

PATIENT ENGAGEMENT MONTANA/NORTH DAKOTA COHORT SESSION #2 BEDSIDE SHIFT CHANGE

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Let's talk

- Please type into chat:
 - Names of everyone in the room
 - Your hospital name
 - Location



Welcome

This is the second of five cohort calls to support you in achieving the HIIN Metrics for PFE.

During these sessions we will focus on one of each of the five metrics with case study presentations from hospitals in your states.

This time is for you to ask questions, solve problems, and get clarity in order to move ahead with action.



HRET HIIN Update

- What's Coming in PFE
 - Operational Metrics Release Oct 29, Due Nov 21
 - PFE Metrics Part of Milestone 10
 - PFE submission and 4 of 5 measures “Yes”



PFE Cohort Call #2

AGENDA

- 2:00 – 2:15pm Recap and review metric 2
- 2:15 – 2:25pm Cabinet Peaks Medical Center
- 2:25 – 2:45pm Open Discussion
- 2:45 – 3:00pm Wrap up



Resource

How Patient and Family Engagement Benefits Your Hospital

Patient and family engagement is an area of increasing importance for hospitals. Not only is engaging patients and families and providing patient- and family-centered care the right thing to do, but also the many individual benefits of patient and family engagement work together to contribute to improved hospital performance.

Building patient and family engagement into your hospital's current policies and practices can help:

- Improve quality and safety
- Improve financial performance
- Improve CAHPS® Hospital Survey scores
- Improve patient outcomes
- Enhance market share and competitiveness
- Increase employee satisfaction and retention
- Respond to Joint Commission standards

The strategies in the *Guide* can help achieve these outcomes. In a pilot implementation project, hospitals that implemented the strategies in the *Guide* observed improved patient experiences of care, increased staff satisfaction, and improved nursing time management.

Key Takeaways

- Patient and family engagement is not a new or separate initiative. It is a critical part of what your hospital is already doing to improve quality and safety.
- Patient and family engagement improves multiple aspects of hospital performance, including quality, safety, financial performance, patient experiences of care, patient outcomes, and employee satisfaction.
- Together, the multiple individual benefits of patient and family engagement lead to improved hospital performance.
- The *Guide to Patient and Family Engagement in Hospital Quality and Safety* is an evidence-based resource that helps hospitals develop effective partnerships with patients and family members, with the ultimate goal of improving hospital quality and safety.*

https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/How_PFE_Benefits_Hosp_508.pdf



Metric #2 – Bedside Shift Change

PFE

2

Shift Change Huddles OR Bedside Reporting (point of care)

PfP Metric Language. Hospital conducts shift change huddles or bedside reporting with patients and family members in all feasible cases.



Do We Meet the Metric? YES, if:

- In as many units as possible, but in a minimum of at least one unit, nurse shift change huddles **OR** clinician reports/rounds occur at the bedside and involve the patient and/or care partners.

Alternative: None

This activity should be possible in all hospital types and structures. However, a hospital may offer alternatives to accommodate patient and care partner participation (e.g., adjust time of shift changes, offer options for care partners to participate via phone or Skype).



Intent. The intent of this metric is to include patients and care partners as active participants in as many conversations about their care as possible throughout the hospital stay. They should have the opportunity to question, correct or confirm, and learn more about the next steps in their care as it is discussed between nurses changing shifts and/or clinicians making rounds. Patients and care partners should be encouraged and prompted by clinical staff to be active participants in these meetings to whatever degree they desire and to add to the information being shared between nurses or other clinicians.



Critical questions to ask:

- How can we make patients and families part of organizational planning and decision making? Where are the opportunities, and where have there been missed opportunities?
- What mechanisms for organizational partnership exist, and what mechanisms need to be created?
- Does every project or initiative that affects patient care include meaningful input and decision making from patients and family members at the planning, development, implementation, and evaluation phases?
- *American Institute for Research - CMS PfP Strategic Vision Roadmap for Person and Family Engagement*



PFE Metrics Overall - Montana

PFE Metric	Response	Hospital Count (n=43)	Pct of Total
PFE 1: Preadmission Planning Checklist*	No Data Reported	10	29%
	Not Meeting Metric	12	35%
	Meeting Metric	12	35%
	No Scheduled Admissions	9	
PFE 2: Shift Change Huddles or Bedside Reporting	No Data Reported	10	23%
	Not Meeting Metric	15	35%
	Meeting Metric	18	42%
PFE 3: Designated PFE Leader	No Data Reported	10	23%
	Not Meeting Metric	12	28%
	Meeting Metric	21	49%
PFE 4: PFAC or Representative on Hospital Committee	No Data Reported	10	23%
	Not Meeting Metric	18	42%
	Meeting Metric	15	35%
PFE 5: Patient Representative(s) on Board of Directors	No Data Reported	10	23%
	Not Meeting Metric	19	44%
	Meeting Metric	14	33%

