

Patient and Family Engagement Action Team



NATIONAL
QUALITY FORUM

Web Meeting
April 1, 2014
2:00-3:30pm ET

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Agenda at a Glance


- Welcome
- Review of Meeting Objectives and In-Person Meeting Evaluation
- Action Team Pathway Overview
- Cross-Team Learning
- Team Discussion
- Next Steps: Homework Assignment
- Adjourn



Welcome, Review of Meeting Objectives and In-Person Meeting Evaluation

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Meeting Objectives

- Review and respond to in-person meeting evaluation results
- Present the Patient and Family Engagement Action Team Pathway
- Learn from fellow action team members' work as it relates to the Action Pathway
- Share Action Pathway resources and strategies

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In-person Meeting Evaluation Results



We heard you say . .

- You are very impressed with each other, and want every member to have the chance to share equally
- You want more time with each other – in small groups, as a whole team, however you can get it . .
- You would like us to be a bit more clear about roles – who is doing what
- You think it's time to move toward concrete action – “Is this an action team or what?”

Action Team Pathway Overview

Patient and Family Engagement Action Team Pathway

Action Pathway in Support of the Partnership for Patients

Anchoring Healthcare in Patient and Family Preferences



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Cross-Team Learning: The Provider Responsibility for Promoting Authentic Partnership

Ted Eytan
Kaiser Permanente

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Member and Family Engagement

Kaiser Permanente Digital Workforce Group

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

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twitter

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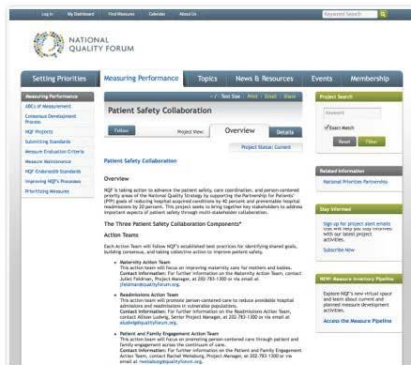
Saw David Sobel, MD, the originator for me of "let's invite a patient in the room to see if we're adding value to their lives." #kppcc ☆

1:06 PM Nov 13th, 2009 via Twittelator Delete

 tedeytan

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The patient role is changing

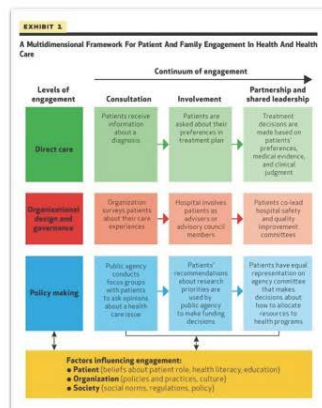


National Quality Forum: Patient and Family Engagement Action Team



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Health care is changing

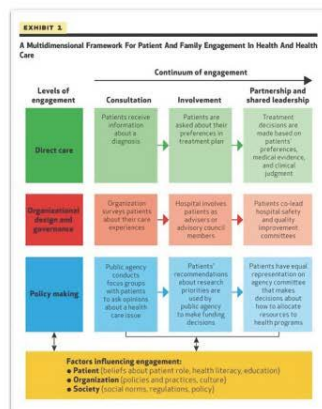


Source: Carman KL, Dardess P, Maurer M, et al. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Aff. (Millwood)*. 2013;32(2):223-31. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/23381514> [Accessed January 20, 2014].

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Health care is changing

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



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

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Digital Workforce Group is Changing



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



Felipe Hernandez, MD
CPMG



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

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Why? Why here?



