32 (2):223-231; 2013.

[3] Crossing the Quality Chasm: A New Health System for the 21st Century. Institute of Medicine. National Academy of Sciences. Washington DC. 2000.

[4] Angelica Theirot, 1978

Readmissions Action Team Action Pathway: Reducing Avoidable Admissions and Readmissions

July 31, 2014

In 2014, the National Quality Forum convened a multistakeholder action team to focus on reducing readmissions across care settings through a model of sharing best practices and aligning public- and private-sector patient safety efforts. In support of the Partnership for Patients initiative, this action team brings together critical thought leaders to identify aspirational goals and key strategies to drive system-level change. The results of this work will contribute to a broader national effort to achieve a significant and sustainable reduction in avoidable admissions and readmissions.

Background

In March 2011, the Department of Health and Human Services (HHS) released the National Quality Strategy (NQS), which established six priorities to achieve the overarching aims of healthy people and communities, better care, and affordable care. In support of the NQS, HHS launched the Partnership for Patients initiative as a major effort to advance the priority areas of safety, care coordination, and patient and family engagement, and to achieve two important goals:

1. Decrease preventable hospital-acquired conditions by 40 percent compared to 2010.
2. Decrease preventable hospital readmissions by 20 percent compared to 2010.

To achieve broad stakeholder engagement and action around these goals, HHS requested the National Quality Forum (NQF) to convene critical thought leaders and organizations to focus on further reducing avoidable admissions and readmissions by leveraging NQF's action catalyst role in support of the Partnership for Patients. In 2012, NQF convened the first readmissions action team, which focused on safely reducing avoidable readmissions across care settings—particularly in long-term and post-acute care—by emphasizing and spreading the implementation of patient-centered models of care such as the INTERACT[1] program.

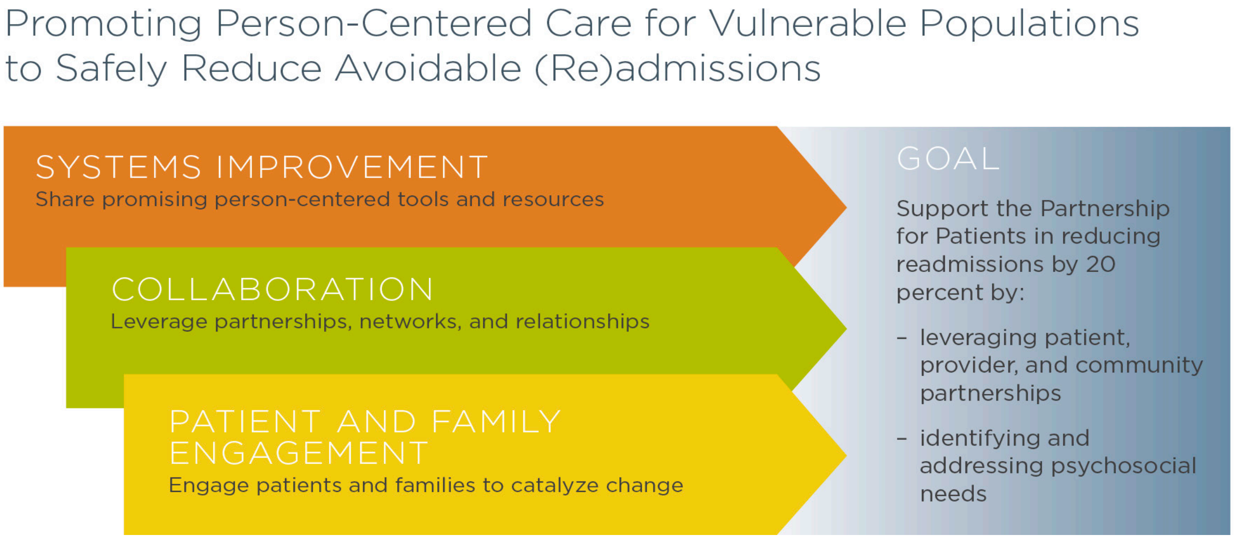
There is strong evidence to support the continued reduction of avoidable admissions and readmissions as a necessary step in improving patient safety and lowering healthcare costs. A 2009 study revealed that almost one in five Medicare patients discharged from the hospital is readmitted within 30 days, putting patients at increased risk of complications or infections and accounting for approximately $15 billion of excess Medicare spending each year.[2] [3] [4] Although readmissions is finally on the decline, attention has recently focused on the challenges of adequately treating patients with behavioral and mental health issues, and of addressing psychosocial factors that are barriers to health, wellness, and recovery. Both require actions that extend beyond the healthcare delivery system that through partnership bridge hospitals and healthcare providers with the communities they serve.

2014 Readmissions Action Pathway Goals and Strategies

To complement the Partnership for Patients goal of reducing hospital readmissions and the many efforts focused on improving care transitions from the hospital setting, NQF has formed a multistakeholder action team (Appendix A). This team, led by Lois Cross, System Case Management Consultant, Sutter Health, developed an action pathway with a primary aim of promoting person-centered care for vulnerable populations to safely reduce avoidable admissions and readmissions (Figure 1).