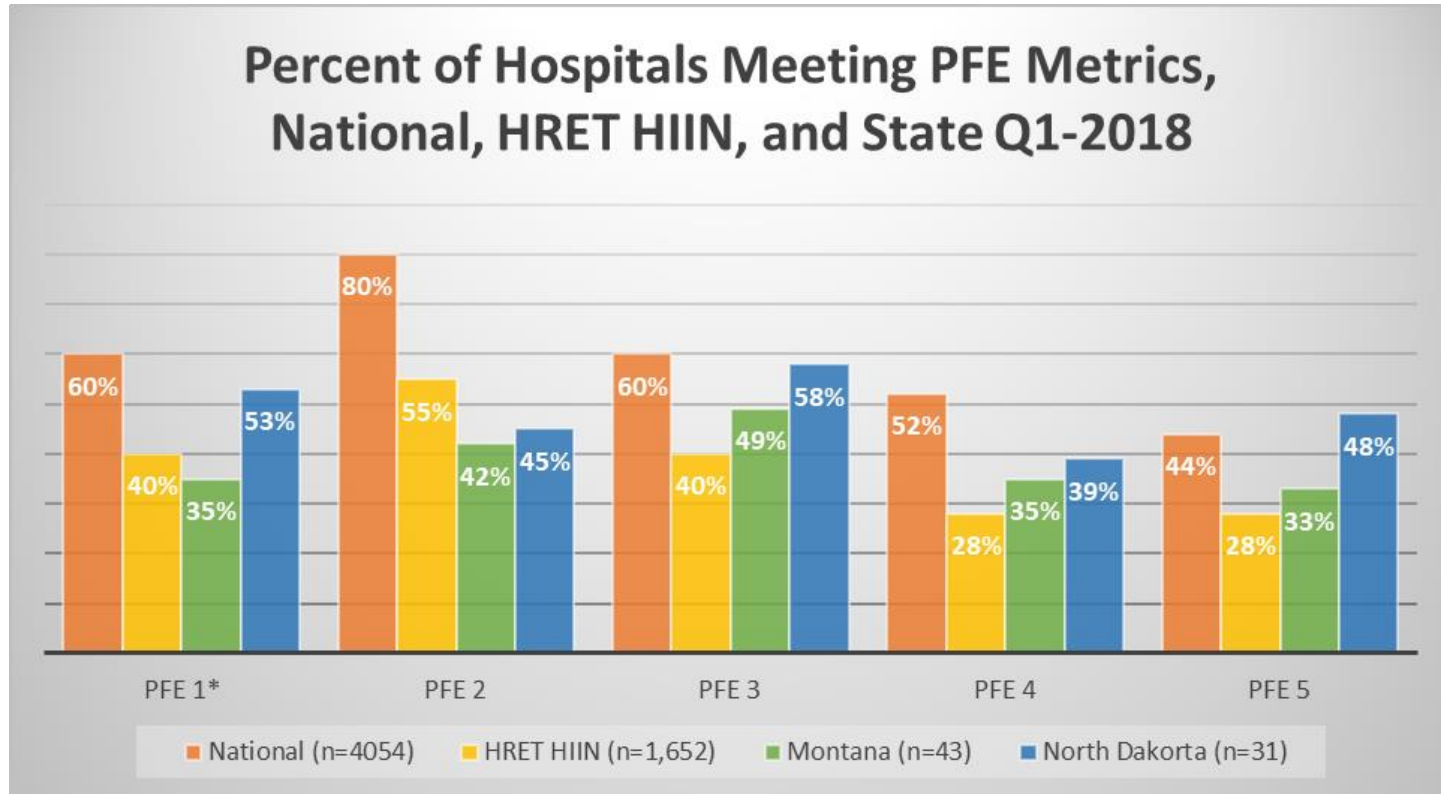


PFE Metrics Overall – North Dakota

PFE Metric	Response	Hospital Count (n=31)	Pct of Total
PFE 1: Preadmission Planning Checklist*	Not Data Reported	1	7%
	Not Meeting	6	40%
	Meeting Metric	8	53%
	No scheduled admissions	16	52%
PFE 2: Shift Change Huddles or Bedside Reporting	No Data Reported	1	3%
	Not Meeting Metric	16	52%
	Meeting Metric	14	45%
PFE 3: Designated PFE Leader	No Data Reported	1	3%
	Not Meeting Metric	12	39%
	Meeting Metric	18	58%
PFE 4: PFAC or Representative on Hospital Committee	No Data Reported	1	3%
	Not Meeting Metric	18	58%
	Meeting Metric	12	39%
PFE 5: Patient Representative (s) on Board of Directions	No Data Reported	1	3%
	Not Meeting Metric	15	48%
	Meeting Metric	15	48%



