





PA PQC Key Intervention Webinar
Patient and Family Engagement and Advocacy
September 10, 2019

Webinar Basics

1. You are muted upon entry to reduce background noise
2. Click the Participants and Chat icons   to open the panels
3. Send questions and comments to “All Participants” at any time via the Chat panel
 - In the Chat, take a moment to share your experience with patient and family engagement (successes and challenges) and ask the questions you need to ask to further your quality improvement work



Use the **Raise Hand Button**
to request to be unmuted!

Agenda

1. **Introduction and Overview** – Robert Ferguson, MPH, Director of Government Grants and Policy, Jewish Healthcare Foundation (JHF)
2. **Meaningful Engagement of Patients and Families: What it Takes to be Successful** – Tara Bristol Rouse, MA, Patient and Family Engagement Project Consultant, American Hospital Association
3. **Patient & Family Partner Engagement** – Nicole Purnell, Coalition Program Manager, MoMMA's Voices Coalition
4. **Facilitated Discussion and Q&A**
 - How have you worked with patient and family partners?
 - What concerns do you have, or what barriers do you foresee?
5. **Next Steps & CEUs** – Pauline Taylor, Program Specialist, JHF

Learning Objectives

1. Describe methods for integrating patient and family engagement effectively into practice
2. Describe how to measure patient family engagement in your own practice
3. Discuss how to create support networks and advocacy resources for patients and families
4. Describe how to recognize patient perspectives and experiences from maternal near-miss survivors and patient advocates

Continuing Education Information

1.0 contact hours of continuing education (CNE, CME) will be awarded to participants that attend the session and complete the evaluation.

Other disciplines may use the certificate for state or national organizations. Please refer to your state regulations.

Jewish Healthcare Foundation is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Continuing Education Information

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the **Accreditation Council for Continuing Medical Education (ACCME)** through the joint providership of University of Pittsburgh School of Medicine and the Jewish Healthcare Foundation. The University of Pittsburgh School of Medicine is accredited by the ACCME to provide continuing medical education for physicians

The University of Pittsburgh School of Medicine designates this live activity for a maximum of **1.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosures

Successful completion of the training

- Requires participation in full length of session
- No partial credit will be rewarded for this event

Conflicts of Interest

- All planners and presenters have signed Conflict of Interest Disclosures
- All disclosed conflicts of interest have been resolved

Commercial Support

- No commercial support has been received

No recording of any kind, please

Introduction and Overview

Robert Ferguson, Jewish Healthcare Foundation

The PA PQC is designed to help birth sites and NICUs drive improvement and adopt standards of care towards the three aims

PA PQC's Three Aims

- ✓ Reduce maternal mortality and morbidity
- ✓ Improve Identification of and Care for Pregnant and Postpartum Women with Opioid Use Disorders (OUD)
- ✓ Improve Identification of and Care for Opioid-Exposed Newborns (OEN)

The NEPaPQC is Part of the PA PQC



Quality Improvement Coaching and Data Assistance is Available

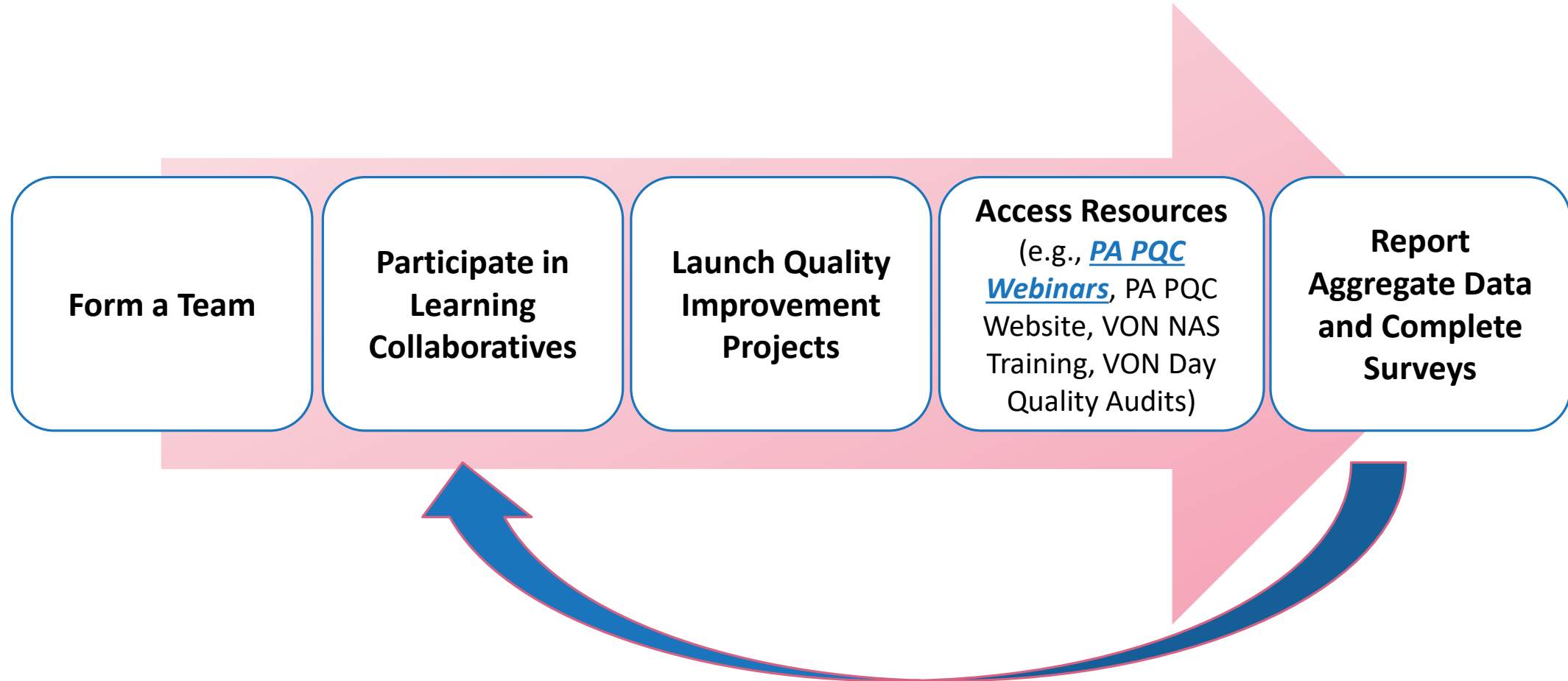


Pennsylvania Perinatal Quality Collaborative

60 birth sites

11 health plans

Journey through the PA PQC



PA PQC Quality Measures for Maternal Mortality

Required

1. Severe maternal morbidity (quarterly) and by race/ethnicity (annually)
2. Severe maternal morbidity excluding cases with only a transfusion code (quarterly) and by race/ethnicity (annually)