To achieve the aspirational goals set forth by the Partnership for Patients, the action team is focused on identifying high-risk patients with psychosocial needs, and on leveraging patient, provider, and community partnerships to address those needs. The strategies it is advancing include working together across stakeholder groups to enhance systems improvement, collaboration, and patient and family engagement. The group is sharing and spreading best practices and approaches to improving the quality of care aligned with these strategies that serve as a driver in fostering both individual and collective efforts to further progress.

Figure 1: (Re)admissions Action Pathway



Promoting Person-Centered Care for Vulnerable Populations to Safely Reduce Avoidable (Re)admissions

SYSTEMS IMPROVEMENT
Share promising person-centered tools and resources

COLLABORATION
Leverage partnerships, networks, and relationships

PATIENT AND FAMILY ENGAGEMENT
Engage patients and families to catalyze change

GOAL

Support the Partnership for Patients in reducing readmissions by 20 percent by:

- leveraging patient, provider, and community partnerships
- identifying and addressing psychosocial needs

Systems Improvement

The action team is contributing to widespread sharing and implementation of person-centered models of care with demonstrated success in reducing avoidable admissions and readmissions in complex patient populations. The models emphasize person-centered approaches to care that honor patient, family, and caregiver preferences, and that promote shared accountability across care settings and providers and into the community. As part of its goal and focus on patient centeredness, the team has emphasized the importance of identifying patients at highest risk of being readmitted—particularly from a psychosocial lens—as an opportunity to reduce avoidable readmissions. High-risk patients often require care beyond the medical model, and this team is well positioned to identify and spread best practices, programs, or models that address this population’s specific health and wellness needs. The team is promoting these models within their respective spheres of influence and stakeholder groups.

As a start, the team has identified promising examples of how to improve systems of care, including social worker-driven models that focus on psychosocial strains as risk factors for readmissions and supporting patients in successfully managing their care in the community. Other programs focus on care transitions coaching led by nurse practitioners for high-risk patients while emphasizing interdisciplinary collaboration to ensure a safe, seamless transition across the continuum of care. In addition to these models, the team has a number of representatives with a track record of success in reducing readmissions who are sharing their successes with one another.

Members of the action team have committed to raising awareness among their member networks and constituencies about the interrelatedness of social, behavioral, mental, and medical issues and their relation to readmissions. Opportunities for exploration and spread by the team include drawing on their own resources to share best practices from the fields of developmental disabilities and integrative health; understanding and capitalizing on trends and strategies in health information technology; and utilizing best practices from leading health systems and safety net hospitals.

Collaboration

The action team views partnership and collaboration—particularly between health systems and communitites—as critical to reducing hospital admissions and readmissions. Unplanned readmissions often reflect medical and social complexities that cannot be addressed by hospitals or healthcare systems in isolation. Rather, the healthcare system and the communities within which they operate need to partner to understand the unique needs of their patients, families, and caregivers and to determine how to best meet their needs. The action team is emphasizing the importance of fully address the psychosocial issues of patients, which necessitates collaboration among a wide variety of groups beyond the medical community. This collaboration needs to occur at multiple levels—national, state, and community—as well as within and across organizations involved in providing health or social services to individuals at the local level.

Through its forum for sharing best practices, the team is identifying opportunities to strengthen partnerships and is committed to fostering relationships that will facilitate continued reductions in readmissions. Through its own membership—which includes a Quality Improvement Organization (QIO), a Community-based Care Transitions Program (CCTP), and Hospital Engagement Networks (HEN)—the team has expertise in community coalition building and other community-based care models that can serve as informative models of partnerships and opportunities for collaboration. Additional members have expertise in behavioral health, safety net populations, and community-based services that can augment the medical perspectives. Many action team members have broad networks that can further enhance collaboration and the dissemination of goals, strategies, and tactics through webinars, membership groups, and other actions and activities. The team is specifically considering the need for a simple roadmap to community collaboration and a resource that outlines the business case for collaboration and partnership, recognizing that there is still a lack of “buy-in” that it is indeed important.

Patient and Family Engagement

Throughout the development of the team’s goal, the importance of patient and family engagement has been at the forefront. Authentically engaging patients in their care requires an understanding of their preferences, values, and goals; addressing complex psychosocial issues necessitates an even deeper understanding of their specific needs and risks. Engaging patients and families who have challenging needs can be particularly difficult, and special attention is necessary to consider the barriers to connecting patients with services that will benefit, support, and sustain them over time. The action team is committed to promoting engagement with patients and families, and to identifying and sharing successful strategies and tools to accomplish this more broadly.

The team has identified examples of person-centered tools to promote patient engagement. These include resources supported by the National Patient Safety Foundation; dissemination of patient educational information on patient and caregiver engagement to prevent readmissions through the network of Area Agencies on Aging: Title VI Tribal Aging programs which reach over 12 million older adults; and action team knowledge and experience with person-centered approaches and strategies for screening, assessing, and referring for behavioral health conditions. The team will continue to identify opportunities to promote patient and family engagement, particularly those most relevant to the complex issue of readmissions. Additionally, the group fully supports and is committed to promoting the Partnership for Patients goals for patient and family engagement, particularly those focused on patient and family representation on committees and hospital boards.