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



FAQ

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

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

Concern	Myth-buster	Example
"Engaging members and patients is difficult—it takes a lot of resources, energy and time. It's logistically challenging!"	Although involving patients and members requires some additional time and planning in the beginning, member involvement creates creative, meaningful and meaningful and meaningful changes in the way we do things. Members bring a perspective that we cannot see from within the organization, and when they do, we are able to make changes that are in the best interest of the patient.	For the October 2011 Care Management Institute (CMI) Annual Meeting, three of our members who have served on our Patient and Family Centered Care (PFCC) committee were invited to give the three day event. Ed Ellison, MD, Director of Patient and Family Centered Care, and Gilbert Salinas, MD, Director of Patient and Family Centered Care, were invited to give the three day event. Ed Ellison, MD, Director of Patient and Family Centered Care, and Gilbert Salinas, MD, Director of Patient and Family Centered Care, were invited to give the three day event.
"Transparency is scary. You can't spend time in front of patients, the conversations will change. If we share operational strategies or data of our services, patients will no longer trust us and the care we provide."	Having a patient in the room will change the conversation. As the patient's perspective changes, the conversation will change. It is not about sharing operational strategies or data of our services, patients will no longer trust us and the care we provide."	For the October 2011 Care Management Institute (CMI) Annual Meeting, three of our members who have served on our Patient and Family Centered Care (PFCC) committee were invited to give the three day event. Ed Ellison, MD, Director of Patient and Family Centered Care, and Gilbert Salinas, MD, Director of Patient and Family Centered Care, were invited to give the three day event.
"I can't involve members in improvement issues of HIPAA and confidentiality issues."	With HIPAA, there are boundaries on sharing Protected Health Information (PHI), but HIPAA should not be a barrier to involving patients and families. HIPAA is designed to be clear and respectful of patient rights to confidentiality and privacy and to protect those rights. Patients and families receive HIPAA training.	You can involve patients and members in improvement work if you collect the necessary forms. PHI authorization must be obtained. HIPAA should not be a barrier to involving patients and families. HIPAA is designed to be clear and respectful of patient rights to confidentiality and privacy and to protect those rights. Patients and families receive HIPAA training.
"We are already Patient and Family Centered!"	Let's face it, most patients, staff, and families are not involved in the care of their patients. However, there is more we can do to involve patients and families. We can involve patients and families in the care of their patients. We can involve patients and families in the care of their patients.	We are moving towards becoming more patient centered with every patient, every time. Right now, we have a lot of work to do. We are moving towards becoming more patient centered with every patient, every time. Right now, we have a lot of work to do.

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Patient and Family Centered Care Toolkit: http://kpnet.kp.org/qrrm/pfoc/toolkit/toolkit_section1.html



FAQ

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

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

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

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What happens when patients are uninvolved



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Welcome
Mid Staffordshire NHS Foundation Trust provides healthcare for people in Stafford, Cannock, Rugby and the surrounding areas, serving a local population of 270,000 people. The Trust manages two Hospitals, at Stafford and Cannock.

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

Visiting a Patient? | [How to Find Us](#) | [Our Vision](#) | [Feedback](#)

We welcome visitors and appreciate that your support can play a vital role in your relative or loved ones recovery. Most of our wards have a two hour visiting slot in the afternoon and again in the evening. Please check the times for each ward below.

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

[Visiting Times](#) | [Facilities](#)

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

Staffordshire Prepared 

Monitor  **Care Quality Commission**

Stafford Hospital **Cannock Chase Hospital**
Woolston Road **Brumwich Road**
Stafford **Cannock**
ST16 3LA **WS11 2JY**
Tel: 01785 257731 **Tel: 01543 872757**

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the guardian

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Mid Staffordshire NHS trust left patients humiliated and in pain

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

Sarah Bosseley
guardian.co.uk, Wednesday 24 February 2010 12:19 EST

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Article history

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Mid Staffordshire NHS Trust - NHS - Health

UK news

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62 comments

Hospitals less likely to shut in marginal seats

Baby Peter tribunal postponed after doctor leaves UK

How to improve UK cancer survival

On Society

Last 24 hours

1. My dad and

2. 'Bucket list'