Optional, Prioritized

1. Treatment of Severe HTN within 1 hour
2. Fourth Trimester Contact

These measures are reported through the PA PQC Data Portal

<https://www.whamglobal.org/data-collection>

Today's Webinar is Building on Past Resources and Leading into the 9/24 Learning Collaborative Session

1. PA PQC Maternal Mortality Driver Diagram and Surveys

- **Driver Diagram:** https://www.whamglobal.org/images/PA_PQC_Maternal_Mortality_Driver_Diagram.pdf
- **Key Intervention from Driver Diagram:** “Engage diverse patient, family, and community advocates on quality and safety leadership teams”
- **PA PQC Site Surveys:** <https://www.whamglobal.org/data-collection>

2. September 24 Learning Collaborative Session on Patients' Experiences with Maternal OUD

PA PQC – Maternal Mortality Baseline Survey Results

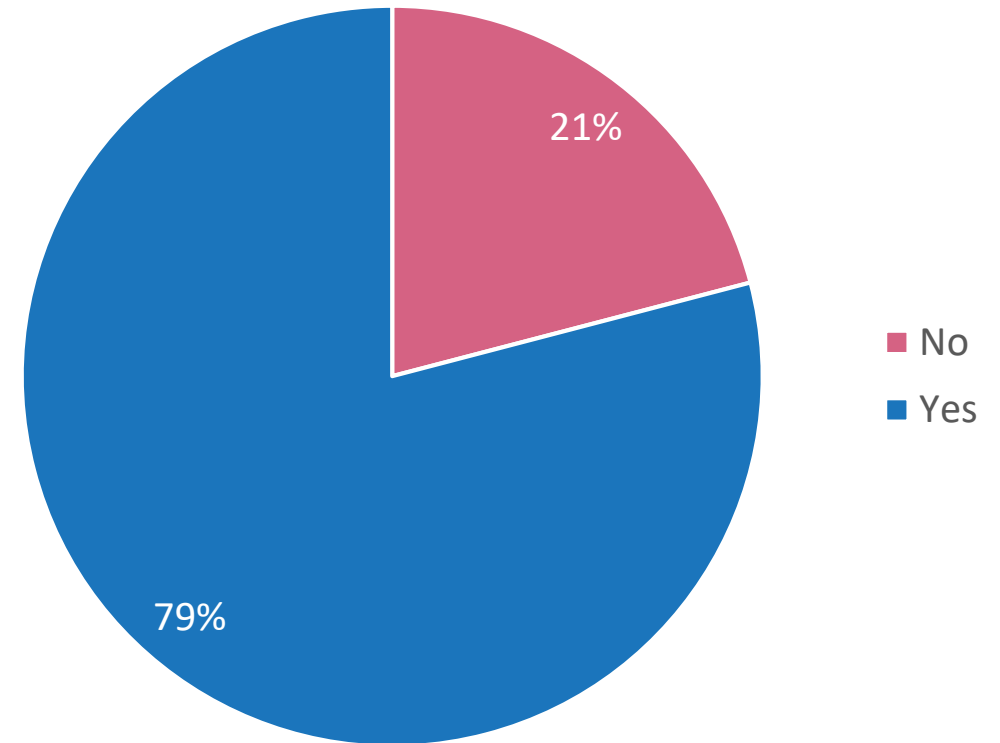
SELECTION OF FINDINGS

BASELINE REPRESENTS JANUARY THROUGH MARCH 2019

DATA PULLED ON 8/7/2019

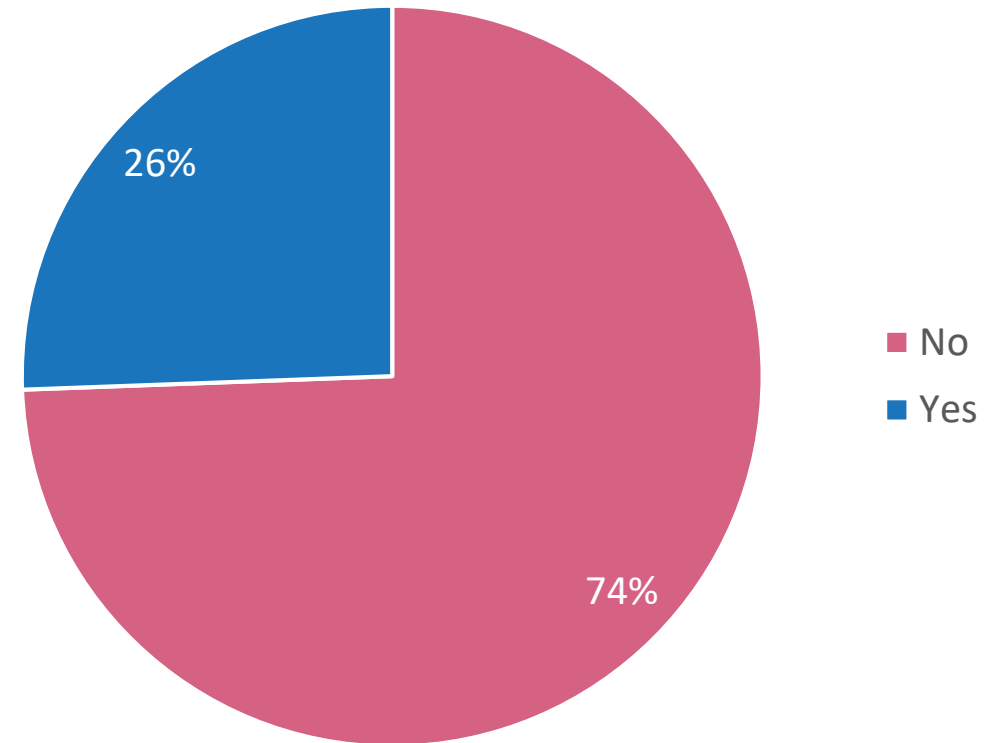
Has your site established a system in your facility to perform **regular, formal debriefs** after cases with **major complications**?