The Path Forward—Driving Momentum and Sustainability

The action team is actively collaborating with stakeholder groups in the public and private sectors to achieve the goals of the Partnership for Patients, and is working with the National Content Developer, consumer advocates, and the NQF membership to spread promising practices and resources. The action team is holding monthly calls, in-person meetings, and two open forums to engage a broad array of stakeholders in dialogue. These activities are organized to foster the identification of opportunities to augment, amplify, and accelerate the strategies as well as other readmissions-focused efforts in the field. Team members are providing updates on actions related to progress on the pathway, and identifying the opportunities and activities that will spread best practices, programs, and ideas for safely reducing readmissions. Additionally, the team and many others are actively using LinkedIn to share and spread best practices, programs, and ideas, and to more broadly communicate to the community at large on a real-time basis. This will continue to provide an open forum for networking and collaboration in the joint effort to reduce readmissions.

Updates on the activities and accomplishments of the action team members are highlighted in NQF's Quarterly Impact Reports, and through in-person meeting and webinar summaries posted to the NQF website. The final Quarterly Impact Report (due October 15, 2014) will include a summary of the action team's activities and results over the course of the project.

Endnotes

[1] Interventions to Reduce Acute Care Transfers (INTERACT). Available at: http://interact2.net.

[2] Jencks SF, Williams MV, Coleman EA. Rehospitalizations among patients in the Medicare fee-for-service program. *New Engl J Med*. 2009;360(14):1420-1421.

[3] Pennsylvania Patient Safety Advisory. Leveraging healthcare policy changes to decrease hospital 30-day readmission rates. *Pa Patient Saf Advis*. 2010 March;7(1):1-8).

[4] Medicare Payment Advisory Commission. Report to Congress: Promoting Greater Efficiency in Medicare. Washington, DC:103-199;June 2007.

Appendix A: Patient Safety Collaboration: Readmissions Action Team

Lois Cross RN, BSN, ACM (Chair)
American Case Management Association, Dixon, CA

Osman (Ozzy) Ahmed, MD, DrPH
Magellan Complete Care, Miami, FL

May-Lynn Andresen, RN
Quality in Healthcare Advisory Group, LLC, Cold Spring Harbor, NY

Maria Basso Lipani, LCSW
Mount Sinai Hospital, New York, NY

Sumita Bhatia, MPH, MS
Kaiser Permanente, Oakland, CA

Sarah Callahan, MHSA
America's Essential Hospitals, Washington, DC

Pamela Carroll-Solomon, MJ, RHIA, CPHQ
CHE Trinity Health, Wilmington, DE

Maureen Dailey, PhD, RN, CWOCN
American Nurses Association, Silver Spring, MD

Elizabeth Davis, MD
San Francisco General Hospital, San Francisco, CA

John Fastenau, MPH, RPh
Janssen Pharmaceuticals, Titusville, NJ

Lisa Freeman
Patient Advocacy of Connecticut, Fairfield, CT

Tejal Gandhi, MD, MPH, CPPS
National Patient Safety Foundation, Boston, MA

Antony Grigonis, PhD
Select Medical, Mechanicsburg, PA

Sandy Markwood
National Association of Area Agencies on Aging, Washington, DC

Debra McGill, RN
Maine Medical Partners, South Portland, ME

Diane Meier, MD
Center to Advance Palliative Care, Washington, DC

Amy Minnich, RN, MHSA
Geisinger Health System, Danville, PA

Armando Nahum
Safe Care Campaign, Atlanta , GA

Stacy Ochsenrider, MSN, ANP-BC
Bronson Methodist Hospital, Kalamazoo, MI

Ranjit Singh, MA, MBBChir, MBA
American Board of Family Medicine, Buffalo, NY

Thomas Smith, MD, FAPA
American Psychiatric Association, New York, NY

Karen Southard, MHA, RN
The Carolina’s Center for Medical Excellence, Cary, NC

Alissa Zerr, RN, BSN, MPH
Cerner Corporation, Overland Park, KS

NATIONAL QUALITY FORUM

Meeting Summary

Partnership for Patients 2014 Quarterly Meeting Series

Mobilizing the Health Workforce to Reduce Hospital-Acquired Conditions

January 29, 2014

Introduction

On January 29, 2014, National Quality Forum (NQF) convened the first meeting of the Partnership for Patients (PfP) 2014 Quarterly Meeting Series, “Mobilizing the Health Workforce to Reduce Hospital-Acquired Conditions.” Norman Kahn, Meeting Chair, welcomed the group and virtual participants to the meeting, provided an overview of the 2014 National Quality Forum (NQF) Quarterly Meeting Series topics, and reviewed the meeting objectives:

1. Identify the most effective best practices to mobilize the health workforce in meeting the PfP goals.
2. Identify concrete steps for achieving results through these best practices.
3. Enable participants to take immediate action in their organizations and membership bases.