3. Domestic violence, says

4. Paedophilia

More most vie



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

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

MailOnline News

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

By FAY SCHLESINGER, ANDY DOLAN and TIM SHIPMAN
UPDATED: 08:45 EST, 23 February 2010

Comments (403) | Share | Tweet | Like

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

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

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

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



WHEN YOU PRACTICE LIKE CRAZY

FEMALE TODAY

- She's still The Body... but what's she done to her hair? Elle McPherson distracts from still-stunning figure with garish blonde locks and locks staining
- Is that method dressing? Nicole Kidman looks more and more like Grace Kelly in vintage red carpet outfits
- Her first maternity wear! Kim Kardashian covers up billowy shirt and baggy trousers as she jets into Los Angeles
- Trading in sexy outfits
- She's so cheeky! Lady Gaga exposes her backside as she shrugs Versace latex outfit performing new dance moves
- Wardrobe malfunction
- 'Big Willy': Unsettled version of Prince William photo posted on his website

THE HUFFINGTON POST

UNITED KINGDOM

Home > News > Health > NHS

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

The people who say they were first at the scene of the disaster at Stafford Hospital

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

Gillian Prosser, 74, was forced to move into a smaller flat following the death of her husband Arthur as she could no longer pay the bills. Mr Prosser, 66, died on March 15, 2011, after about four months in hospital during which time he contracted the infection C. difficile.



Gillian Prosser, 74, of the town of Leek, Staffordshire, is pictured with her husband Arthur, 66, in the months leading up to his death at Stafford Hospital.

"It's like an enormous amount of money that's been spent at Stafford, I would like to see the money and I would like to see the money that's been spent on the NHS, because it's not being used properly."

"It's not just the money, it's the fact that it's not being used properly. It's not just the money, it's the fact that it's not being used properly. It's not just the money, it's the fact that it's not being used properly."

"I would not be surprised if the NHS was not being used properly. I would not be surprised if the NHS was not being used properly. I would not be surprised if the NHS was not being used properly."

"I'm not saying that the NHS is not being used properly. I'm not saying that the NHS is not being used properly. I'm not saying that the NHS is not being used properly."

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

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

Mr Prosser was admitted to hospital in November 2010, just two weeks after he...

Mirror NEWS

Real news, real entertainment... In real time

FRONT PAGE NEWS SPORT 3AM TV LIFESTYLE MONEY PLAY OPINION

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

Feb 06, 2013 23:00 By Andrew Gregory Comments

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



The blunders, neglect and abuse that left up to 1,200 patients dead at Stafford Hospital should have been met with strong disciplinary action against those responsible. Yet not one person was fired over the shameful four-year period where bosses put cash before care as the sick lay in dirty beds crying for help because they were refused pain relief

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Grandmother describes how paramedic mistreated her as she lay semi-conscious in ambulance

Adam Pickup missing: Cops find body during search for teenager who disappeared after night out

Recommended in News

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

"Engage, empower, and hear patients and carers throughout the entire system, and at all times."

"use quantitative targets with caution"

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

GOV.UK

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Independent report

Berwick review into patient safety


Organisation: Department of Health
Page history: Published 6 August 2013
Replaces: Training patients and service users with respect, dignity and compassion + 1 other

Recommendations to improve patient safety in the NHS in England.


Documents




A promise to learn – a commitment to act: improving the safety of patients in England
PDF, 209KB, 49 pages



Don Berwick's letter to senior government officials and senior executives in the health service
PDF, 22.5KB, 2 pages



Don Berwick's letter to the clinicians, managers, and all staff of the NHS
PDF, 38.6KB, 2 pages



Don Berwick's letter to the people of England
PDF, 40.2KB, 2 pages



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Cross-Team Learning: Patients Partnering with Providers in Authentic Partnership

Kimly Blanton

Vidant Health System

Patient Engagement

The Mutually Beneficial Partnership

Kim Blanton, Patient Advisor
Vidant Medical Center, Greenville NC



How we accomplish our mission

By assuring healthcare is grounded in mutually beneficial partnerships among health care providers, employees, patients, and families.