No	9
Yes	34
Grand Total	43



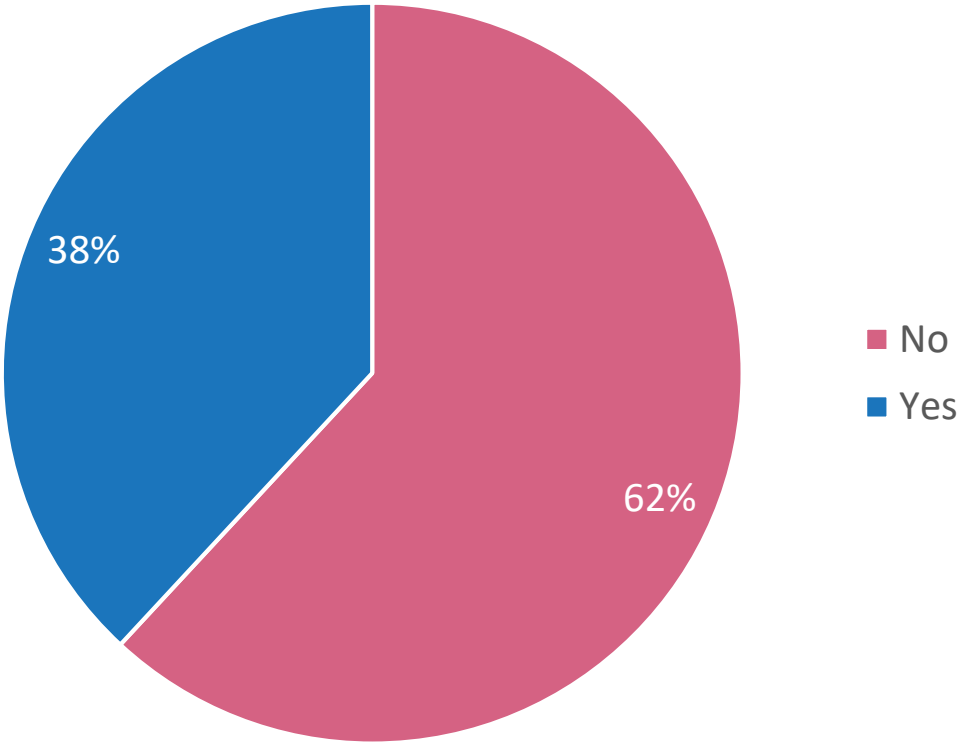
Does your site offer support programs for patients, families, and staff for all significant hemorrhages?

No	32
Yes	11
Grand Total	43



Does your PA PQC site engage **diverse patient, family, and community advocates** who can represent important community partnerships on **quality and safety leadership teams**?