Neal Comstock, Vice President, Member Relations, NQF, offered a short welcome, and gave the attendees a synopsis of NQF’s upcoming annual conference on February 13-14, 2014, “Making Sense of Quality Data for Patients, Providers, and Payers.”

The Partnership for Patients: Where Are We Now?

Dennis Wagner and Paul McGann, Co-Directors, Partnership for Patients, provided updates on PfP’s current activities focused on the two aims of reducing preventable hospital-acquired conditions (HACs) by 40% and reducing 30-day hospital readmissions by 20% through the three PfP engines – federal programs, national partners and Center for Medicare and Medicaid Innovation investments. Among the successes thus far are increased numbers of hospitals meeting patient and family engagement criteria, more than 50% improvement in reductions in early elective deliveries, and almost $1 billion in savings from overall harm reduction. To conclude this session, Norman Kahn challenged the meeting participants to consider the thousands of unknown patients positively affected by the Partnership for Patients and their own efforts to improve patient care.

Embracing the Culture of Safety from Multiple Perspectives

During an interactive exercise, participants broke into small groups to read and discuss two narrative examples of hospital teams struggling to create a culture of safety. Each group reflected on the core elements of an effective culture of safety, and recommended key steps to achieve safety across the board:

- Align the C-suite and leaders from all levels with safety, quality and operations goals
- Move away from a culture of blame and toward a culture of understanding “near misses”

- Implement programs on team building, including communication and shared accountability
- Cultivate a team-based care approach, empowering every member of the care team to speak up and take ownership of the patient
- Engage patients and family as part of the care team as much as possible

Embracing the Culture of Safety: Best Practices for Mobilizing the Workforce

Barbara Pelletreau, Senior Vice President, Patient Safety, Dignity Health and Wendy Kaler, Manager of Infection Prevention, Saint Francis Memorial Hospital presented the first success story from the field, focused on creating culture for excellent patient outcomes. Dignity Health keeps its focus on communities through a strong local leadership, enabling streamlined decision making and greater accountability for outcomes. Their comprehensive approach centers on: (1) structure and leadership engagement; (2) accountability and transparency; and (3) strategies for making change "stick." Their successes on reduced hospital-acquired conditions, cost savings through the "no harm" campaign, and improved patient outcomes reinforce a culture of safety. At Dignity Health, quality care stems from four elements: (1) vision of patient safety goals and strategies, (2) champions to articulate the vision, (3) staff with the proper orientation and the right tools from the beginning, and (4) process that gets measured, reported and improved consistently.

Echoing the previous presentation, Charisse Coulombe, Vice President for Clinical Quality, from Health Research & Educational Trust (HRET), reiterated that culture requires leadership, multiple strategies and measurement to flourish and succeed. Among their best practices at HRET to create culture change are: (1) hospital matchmaking that pairs struggling facilities with successful ones to avoid silos of patient safety practices and encourage sharing of successes and failures, (2) leadership education that involves hospital site visits with specific action planning and follow-up, (3) focus on patient and family engagement activities, and (4) measurement of progress through real-time data reports to leadership and front-line teams. This culture change intervention has resulted in significant harm prevention with a projected total cost savings of over $200 million over two years.

Mary Reich Cooper, Chief Quality Officer, from Connecticut Hospital Association (CHA) started her presentation with a patient safety story (which is routine practice at CHA meetings). Ensuring patient safety while delivering the highest quality of care is the number one priority at all CHA facilities. Through their high-reliability efforts, such as leadership engagement that models the safety culture, endorsing hospital behaviors, conducting site visits, and using media outlets, CHA has observed dramatic drops in catheter associated urinary tract infections (CAUTI) as well as significant cost savings.

These success stories demonstrate that data is a necessary driver for change towards a culture of safety, along with engagement at all levels of the organization including patients and families, and sharing of successes and barriers with other hospitals and health care facilities.

Moving to Action: How Will You Create Safety across the Board at Your Organization?

After being reoriented to the PfP goals, hearing success stories from the frontline, and discussing how a culture of safety is taking shape within health care teams, meeting participants ended the day by identifying action steps to mobilize the health workforce to improve patient safety across the board.

Meeting participants identified the following four high priority action areas and corresponding tactics to accelerate success:

1. Patient and Family Engagement
    - Spread the imperatives of engaging patients and families within hospitals and other health care facilities
    - Stay patient-centered
    - Develop a patient advocate social media database
    - Create groups that can mentor patient advocates
2. Hospital Safety
    - Maintain a checklist for patient safety, quality and patient results
    - Promote data transparency, openness, and connect areas of opportunities with success stories
    - Formalize specific strategies and tools to further promote team concept as a step in reducing HACs
    - Develop quality indicators focused on best practices in HAC prevention
    - Disseminate free resources
    - Engage front-line staff in local safety efforts
    - Encourage date sharing to inspire progress
3. Health Workforce Engagement
    - Create updated health workforce competencies to reduce patient harm
    - Support an effective health workforce in carrying out care coordination and prevention
    - Align with medical societies, patient-safety groups and measure developers to further collaborate on quality improvement initiatives
4. Preventative measures
    - Re-engage HENs to increase reporting on progress in reducing adverse drug events (ADEs)
    - Roll-out protocols on ADEs, CAUTI, sepsis, medication and radiation dose management

Participants concluded the meeting by committing to take action on at least one of these tactics, working within their organizations or in collaboration with others.