Adapted from the Institute for Patient- and Family-Centered Care



System Assessment

Strengths



Opportunities



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**Make the
vision clear.**



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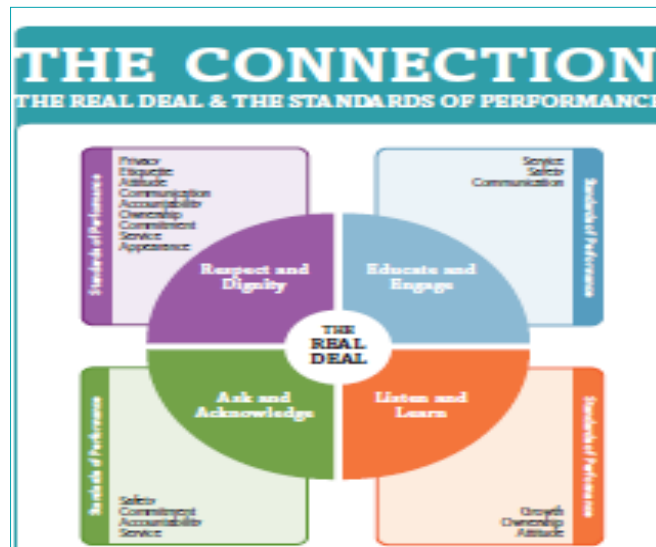
The Expected

Respect **D**ignity
Engage **E**ducate
Ask **A**cknowledge
Listen **L**earn

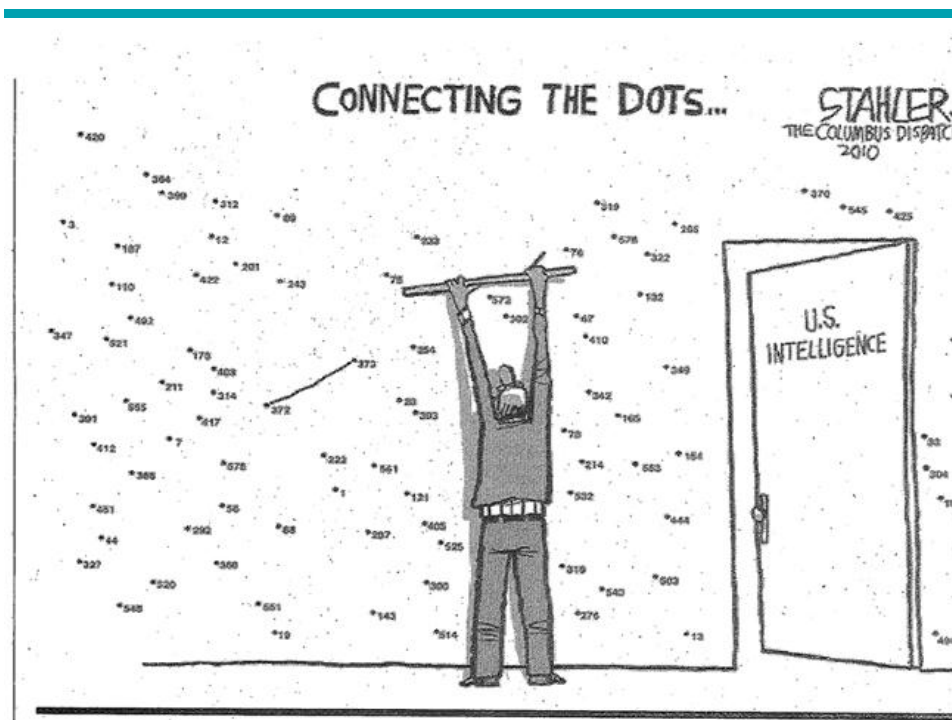


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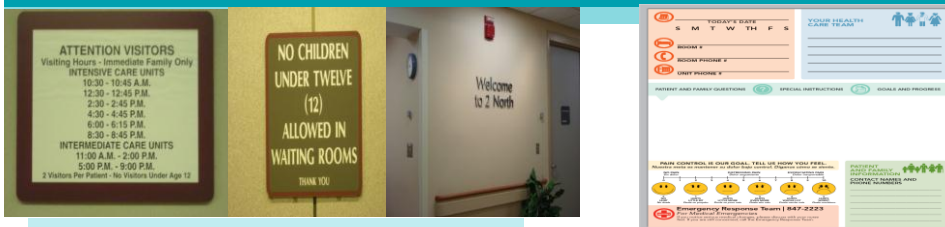
The Real Deal