No	26
Yes	16
Grand Total	42

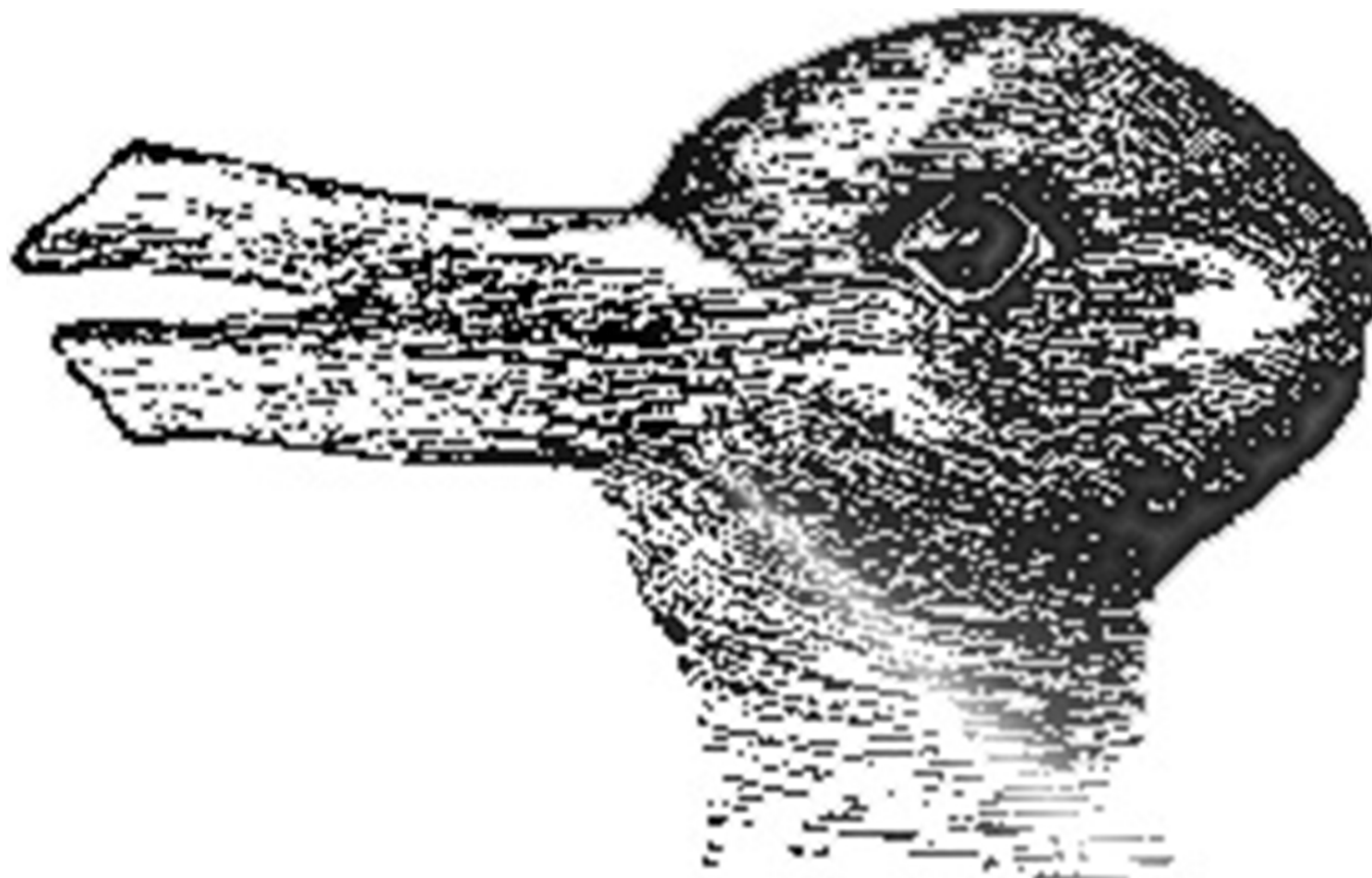


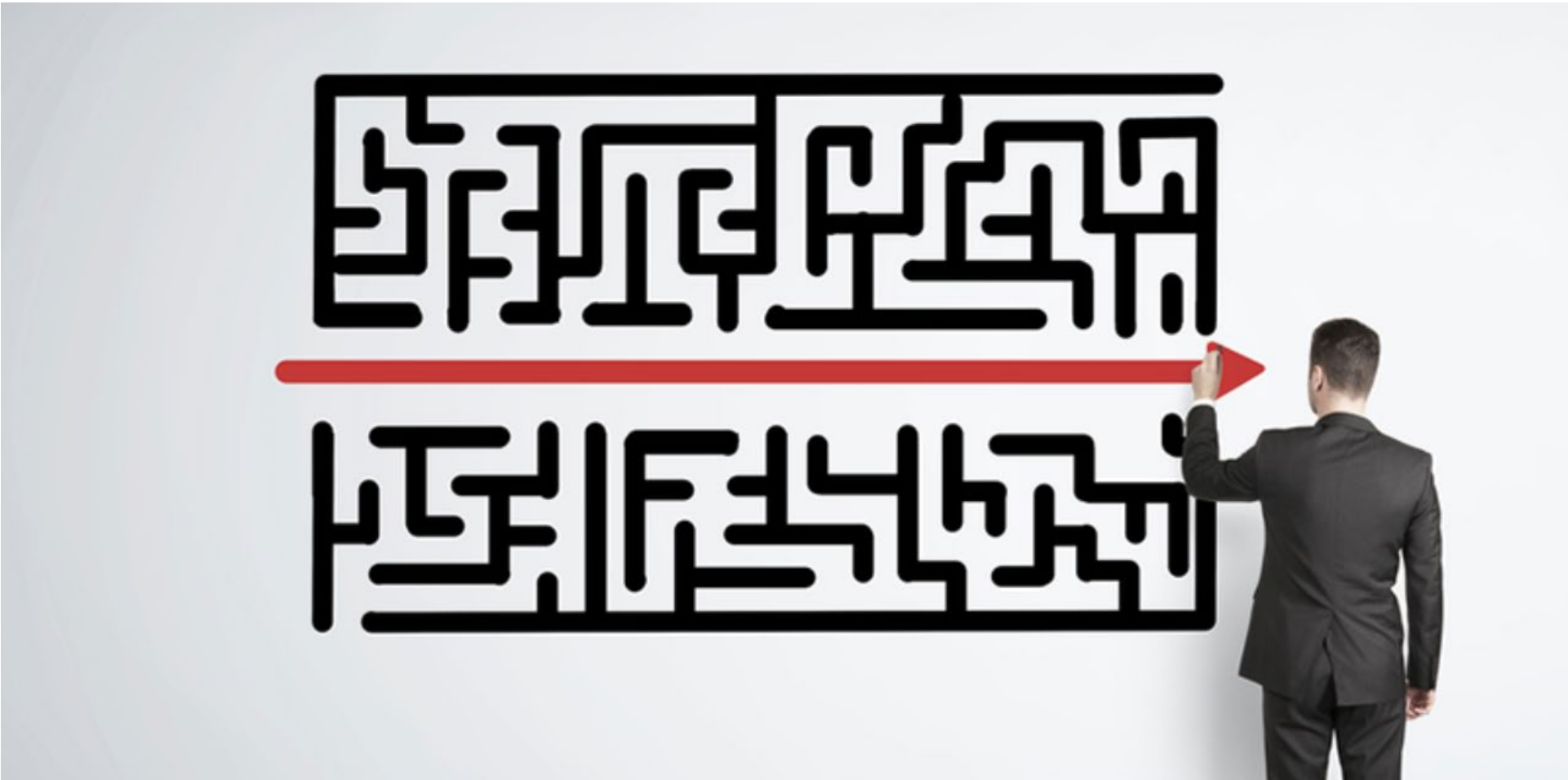
Meaningful Engagement of Patients and Families – What it Takes to be Successful

September 10, 2019

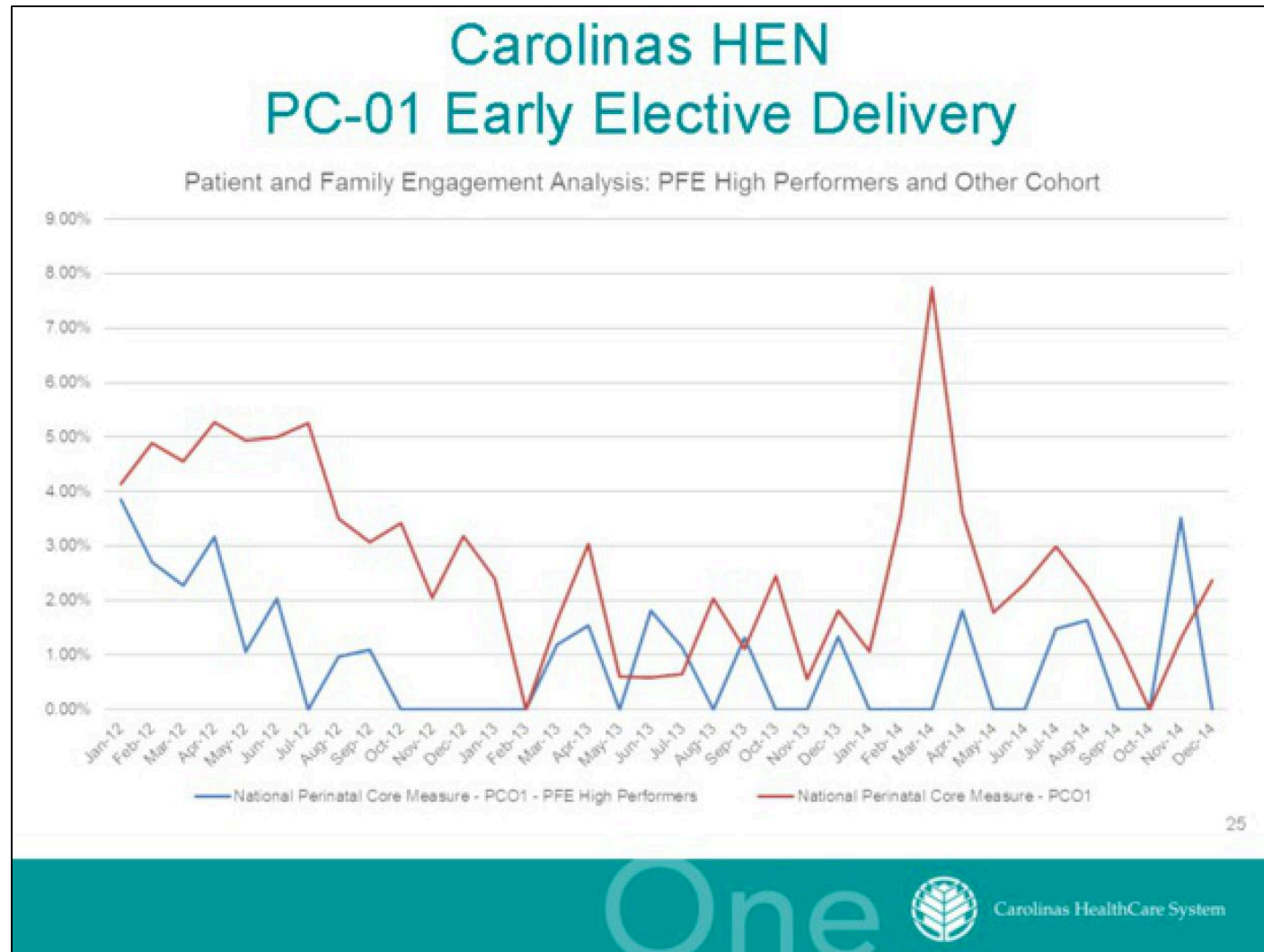
Tara Bristol Rouse, MA







Carolinas Healthcare “Pattern” PFE and Campaign Outcomes





The Role of Patients and Families in Quality Improvement

- Share personal stories, leading to a more focused commitment by improvement teams
- Identify pieces of the process that are confusing or missing from a patient/family perspective
- Participate in information/data gathering
- Discuss and analyze findings
- Assist in developing action plans and recommendations
- Contribute to the design and content of materials
- Provide objective feedback from the patient/family perspective
- Assist with piloting and testing new materials and processes and follow up with other patients/families to gather their opinions