Next Steps

The 2014 Partnership for Patients Quarterly Meeting Series will continue to bring together individuals and organizations working in collaboration to advance patient safety. Additional meetings in the series will focus on engaging purchasers and payers, leveraging accreditation efforts, and taking action in person-centered care to accelerate the PfP aims of reducing hospital-acquired conditions and readmissions. This meeting's agenda, slides, summary and recording are all available on National Quality Forum's website.

Appendix: Roster of Attendees

Organization	Name
American Nurses Association	Maureen Dailey
American Society of Health-System Pharmacists	Shekhar Mehta
The National Content Developer	Debra Reed-Gillette
American College of Surgeons	Frank Opelka
American Hospital Association	Charisse Coulombe
American Medical Association	Sandra Fryhofer
America's Essential Hospitals	Sarah Callahan
Association for Professionals in Infection Control and Epidemiology	Carole Van Antwerpen
Association of periOperative Registered Nurses	Linda Groah
Association of Women's Health, Obstetric & Neonatal Nurses	Debra Bingham
Connecticut Hospital Association	Mary Cooper
Council of Medical Specialty Societies, Meeting Chair	Norman Kahn
Dignity Health	Barbara Pelleatreau
Infectious Diseases Society of America	Thomas Kim
Mathematica Policy Research	Maureen Higgins
National Association for Healthcare Quality	Jan Orton
Partnership for Patients, CMMI	Sharon Andres
Partnership for Patients, CMMI	Jacqueline Kreinik
Partnership for Patients, CMMI	Paul McGann
Partnership for Patients, CMMI	CDR Ed Poindexter
Partnership for Patients, CMMI	Dennis Wagner
Patient Representative	Chrissie Blackburn
Patient Representative	Alicia Cole
Patient Representative	Lisa Ann Morrise
Powell Tate DC	Michelle Baker
Saint Francis Memorial Hospital, Dignity Health Member	Wendy Kaler
School of Nursing, University of Kansas Medical Center	Danielle Olds
Service Employees International Union	Howard Berliner
University of Minnesota/National Coordinating Center for Intraprofessional Education and Collaborative Practice	Brian Isetts

Meeting Summary

Partnership for Patients 2014 Quarterly Meeting Series

The Power of Alignment: Engaging Purchasers and Payers to Accelerate Patient Safety Efforts

April 24, 2014

Introduction

On April 24, 2014, National Quality Forum (NQF) convened the second meeting of the Partnership for Patients (PfP) 2014 Quarterly Meeting Series, "The Power of Alignment: Engaging Purchasers and Payers to Accelerate Patient Safety Efforts." Louise Probst, Executive Director of the St. Louis Area Business Health Coalition (BHC) and member of NQF's Board of Directors, welcomed the group and virtual participants to the meeting, provided an overview of the 2014 Quarterly Meeting Series topics, and the meeting's objectives:

1. Identify the most effective best practices to mobilize purchasers and payers in meeting the Partnership for Patients goals.
2. Identify concrete steps for achieving results through these best practices.
3. Enable participants to take immediate action in their organizations and membership bases.

Neal Comstock, Vice President, Member Relations, NQF, welcomed the audience, and Ms. Probst gave a brief overview of the PfP within the context of the National Quality Strategy. Ms. Probst shared how the BHC, which supports employers in their efforts to obtain better health and healthcare value, is supporting the PfP goals of reducing hospital-acquired conditions by 40% and 30-day readmissions by 20%. For example, in collaboration with the Midwest Health Initiative, the BHC is reducing early elective deliveries through policy change, provider engagement, consumer engagement, and measurement.

Examples of Purchasers and Payers Achieving Results

This meeting featured several purchasers and payers in action to improve quality and patient safety. Brian DeVore, Director of Healthcare Strategy and Ecosystems at Intel Corporation gave an overview of Intel's innovative purchasing model to simultaneously improve quality, lower cost, and increase access to services. Under this model, delivery systems compete with each other on cost and access; providers are paid fees for services, and also receive a financial bonus or penalty for performance. Using financial incentives and a persistent focus on quality, cost and access, Intel is already seeing improvements in the healthcare they purchase for their employees.

Alan Spielman, Assistant Director, Federal Employee Insurance Operations, US Office of Personnel Management (OPM) gave an overview of OPM's successful efforts to improve patient safety nationwide.

By leveraging the size and purchasing power of its 8.2 million members distributed across geographical and demographic categories, OPM is driving quality and improving patient safety. Through their four-part quality framework of quality monitoring, scoring, recognition and public reporting, OPM identifies and incentivizes high quality care across their broad insurance portfolio of healthcare plans and carriers. In recent years, OPM successfully targeted several key patient safety areas through this framework, including early elective delivery, never events, inappropriate antibiotic use, and all-cause readmissions.