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Patient-Family Engagement



Advanced family presence guidelines

Developed transparency and patient communication tools



Ongoing participation on facility design teams

VIDANT HEALTH



PCMH promotes and supports an approach to care that puts the patient and family at the center of the care team.

Ongoing review and redesign of educational materials



The Partnerships

- AHRQ toolkit review (hospital guide to engaging patients and families)
- Patient portal design team
- Leadership interviews for key positions in regional Healthcare(e.g. Hospitalists, Chief HR Officer, patient care administrators, health department, school nurses)
- Performance improvement in patient safety work
- Facility design and way-finding committee members
- Faculty for education programs
- Safety Rounds Liaisons
- Vendor Selections
- Outreach programs



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Partnerships at All Levels

- **Staff & Physicians:** Bedside rounds, shift reports, interdisciplinary rounds, patient experience champions
- **Patients & Families:** Activated and engaged in self-care; advocates for improvement in services
- **Unit/Service Line & Quality:** Coach & mentor staff; conduct leader rounds to reinforce best practices
- **Hospital/System Executives:** Hold self and others responsible for making patient-family experience performance a priority
- **Board Members:** Advocate for patient engagement in development, implementation and evaluation of services



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Results of Partnerships

- ☐ **58% reduction in hospital acquired infections (HAI) since 2010**
- ☐ **95% optimal care on core measures (up 17 percentage points since 2010)**
- ☐ **90th percentile inpatient experience**
- ☐ **Tripled number of patient-family advisors in less than two years**
- ☐ **Hardwired hourly rounding, bedside shift report and communication boards in majority of hospitals**
- ☐ **Nearly 90% of staff report organization demonstrates commitment to patient-family centered care**



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How Can We Engage Patients & Families

- ☐ Identify patients who have had frequent transitions of care or are “familiar faces”. Recruit them to advise and/or participate in meetings
- ☐ Interview patients who have experienced issues with transitions of care – Be open to learning from the patient and family’s perspectives
- ☐ Observe patient experiences in healthcare settings – Seek understanding of the patient’s experience of care
- ☐ Invite patients and/or family members to share their stories at your meetings



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How Can We Engage Patients & Families

- ❑ Interview community partners concerning their perspectives of patient and family needs and issues during their transitions of care
- ❑ Start a patient-family advisory council or identify, select and engage patient/family advisors
- ❑ Ask patients to help develop experience maps of their healthcare services
- ❑ Ask patients what matters to them – and form teams with patients to address these areas of interest



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Welcome to (unit name)

Welcome to (unit name). Our goal is to provide an exceptional experience in care for you and your family. We will partner with you to ensure that you receive high quality, safe care and we welcome your active engagement.

To enhance your care, you can expect the following from our team:

- **A report at the bedside during the shift changes.** We want you to participate in this report and meet the oncoming team members. Family is also welcome if you approve.
- **An up-to-date Communication Board.** You and the healthcare team will determine your plan of care and post on the board. You are also welcome at any time to write your questions or observations on the board.
- **Hourly Rounding.** A member of our team will check with you every hour to help you manage any pain, to provide assistance with the bathroom or repositioning, and to...

Thank you for allowing us to serve you and your family.

Before you leave, please let any member of our team know if you have any compliments, comments or concerns regarding this visit.

We really want you to Tell Us Now.

Thank you,
(Manager Name)
(Title)

Tell Us Now

Our team wants your care to be exceptional. Please let any member of our team know if you have any compliments, comments, or concerns.

TELL US NOW - Huddle

We want patients to TELL US NOW!