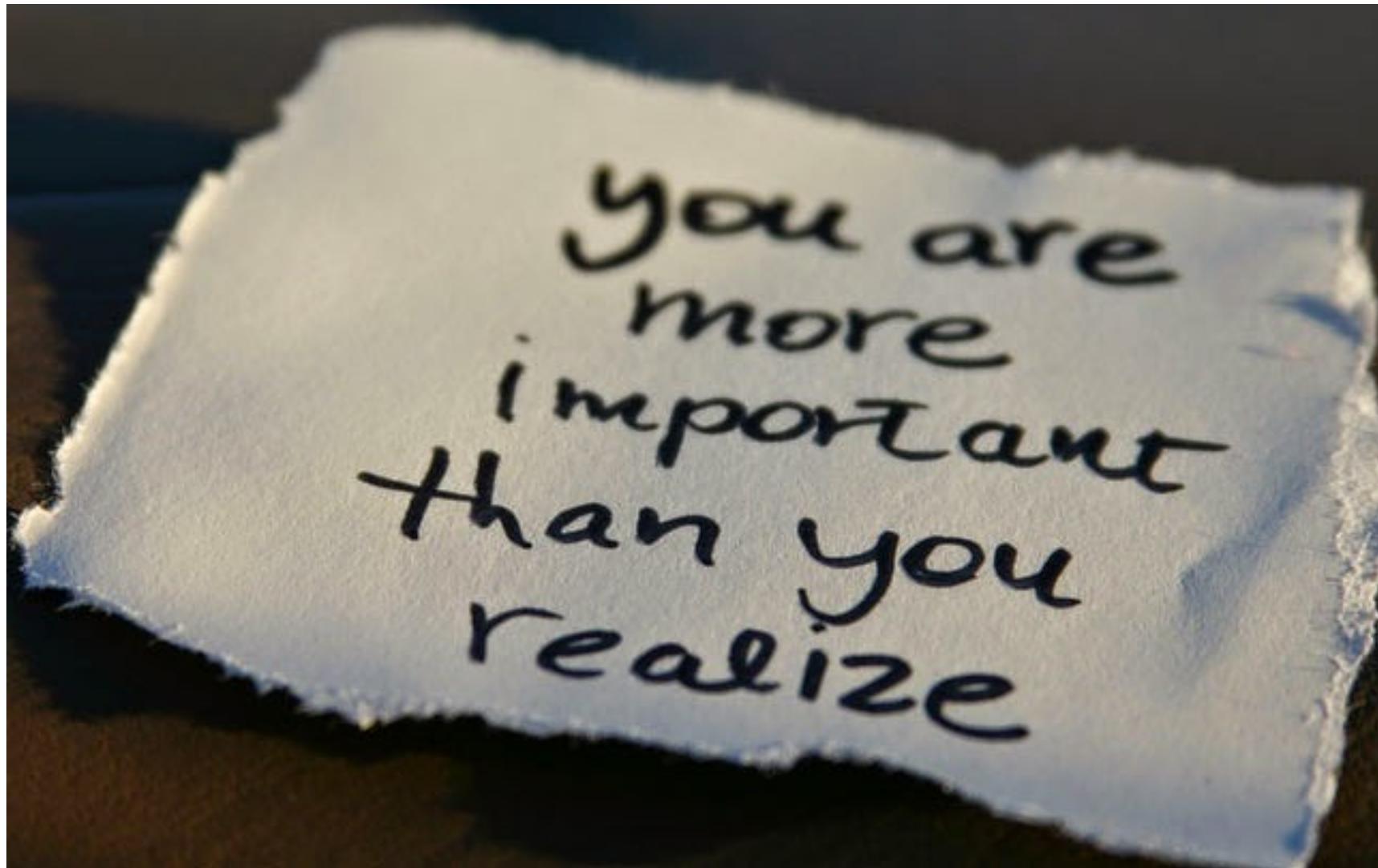
Partnering to Improve Quality and Safety: A Framework for Working with Patient and Family Advisors, HPOE

Framework for PFE

Depth of Engagement	Roles for Patients and Families	Considerations
Ad Hoc Input	Survey or Focus Group Participants	Ensure diversity and representation, validity
Structured Consultation	Council Members or Advisors Providing Input	Early consult supports partnership model
Influence	Occasional Reviewers/Consultants to Project	Allows flexible ways to participate; requires background and orientation
Negotiation	Member of Improvement Team	Requires training in improvement
Delegation	Co-Chair of Improvement Team	High level of expertise or skill necessary
Advisor Control	Implementer or Peer Support Role	Strong training component, mentoring and compensation

Institute for Patient- and Family-Centered Care, 2014





Orientation to the Improvement Team

Topic	Description
History of the Team	<ul style="list-style-type: none">• Purpose• Accomplishments• Barriers• Background
Goals and Objectives	<ul style="list-style-type: none">• Progress• Measures of Success• Priorities• Strategic Objectives
Team Composition	<ul style="list-style-type: none">• Roster and Background of Members• Roles and Responsibilities
Clinical Background Materials	<ul style="list-style-type: none">• Current Research• Relevant Policies and Protocols

Health Research & Educational Trust, 2015

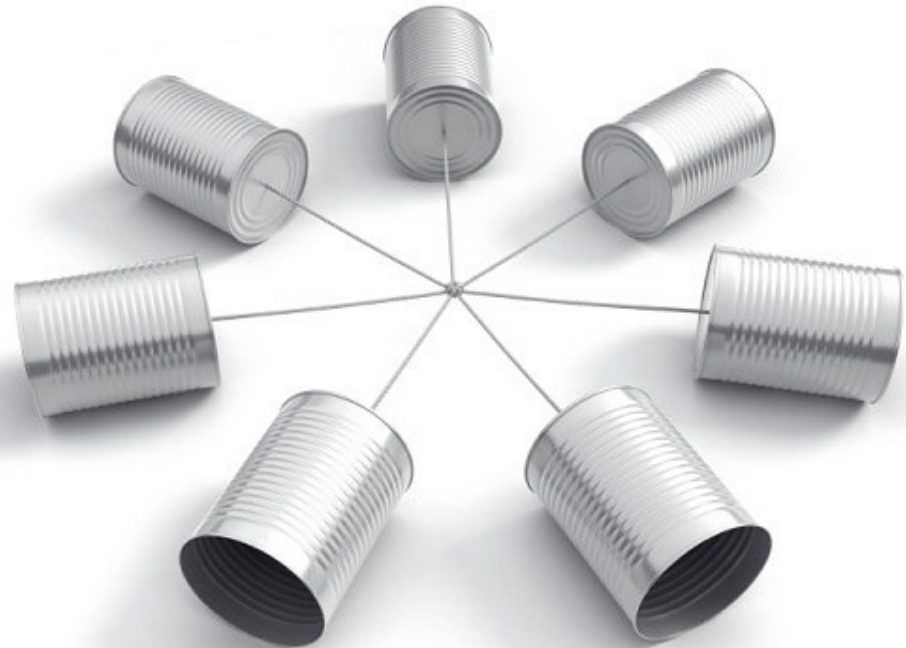
Orientation to the Improvement Team, cont'd