John O'Brien, Vice President, Public Policy and Community Affairs, CareFirst presented an overview of CareFirst's efforts to reduce hospital readmissions and improve overall quality of care. As the largest insurer in the Mid-Atlantic region, CareFirst is actively working to create value for patients while also lowering premium costs without compromising on quality of care. One of their key tools is the Patient Centered Medical Home, a targeted program for approximately one million members with significant illness burden. Through this program, primary care providers receive financial incentives for successfully managing the healthcare of high-risk patients who require complex, coordinated care. Another key tool is the Complex Case Management Program, for patients with the highest illness burden who have also been recently discharged from the hospital or diagnosed with a serious illness. Through local or regional care coordinators, patients receive coordinated care between specialists and other care providers. A third tool is CareFirst's Chronic Care Program, which arms primary care providers with the tools, incentives, and nurse coordinators they need to stay engaged with their patients as they progress through the healthcare system. Since the launch of these three programs and others, CareFirst has seen a decrease in costs and increase in quality scores.

The Partnership for Patients (PfP): Where Are We Now?

Dennis Wagner and Paul McGann, Co-Directors of PfP, and Jacqueline Kreinik, Nurse Consultant, PfP, provided updates on current activities focused on the two aims of reducing preventable hospital-acquired conditions and 30-day hospital readmissions through the three PfP engines – federal programs, national partners and Center for Medicare and Medicaid Innovation investments (including the Hospital Engagement Networks, or HEN). Numerous organizations are already in action to achieve results, such as the Dignity HEN and Georgia HEN, who have achieved improvement in multiple HAC areas simultaneously. Nationwide and across hospital networks, there have been many successes, such as a 48.3% reduction in early elective deliveries for over 1300 birthing hospitals using the PC-01 measure.

To conclude this session, Mr. Wagner, Dr. McGann and Ms. Kreinik challenged the meeting participants to consider the enormous challenges ahead. They highlighted the importance of new delivery systems and payment models in reaching the national goals, such as value-based purchasing, accountable care organizations, shared savings programs, episode-based payment, and patient centered medical homes. They invited the audience to join them in committing to the PfP's bold aims during this unique time in healthcare, where there are opportunities to reach new goals through unprecedented action and alignment by stakeholders across the industry.

Best Practices for Engaging Purchasers and Payers

During this session, participants broke into four small groups facilitated by Vicky Ducworth, Manager, Clinical Program and Delivery System Innovation, at the Boeing Company; Bernie Rosof, Chairman, Board of Directors, at North Shore-Long Island Jewish Health System; Cristie Travis, CEO, at Memphis Business Group on Health; and Missy Danforth, Senior Director, at the Leapfrog Group. The conversation focused on two key questions: (1) based on our experiences, what are each of our best practices to improve quality - specifically to reduce HACs and/or readmissions? (2) what will we do next – as individuals or a group - to spread these best practices?

Some of the best practices identified by the small groups included:

- Tying financial reimbursement to measures
- Effective dissemination of safety and quality data to patients, that also helps them understand the context and meaning of the data
- Educating and supporting employees (patients) about their care
- Collaboration with others, such as peer health plans, care providers, case managers, and patients

For next steps, participants agreed to engage with each other, promote best practices, and incentivize high quality care through purchasing and payment.

Later in afternoon, LT Fred Butler Jr., PfP Communications Lead, Quality Improvement and Innovation Models Testing Group, Center for Clinical Standards and Quality, CMS and Shaheen Halim, Senior Technical Advisor, Quality Improvement Innovation Model Testing Group, Center for Clinical Standards and Quality, CMS sought feedback from the audience about how to engage with clinicians to generate higher value through quality improvement and technical assistance.

Next Steps

The 2014 Partnership for Patients Quarterly Meeting Series will continue to bring together individuals and organizations working in collaboration to advance patient safety. Additional meetings in the series will focus on leveraging accreditation and certification efforts, and taking action in person-centered care to accelerate the PfP aims of reducing hospital-acquired conditions and readmissions. This meeting's agenda, slides, summary and recording are all available on National Quality Forum's website. NQF will convene the third meeting of the series on July 14, 2014, about leveraging accreditation and certification to advance the PfP goals.