Snapshot of Q1-2018



Action Planning



Point of Care

- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

Policy & Protocol

- PfEC leader or function area exists in the hospital (Metric 3)
- PfEC or Representative on hospital committee (Metric 4)

Governance

- Patient and family on hospital governing and/or leadership board (Metric 5)

HRET HINN PFEC Action Plan

PFEC Metric 2: Hospital conducts shift change huddles OR bedside reporting with patients and family members in all feasible cases

Considerations for a "yes" response:

- Shift change huddles OR bedside reporting occurs in at least one unit
- Shift change huddles include the patient and/or care partners OR
- Bedside reporting with physicians and/or clinicians include the patient and/or care partners

Current Performance

PFEC Metric 2

Targets:

100% Yes

85% Data

Submission*

*This value may change as Milestone goals are realized

Performance Goals

E.g., By October 31, we will meet this metric by conducting daily multi-disciplinary rounds at the bedside in the Cardiac Medical Surgical Unit.

90-Day Performance Goal

60-Day Performance Goal

30-Day Performance Goal



Action Planning

Who Needs to Support the Work?

By Providing Leadership:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

By Implementing Action Steps:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Who Will Ensure the Work Gets Done?

What Resources Will You Use?

Resources You Have:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Resources You Need:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____


By Next Tuesday:



Implementing Bedside Shift Report

Cabinet Peaks Medical Center
Libby Montana

Cabinet Peaks Medical Center

- ▶ 25 bed Critical Access Hospital (CAH)
 - ▶ Average Daily Census: 6.4
 - ▶ Average Length of Stay: 2.9 days
 - ▶ Patients Served:
 - Medical / Surgical
 - Pediatrics
 - Labor & Delivery
 - Intensive Care
 - Swingbed
- 

Challenges to Implementation

- ▶ “It takes too much time”
- ▶ “Patients don’t want to be bothered”
- ▶ “The patients don’t want to hear all that stuff over & over again”
- ▶ Old school thinking
 - “we’ve never done that before so, why should we do it”
- ▶ Previous failed attempts
- ▶ Different care areas
 - ICU/OB tend to already do this form of reporting

Moving Forward

- ▶ Designated Unit Champions – at least 3 (not including manager)
- ▶ Knowledge sharing – it isn't about us – **it's about the patients** and what they deserve
- ▶ Clear expectations for the team
- ▶ Offer tools to be successful:
 - Report guides to K.I.S.S
 - Practice sessions
 - Grace with each other during process
- ▶ Re-evaluate Progress
- ▶ Listen to the team's frustrations & work through them

Goal

- » Bedside Shift Report will be done on every patient, every time, because our patients and team deserve the best.

Discussion

- What are you doing?
- Successes?
- Challenges?
- What do you need to move forward?



Resources

Recommended Resources for PFE Metric 2

Strategy 3: Nurse Bedside Shift Report, Guide to Patient and Family Engagement in Hospital Quality and Safety from the Agency for Healthcare Research and Quality:

<http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html>

ISHAPED Patient-Centered Approach to Nurse Shift Change Bedside Report from the Institute for Healthcare Improvement:

<http://www.ihl.org/resources/Pages/Tools/ISHAPEDPatientCenteredNurseShiftChangeBedsideReport.aspx>

The Family-Centered Rounds Toolkit from the University of Wisconsin–Madison School of Medicine and Public Health; American Family Children's Hospital; and Agency for Healthcare Research and Quality:

<http://www.hipxchange.org/FamilyRounds>



Save the Date: October PFE Learning Event

Revisiting Shift Change Huddles and Bedside Reporting (PFE Metric 2): Two New Perspectives

Thursday, October 11, 2018 1:00-2:00 PM ET

To register, please click on the following link and follow the instructions on the registration page
<https://secure.confertel.net/tsRegisterD.asp?course=68601105>



PFE Cohort Call #3 -

- Date: October 23, 2018
- Time: 2:00pm – 3:00pm MST
- Call In: (800)832-0736, Room# 4920194

PFE Metric 3

“Hospital has a person or functional area, who may also operate within other roles in the hospital, that is dedicated and proactively responsible for Patient & Family Engagement and systematically evaluates PFE activities (i.e. open chart policy, PFE trainings, establishment and dissemination of PFE goals).”



Call – email – text – carrier pigeon

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