Topic	Considerations
Training in Improvement Science	<ul style="list-style-type: none">• How is staff trained in improvement methodology?• Is the existing training an option for patient/family advisors? If not, what resources are available for new patient/family advisors?
Organization-Specific Improvement Methods	<ul style="list-style-type: none">• What methodology does the organization use for improvement (e.g., Lean, Six Sigma, PDSA)?• Is there consistency in methodology across departments, or are different groups using different strategies and tools?
Mentorship	<ul style="list-style-type: none">• Who can serve as a patient and family advisor mentor (e.g., other advisors or hospital employees)?

Health Research & Educational Trust, 2015

Partnering in the Virtual World: Before the Meeting

- ✓ Respond to meeting notices
- ✓ Review agenda and supporting materials ahead of time
- ✓ Familiarize yourself with the technology
- ✓ Request background materials, including list of attendees and their roles/responsibilities
- ✓ Prepare a 1-2 sentence introduction

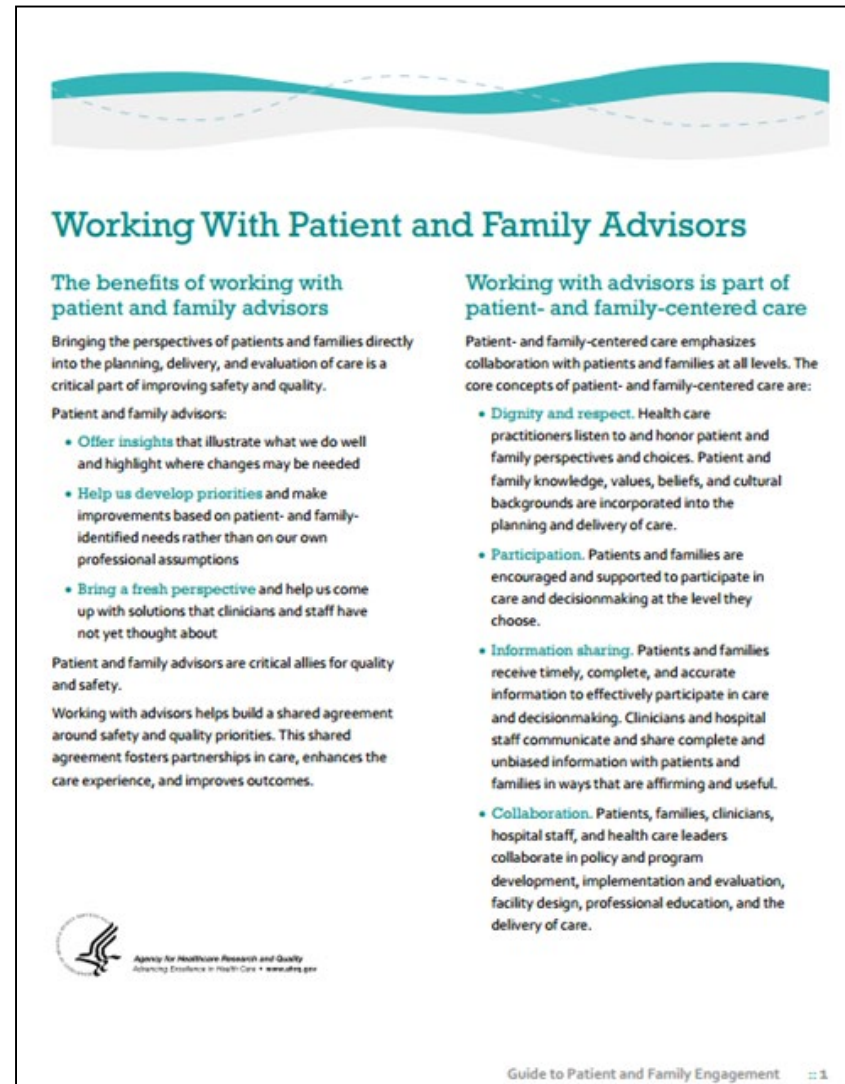


Partnering in the Virtual World: During the Meeting


- ✓ Allow yourself extra time to log in
- ✓ Place phones and computer on mute/vibrate
- ✓ Use a webcam when appropriate
- ✓ Provide your name when making a comment or asking a questions (e.g., This is Tara. I was wondering...")
- ✓ Avoid multi-tasking
- ✓ Be an active participant



Provider Education Tools: AHRQ Guide to Patient and Family Engagement



Provider Education Tools: IPFCC Tools and Checklists

 **INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE**
6917 Arlington Road, Suite 309 • Bethesda, MD 20814 • Phone: 301-652-0281 • Fax: 301-652-0186 • www.ipfcc.org

STAFF LIAISON TO PATIENT AND FAMILY ADVISORY COUNCILS AND OTHER COLLABORATIVE ENDEAVORS

Staff liaison: Any role that enables consumers to have direct input and influence on the policies, programs, and practices that affect the care and services that individuals and families receive.

▼ Key attitudes and qualities for the staff liaison to a Patient and Family Advisory Council.

Patience, perseverance, flexibility, listening skills, openness to new ideas and ways of working, willingness to learn, willingness to educate and to be educated, ability to work positively and proactively, ability to see strengths in all people and in all situations and to build on these strengths, and a sense of humor.

▼ Get to know the culture of the organization and its staff.

- Learn how decisions are made.
- Identify and get to know the formal and informal leaders of the organization.
- Look for supporters of patient- and family-centered care.
- Be alert for strategic opportunities to introduce patient- and family-centered concepts or to integrate them in new or ongoing initiatives.

▼ Lay the groundwork with all possible individuals who might be involved in patient- and family-centered initiatives.

- Meet with individuals and groups — use these meetings to learn about the people in the organization and the organization itself. These meetings are also an opportunity to educate about patient- and family-centered care.
- Seek support from key individuals or groups such as hospital administration, managers, family support groups, and other patient groups. Challenge them to bring forward their ideas and take action.
- Identify individuals on the staff who might “champion” the ideals of patient- and family-centered care — provide them with support and encouragement.