Appendix: Roster of Attendees

Organization	Name
CareFirst	John O'Brien
Center for Clinical Standards and Quality, CMS	Shaheen Halim
CIGNA HealthCare	Susan P. Fitzpatrick
Humana Inc.	George A. Andrews
Intel	Brian L. DeVore
Mathematica Policy Research	Maureen Higgins
Memphis Business Group on Health	Cristie Travis
National Business Group on Health	Steve Wojcik
National Coalition on Health Care	Sal Kamal
Network for Regional Healthcare Improvement	Elizabeth Mitchell
North Shore-Long Island Jewish Health System	Bernard M. Rosof
Northeast Business Group on Health	Jeremy Nobel
Partnership for Patients, CMMI	Shelly Coyle
Partnership for Patients, CMMI	Dennis Wagner
Partnership for Patients, CMMI	Paul McGann
Partnership for Patients, CMMI	Jacqueline Kreinik
Partnership for Patients, CMMI	Lt. Fred Butler
Partnership for Patients, CMMI	Jim Johnson
Partnership for Patients, CMMI	Ryan Galloway
Patient Representative	Chrissie Blackburn
Patient Representative	Alicia Cole
Patient Representative (LAM Professional Services, LLC)	Lisa Ann Morrise
Pennsylvania Department of Public Welfare (Pennsylvania Medicaid)	David K. Kelley
Pioneer Accountable Care Organization	Barbara Walters
Powell Tate DC-PFE Contractor	Alexandra Lewin-Zwerdling
St. Louis Area Business Health Coalition	Louise Y. Probst
The Alliance	Amy Moyer
The Boeing Company	Vicky Ducworth
The Buying Value Project	Gerry M. Shea
The Leapfrog Group	Missy Danforth
The National Content Developer, Partnership for Patients	Elizabeth Gonzales
University of Minnesota/National Coordinating Center for Intraprofessional Education and Collaborative Practice	Brian Isetts
US Office of Personnel Management	Alan Spielman
WellPoint	Robert Krebbs

Meeting Summary

Partnership for Patients 2014 Quarterly Meeting Series

Leveraging Accreditation and Certification Standards to Ensure Safe Care

July 14, 2014

Introduction

On July 14, 2014, National Quality Forum (NQF) convened the third meeting of the Partnership for Patients (PfP) 2014 Quarterly Meeting Series, “Leveraging Accreditation and Certification Standards to Ensure Safe Care.” Tom Granatir, Senior Vice President of the American Board of Medical Specialties, welcomed the group and virtual participants to the meeting, provided an overview of the 2014 Quarterly Meeting Series’ topics, and the meeting’s objectives:

1. Build strategic alignment between accreditation and certification efforts and the Partnership for Patients goals.
2. Engage providers in patient safety efforts through accreditation and certification.
3. Enable participants to take immediate action in their organizations and membership bases.

Chris Cassel, President and CEO, NQF, welcomed the audience and acknowledged the progress that has been made through public reporting, payment reform, maintenance of certification safety modules, performance measures, and value based purchasing. Dr. Cassel also challenged the audience to think of ways to drive change even further through activation of the powerful lever of accreditation and certification.

Tom Granatir gave a brief overview of the PfP within the context of the National Quality Strategy and its successes to date. He led the group through round-table introductions where each participant shared what their organization is currently doing to drive quality and what they may contribute to leverage accreditation and/or certification to support the aims of the Partnership for Patients.

The Partnership for Patients: Where Are We Now?

Dennis Wagner and Paul McGann, Co-Directors of PfP, and Jacqueline Kreinik, Nurse Consultant, PfP, provided updates on current activities focused on the two aims of reducing preventable hospital-acquired conditions by 40% and 30-day hospital readmissions by 20% through the three PfP engines – federal programs, national partners and the Center for Medicare and Medicaid Innovation investments (including the Hospital Engagement Networks, or HEN). Nationwide and across hospital networks, there have been many successes, such as a 63.7% reduction in early elective deliveries, a 53.2% reduction in ventilator associated pneumonia, a 20.4% reduction in pressure ulcers, and a significant reduction in Medicare per capita spending growth (now at the historic low of 0.35% in 2013). These successes were the result of many partnerships across sectors throughout the healthcare industry, working together to achieve bold aims.

To conclude this session, Mr. Wagner, Dr. McGann and Ms. Kreinik challenged the meeting participants to consider the enormous challenges ahead. They highlighted the importance of new delivery systems and payment models in reaching the national goals, such as value-based purchasing, accountable care organizations, shared savings programs, episode-based payment, and patient centered medical homes. They invited the audience to join them in committing to the PfP's bold aims during this unique time in healthcare, where there are opportunities to reach new goals through unprecedented action and alignment by stakeholders across the industry.

Examples of Leveraging Accreditation to Ensure Safe Care

This meeting featured several health systems in action to improve quality and patient safety. Deborah Nadzam, Project Director, Joint Commission Resources gave an overview of the Joint Commission Resources' Hospital Engagement Network efforts in improving patient safety through best practices in nursing care, patient and family engagement, health care disparities and vulnerable populations, measurement and improvement, and individual targeted adverse events. To achieve success, they focus on activating both the clinicians and patients' voices, using real data and consistent messaging across the board.

Marco Villagrana, Director of Federal Relations at the Joint Commission provided an overview of the Joint Commission's mission and the tools they use to drive healthcare quality improvement. They provide this support by establishing accreditation standards and national patient safety goals, conducting surveys, and creating educational, sentinel event alerts and programs.

David Price, Director, American Board of Medical Specialties (ABMS), gave an overview of the ABMS Multi-specialty Maintenance of Certification (MOC) Portfolio Program (MSPP), a program where specialty boards offer credit for quality improvement activities sponsored by selected institutions. This program offers many advantages to both physicians and sponsoring institutions, such as alignment of MOC with organizational priorities and efficiencies in the MOC process. This type of collaborative effort - where certification boards and health care organizations work together - ultimately leads to better outcomes for patients as well.