TELL US NOW is an innovative program that encourages patients and families to actively share compliments, comments, or concerns while they are in our care. Open communication promotes high quality, safe care and exceptional experiences in care. In the past, much of this feedback has been received after discharge which makes the follow up difficult.

Deliver this key message during encounters with patients and families:

"Our TEAM wants to make sure you have an exceptional experience. Please TELL US NOW any compliments, comments, or concerns that you may have."

When patients and families hear ALL OF US using these words throughout their stay, they will understand that we really want their feedback.

As you receive feedback, be prepared to act:

- Share compliments with the employee and manager
- Relay comments to the manager for follow up
- Address concerns through an apology and do your best to resolve the situation. If you have tried to resolve the issue without success, follow the chain of command for a new perspective. This



Medicine Information Cards

VIDANT HEALTH

Esomeprazole (Nexium)

You are taking Esomeprazole (Nexium) to:
Help prevent stomach ulcers and stomach irritation

Your medication dose is:
 _____ mg by mouth
 _____ times per day

6am 8am 10am 12pm 2pm 4pm 6pm 8pm 10pm 12am 2am 4am

Never stop taking your medication without speaking to your doctor. Stopping your medication can lead to abrupt return of health symptoms causing harm to you.

Please call your doctor before stopping the medication

Other points of interest
 Take this medication 1 hour prior to eating a meal

If Dose Is Missed: If you miss a dose or forget to use your medicine, use it as soon as you can. If it is almost time for your next dose, wait then to use the medicine and skip the missed dose. Do not use extra medicine to make up for a missed dose.

This medicine should come with a Medication Guide. Read and follow these instructions carefully. Ask your doctor or pharmacist if you have any questions. Ask your pharmacist for the Medication Guide if you do not have one.

Other points of interest
 Take this medication 1 hour prior to eating a meal

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Kimly Blanton, MIS, MLS

blakimsab@embarqmail.com

**Vidant Medical Center Patient Advisor
 Greenville, NC**



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Cross-Team Learning: Authentic Partnership through Organizational Redesign

Elana Premack Sandler
Beth Israel Deaconess Medical Center

NATIONAL QUALITY FORUM

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Medical Center

Partnerships at the Systems Level to Anchor Health Care in Patient and Family Preferences

Elana Premack Sandler, LCSW, MPH

***NQF Patient and Family Engagement Action Team Webinar
April 1, 2014***



Beth Israel Deaconess
Medical Center


Partnership

Strategy: Leverage partnerships, networks, and relationships, to spread patient-preferred practices

BIDMC's Partnerships:

- Conversation Ready
- Libretto Consortium of the Gordon and Betty Moore Foundation

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Initiatives

Overview

Organizations Become "Conversation Ready"

conversation ready

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Pioneering Health Care Organizations Pledge to Become "Conversation Ready"

Too many Americans spend the last days of their lives in a way they would never choose. Silence on end-of-life preferences is a contributing factor. For example, in a survey conducted by the California Health Foundation, 60 percent of people in that state said that making sure their family is not burdened by tough end-of-life decisions is "extremely important." Yet, more than half of those surveyed had not communicated their wishes to anyone.

The [Conversation Project](#) was formed to ensure that everyone's end-of-life wishes are expressed and respected. The Conversation Project will drive the social movement and provide tools and resources to encourage people to express their wishes, but it will be up to health care organizations to be ready to receive and respect those preferences — they need the people and processes to hear and respect what's being said.

At the very basic level, many health care organizations have nothing in place to prompt

CONVERSATION READY HEALTH CARE COMMUNITY

Begins February 13, 2014

This nine-month initiative will bring together pioneering organizations and expert faculty to move towards becoming Conversation Ready.

[Learn More >>](#)

REGISTER YOUR INTEREST

As the pioneer organizations work with IHI to develop the "Conversation Ready" change package, we'll keep you updated on our progress.

To register your interest, please send an email to ConversationReady@IHI.org.