STAFF LIAISON TO PATIENT AND FAMILY ADVISORY COUNCILS AND OTHER COLLABORATIVE ENDEAVORS

1



CMS Partnership for Patients (PfP) Patient and Family Engagement (PFE) Metrics

Point of Care

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

Policy & Protocol

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

Governance

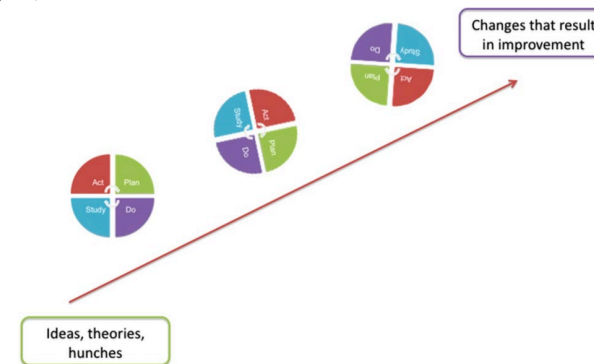
- Patient and family on hospital governing and/or leadership board (Metric 5)





Does your hospital...

1. Ensure that every patient has contact with her baby as soon as she is alert and medically stable (contact may include: video call, bringing baby to bedside, taking mom to baby, providing photographs, etc.)?
2. Assess every patient's desire to begin breastfeeding and/or pumping as soon as she is medically stable, regardless of inpatient unit (e.g., ICU)?
3. Address the emotional trauma of the event with every patient by normalizing emotional symptoms and providing resources for assisting both patient and family, including the offer of a consult with social work/psychologist/chaplain/etc. prior to discharge, when available?
4. Ensure that every patient receives thorough discharge education (including, for example, information on: postpartum hemorrhage, hysterectomy, addressing iron deficiency, blood loss, and trauma)?
5. Offer every patient and family a post-discharge debrief following a hemorrhage event (debrief should address, for example: estimated blood loss, amount of blood patient received, hemorrhage severity/classification, time/line narrative of event and interventions provided, review of the medical record)?



Life After Postpartum Hemorrhage

Use this tool to learn what to expect and to identify topics you would like more information on.



Insert Hospital
Logo Here



Key Points about Postpartum Hemorrhage (PPH)

Losing a lot of blood quickly can cause a severe drop in your blood pressure. It may lead to shock and death if not treated.	!	<input type="checkbox"/>
Quickly finding and treating the cause of bleeding can often lead to a full recovery.	!	<input type="checkbox"/>
Postpartum hemorrhage can occur up to 12 weeks after birth. Talk to your healthcare provider about your risk and symptoms to watch for.	!	<input type="checkbox"/>
	!	!

Physical Recovery

Losing a lot of blood can leave you feeling tired and weak. Your provider may want to do tests to find out how your body is coping with blood loss. This will help them decide what treatment to recommend.	!	<input type="checkbox"/>
When your body is having trouble coping with blood loss, it is normal to:	!	
<ul style="list-style-type: none"> Feel weak and get tired more easily Feel dizzy Be grumpy, cranky or angry Have headaches 		
<ul style="list-style-type: none"> Look very pale Feel out of breath Have trouble focusing or concentrating Have ringing in ears 		<input type="checkbox"/>
If you have any of the symptoms listed above, your healthcare provider may want you to take iron. If your iron levels are very low, you may be offered iron by injection, IV or even a blood transfusion.	!	<input type="checkbox"/>
Even if you are taking iron pills, your diet can be an important source of iron. Examples of iron-rich foods include: beef, shrimp, spinach, lentils, and almond butter.	!	<input type="checkbox"/>
	!	!

Emotional Recovery

The “baby blues” and postpartum depression and anxiety can affect anyone. You may be more likely to have postpartum depression, anxiety or even post-traumatic stress disorder (PTSD) after a postpartum hemorrhage.	!	<input type="checkbox"/>
Some symptoms of postpartum depression, anxiety and PTSD include:	!	
<ul style="list-style-type: none"> Feeling low (depressed mood) or angry most days Loss of interest in activities that you used to enjoy Having trouble concentrating Having trouble falling asleep or staying asleep Anxiety or excessive worry 		
<ul style="list-style-type: none"> Loss of confidence or self esteem Loss of appetite or overeating Recurrent thoughts of suicide or death Reliving the event Feeling unable to take care of your baby 		<input type="checkbox"/>
If you have any of the symptoms listed above, contact your healthcare provider right away.	!	<input type="checkbox"/>
Whether you’ve had a hysterectomy or face a higher risk of postpartum hemorrhage with future pregnancies, there is often a grieving process to work through. Talk to your healthcare provider about support available.	!	<input type="checkbox"/>

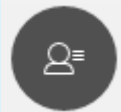
Rouse, T.B., DeJoseph, J., Ollendorff, A.T. (2019). **Bringing Depth and Meaning to Perinatal Quality Improvement by Partnering with Patients.** Clinical Obstetrics and Gynecology, 62(3), 528-538.



For further resources, support, or if you have questions or suggestions, contact:

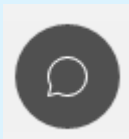
Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant
American Hospital Association (AHA)
Center for Health Innovation
Tbristolrouse_cs@aha.org

Questions? Comments?

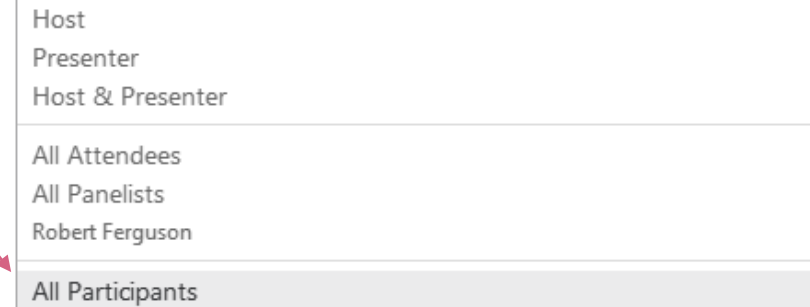


Open the **Participants List** and Use the **Raise Hand Button** to request to be unmuted!