The Mayo Clinic also has a longstanding institutional commitment to patient safety that recognizes the value of MOC for quality improvement. Catherine Roberts, Associate Dean, Mayo School of Health Sciences, presented a brief overview of the Mayo Clinic's MOC program, which strives to make MOC relevant to current practice and a key driver of quality improvement. From 2009 – 2013, the Mayo Clinic's successful MOC program yielded several outcomes, such as improved communication and teamwork, improved patient experience and access, decreased rates in hospital acquired infection from *Clostridium difficile* by 85%, reduced in-hospital mortality rates from acute myocardial infarction by 25%, and reduced patient falls and decubitus ulcers by 50%. Most importantly, the program improved care for patients and ultimately prevented harm.

Best Practices for Leveraging Accreditation to Ensure Safe Care

In this session, participants formed small groups to focus on making connections between quality, continuing education, accreditation/certification, and patient safety, to generate progress on the PfP aims. In their discussions, the small groups talked about where these elements overlap, and how they can be reorganized to accelerate progress in quality improvement.

In the second half of this session, participants focused on two key questions: (1) how can accreditation/credentialing drive a culture of safety throughout the healthcare system? and (2) what can your organization do to leverage accreditation and/or certification to accelerate the goals of reducing hospital readmissions and/or hospital acquired conditions (HACs)?

Some of the action steps identified by the participants include:

- Leverage accreditation standards in organizations with proven results for reducing HACs and readmission
- Leverage maintenance of certification (MOC) to ensure that healthcare team pays greater attention to psychosocial factors and patient and family goals and preferences
- Leverage EHR systems that include direct data capture across institutions to alert clinicians of problems in time to avoid HACs and likely causes for readmissions
- Emphasize patient safety in clinician's training, certification and MOC processes by integrating patient stories into all training modules
- Engage all professional educational groups to develop a list of common core competencies for all professions, then outline educational and training standards for each competency
- Align federal certification requirements and private accreditation approaches to emphasize learning to drive sustained improvement
- Utilize patient advocates to teach more patients, families and advocates about the accreditation process

For next steps, participants agreed to engage with each other, promote best practices, and incentivize high quality care through accreditation and certification.

Next Steps

The 2014 Partnership for Patients Quarterly Meeting Series will continue to bring together individuals and organizations working in collaboration to advance patient safety. Additional meeting in the series will focus on taking action in person-centered care to accelerate the PfP aims of reducing hospital-acquired conditions and readmissions. This meeting's agenda, slides, summary and recording are all available on National Quality Forum's website. NQF will convene the fourth meeting of the series on September 25, 2014, about taking action in person-centered care to advance the PfP goals.

Appendix: Roster of Attendees

Organization	Name
American Board of Family Medicine	Ranjit Singh
American Board of Internal Medicine	Leslie Tucker
American Board of Medical Specialties	Tom Granatir
American Board of Radiology	Valerie P. Jackson
American College of Health Care Executives (ACHE)	Elizabeth A. Summy
American College of Health Care Executives (ACHE)	Knitasha V. Washington
American College of Physicians	Darilyn Moyer
American Geriatrics Society	Jennie Chin Hansen
American Medical Informatics Association	Don Detmer
American Nurses Association	Maureen Dailey
American Nurses Credentialing Center	Linda C. Lewis
American Organization of Nurse Executives (AONE)	Amanda Stefancyk
Center for Healthcare Governance	John R. Combes
Community Health Accreditation Program	Traci Padgett
Department of Veterans Affairs, Office of Quality, Safety & Value	Robert Jesse
DNVGL Healthcare	Yehuda Dror
Joint Commission Resources	Deborah Nadzam
Kaiser Permanente Care Management Institute (CMI)	David W. Price
Mayo School of Health Sciences	Catherine C. Roberts
National Board of Certification and Recertification of Nurse Anesthetists	Karen Plaus
National Committee for Quality Assurance	Raena Akin-Deko
National Council of State Boards of Nursing	Maureen Cahill
North Shore-Long Island Jewish Health System	Bernard M. Rosof
Partnership for Patients, CMMI	Dennis Wagner
Partnership for Patients, CMMI	Jacqueline Kreinik
Partnership for Patients, CMMI	Paul McGann
Patient Representative	Alicia Cole
Patient Representative	Chrissie Blackburn
Patient Representative (LAM Professional Services, LLC)	Lisa Ann Morrise
Survey and Certification. Centers for Medicare and Medicaid Services (CMS)	Thomas Hamilton
The Joint Commission	Marco Villagrana
The National Content Developer, Partnership for Patients, CMMI Contractor	Debra Reed-Gillette
UCLA, Department of Anesthesiology	Daniel J. Cole
University of Minnesota/National Coordinating Center for Intraprofessional Education and Collaborative Practice	Brian Isetts
Utilization Review Accreditation Commission (URAC)	Marybeth Farquhar

Meeting Summary

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:

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.

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.

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 even.

***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?**

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