Beth Israel Deaconess
Medical Center

Getting Conversation Ready

- **The Conversation Project:** National effort to help people talk about wishes and preferences around end-of-life care
- **Conversation Ready:** How health care institutions can address some of the gaps between what people say they want in terms of end-of-life care and what actually happens



Beth Israel Deaconess
Medical Center

BIDMC and Conversation Ready

- 1 of 10 pioneer health care organizations participating in Conversation Ready
 - developing and piloting processes to create new systems within health care
 - reframe patient-provider relationships around the question "What matters most to you?"
 - to break the silence between patient and provider



Beth Israel Deaconess
Medical Center

Key Elements

- From the top down and from the bottom up
- 4 R's
 - **Reaching out:** Patients know that we want them to articulate their wishes and preferences
 - **Recording:** Systems to record wishes and preferences
 - **Retrieving:** Ability to get information about wishes and preferences
 - **Respecting:** Support a culture that respects wishes and preferences

GORDON AND BETTY
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Courtesy of Christopher Myers Photography

Libretto Consortium

We envision a health care environment free from medical harms and interactions that harm patients and their families.

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Medical Center

Preventable Medical Harms

- Infections
- Acquired physical impairment
- Delirium



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Medical Center

Loss of Dignity and Respect

- Experienced by patients and their families and a failure to provide care consistent with their wishes and values
- As real and as preventable as medical harms



Beth Israel Deaconess
Medical Center

Libretto Consortium Grantees Are...

- Re-imagining and re-designing the ICU to eliminate these harms
- Creating technologies to help health care professionals, patients and their families have a better dialogue and partnership by giving shared access to tools that show vital health information and allow input into care preferences



Beth Israel Deaconess
Medical Center

Shaping the myICU Tool with Patients and Families

- Human contact first – technology comes way behind
- Shared desire by patients and family members to access “more information” to reduce anxiety before talking with care providers
 - Interactive content (3D visit of hospital to get familiar with the venues)
 - Videos of “how stuff works”
 - Photos of the care team involved



- Desire by family members to interact with staff when not visiting their loved one
 - Short / simple / common questions (sleep, eating, good time to come...)
- Desire by family members to know what is happening today
 - Daily tracker of activity
 - Would help family members to plan:
 - » not come at the wrong time
 - » take care of themselves
 - » be present when it matters most (i.e., during rounds)



What We Can Offer

- Models for involving patients and families in the design of systems that improve partnership
- Connections to other institutions making systems changes with patient and family preferences at the center



Beth Israel Deaconess
Medical Center

How Can You Be a Part of Maximizing These Efforts?

- Spread Conversation Ready practices to your health care organizations
- Facilitate access to patients and family members for the research component of the myICU project

Team Goal: Foster authentic partnerships between patients, families, and care teams to support patients' life and health goals

Discussion:

- What specific things can you do to model, build on, or help to spread your fellow action team members' work?
- What work are you doing that your fellow action team members can model, build on, or help to spread?

"The whole is greater than the sum of its parts." - Aristotle

Next Steps: Commit to Action



➤ Tools for Dialogue

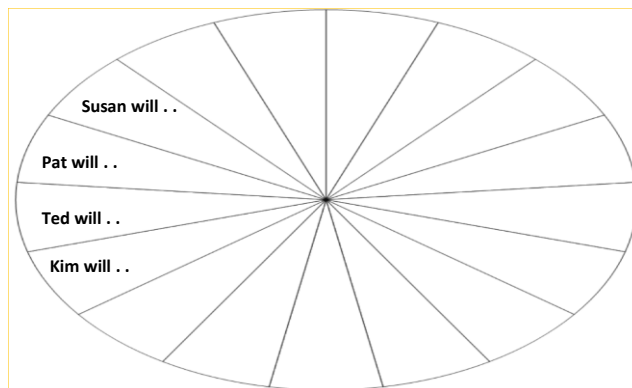
➤ Partnership



➤ Activation and Change



PFE Action Team Commitments





THANK YOU!