OR



Open the **Chat Panel** and send questions to “All Participants”



To: All Participants

Enter chat message here



**MoMMA's
Voices**

Patient Family Partner Engagement

Nicole Purnell, Coalition Program Manager



MoMMA's
Voices

Coalition Member Organizations



national
accreta
foundation



SHADES of BLUE
PROJECT



BLACK WOMEN'S
HEALTH IMPERATIVE



MoMMA's
Voices

MoMMA's Voices

Maternal Mortality and Morbidity Advocates

Services Offered:

- Match-making patient representatives with states and hospitals working toward QI
- Provide examples of lived experience for QI efforts
- Train and support patient advocates to share their lived experience effectively



Champions for Change Summit

October 18-20, 2019 | Houston

Training:

- Storytelling with a purpose
- Participating with PQCs
- Leveraging Media
- Engaging with Research
- How Simulation helps QI
- Understanding AIM Bundles

Networking and Support:

- Healing activities
- Posttraumatic Growth





MoMMA's
Voices

Preeclampsia Foundation

- Contributed to AIM Severe Hypertension Bundle
- Patient Education Supplies
- CEO Eleni Tsigas, speaking at NJ PQC meeting with patient panel “What patients want”





MoMMA's
Voices

Role of Patient Family Partners

- Partner not advisor
- Opportunities for inclusion:
 - Speaking
 - Committee Participation
 - MMRC
 - Simulation drills
 - MEWS Development



MoMMA's
Voices

PQC Best Practices

- Application process including references
- Set clear expectations on time commitment
- Consider your ask
- Prepare a budget
- Include more than 1 PFP in your work
- Offer orientation
- Provide nurse buddy



**MoMMA's
Voices**


Nicole Purnell, Coalition Program Manager


Nicole.Purnell@preeclampsia.org

www.mommasvoices.org


Questions? Comments?

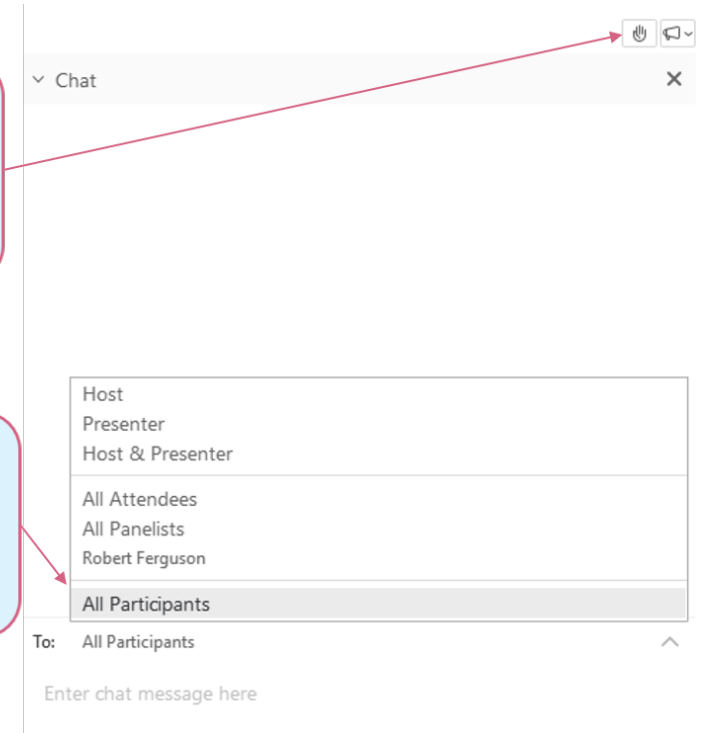
- How have you worked with patient and family partners?
- What concerns do you have, or what barriers do you foresee?

 Open the **Participants List** and Use the **Raise Hand Button** to request to be unmuted!



OR

 Open the **Chat Panel** and send questions to “All Participants”



Next Steps and Session Evaluations

Pauline Taylor, CQIA, Program Specialist

Upcoming Sessions

Date	Details
Tuesday, September 24, 830am to 4pm (waiting list)	<u>Best Western Premier, The Central Hotel Harrisburg</u> 800 E Park Drive Harrisburg, PA 17111
Monday, November 18 10am to 11am	<u>PA PQC Key Intervention Webinar: Immediate Postpartum LARC</u> WebEx Sarah, Horvath, MD, Darney/Landy Fellow, American College of Obstetricians and Gynecologists (ACOG)
Wednesday, December 11 830am to 4pm	<u>Hilton Harrisburg</u> 1 N 2 nd St, Harrisburg, PA 17101

<https://www.whamglobal.org/member-content/register-for-sessions>

Reminders

- The PowerPoint will be posted this week and the webinar will be posted in two weeks: <https://www.whamglobal.org/member-content/materials-from-sessions>
- The QI Report Out Templates for the September 24 Learning Collaborative are due today
- PA PQC Surveys will be administered in October for the April through September period: <https://www.whamglobal.org/data-collection>
- **The most important thing is to continue your quality improvement work with your team! Your quality improvement coach can help!**

Next Steps for Session Evaluations and CEUs

- If you do not need CMEs/CNEs, please provide feedback by completing this evaluation: <https://www.surveymonkey.com/r/YLLZRKS>
- If you are interested in CMEs or CNEs, please complete a different session evaluation by going to <https://www.tomorrowshealthcare.org/webinar-email> and following the prompts to complete the evaluation by 9/24/19
- CME credits appear in six weeks and CNE credits are immediately available

These next steps will be emailed to you.

We design the sessions based on your feedback!

View PA PQC's Goals and Examples of Key Interventions

Join the PA PQC as a Birth Site/NICU or Health Plan

Register for and Access Materials from Learning Collaboratives and Webinars

Access Guides and Toolkits for the PA PQC's Goals

PA PQC Focus Areas Get Involved Media Events Data Resources Contact WHAMglobal



whamglobal.org/papqc

The Pennsylvania Perinatal Quality Collaborative (PA PQC) was launched in April 2019, with a focus on reducing maternal mortality and improving care for pregnant and postpartum women and newborns affected by opioids. Over 40 birth sites and NICUs and over 10 health plans across the Commonwealth are actively identifying perinatal processes that need to be improved and quickly adopting best practices to achieve the common aims around maternal Opioid Use Disorder (OUD), Neonatal Abstinence Syndrome (NAS), and maternal mortality. Please click the links below to view the PA PQC's Driver Diagrams for these focus areas.

- [OUD Driver Diagram](#)
- [NAS Driver Diagram](#)
- [Maternal Mortality Driver Diagram](#)

For an overview of the PA PQC, please view this [brief](#) and the [Frequently Asked Questions \(FAQs\)](#).

Thank You!

PA PQC

www.whamglobal.org/papqc
papqc@whamglobal.org

NEPaPQC

www.nepapqc.org
nepapqc@geisinger.edu

Frequently Asked Questions: https://www.whamglobal.org/images/PA_PQC_FAQ.pdf

Resources

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

<http://www.hret-hiin.org/Resources/pfe/17/pfp-strategic-vision-roadmap.pdf>

<http://ipfcc.org/tools/downloads-tools.html>

<https://www.ncbi.nlm.nih.gov/pubmed/31180914>

<https://www.pqcnc.org/node/13805> (go to Resources and “Patient Family Support Resources”)

www.preeclampsia.org/store