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Patients as partners in safety & quality

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APAC - Sept 2013

A promise to learn – a commitment to act

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Improving the Safety of Patients in England

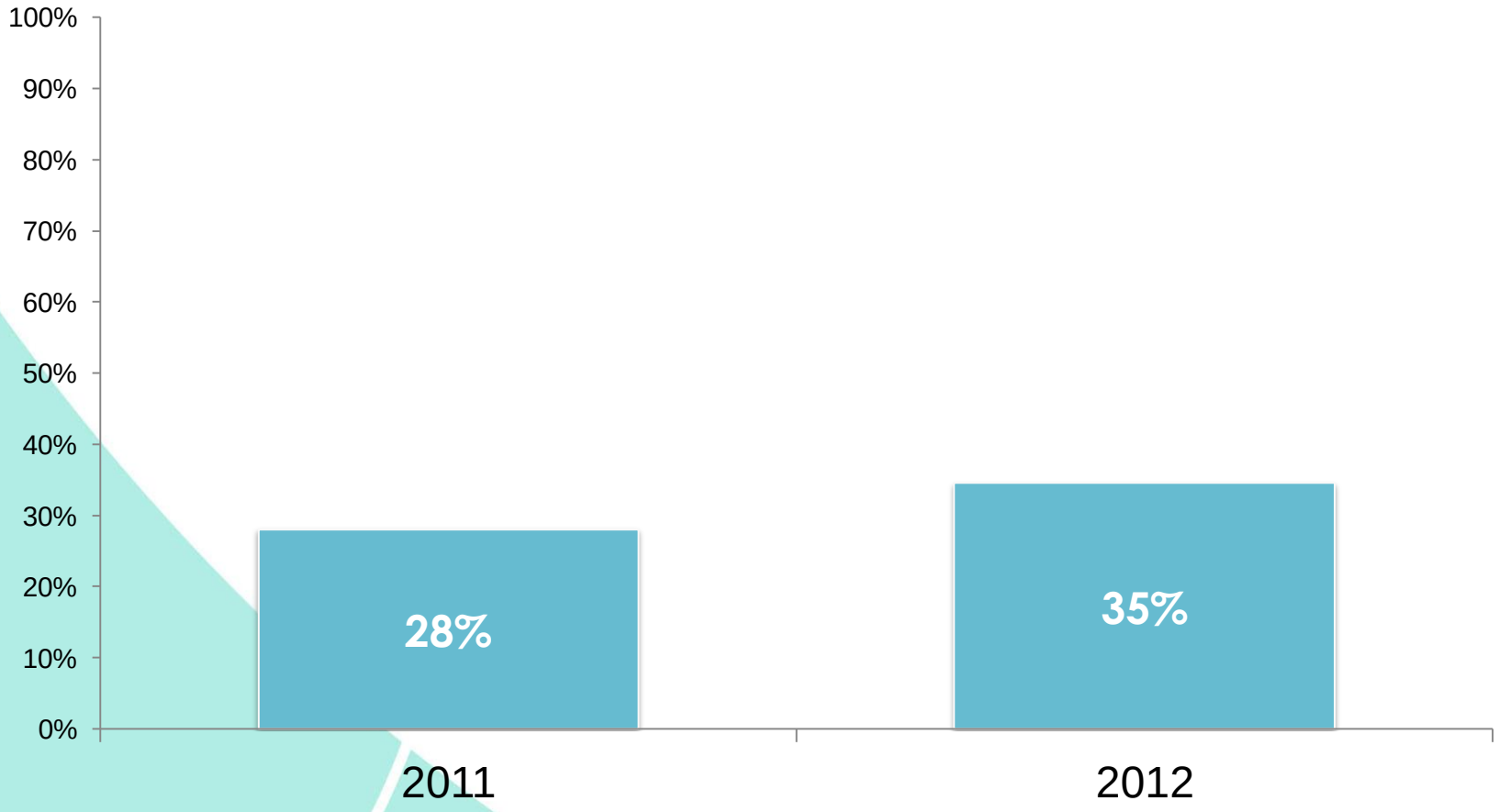
National Advisory Group on the Safety of Patients in England

"Engage, empower and hear patients at all times."

"Patients & carers should be represented on governance boards, actively participate in S&Q committees and be supported & trained in safety science."

Patients & their families and/or carers are viewed as integral members of the health care team

2011 – 2012 (strongly agree response)



Leaders in patient based care*

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Organisational characteristics:

- Strong committed senior leadership
- Communication of strategic vision
- **Engagement of patient and families**
- Sustained focus on staff satisfaction
- Regular measurement and feedback reporting
- Adequate resourcing of care delivery change
- Staff capacity building
- Accountability and incentives
- Culture strongly supportive of change and learning

**Luxford et.al. 2011 Int J Quality in Healthcare* Vol 23(5): 510-515.

Engaging patients & carers

"Patients and carers as active partners"

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In own care

- Medication management
- Bedside handover
- Alerting staff to deterioration

In governance

- Patient involvement throughout organisation (e.g. governance, patient safety, quality improvement, new staff recruitment, systems and building redesign)
- Models include Patient Advisory Committees through to full integration throughout organisation

Taking it to the next level

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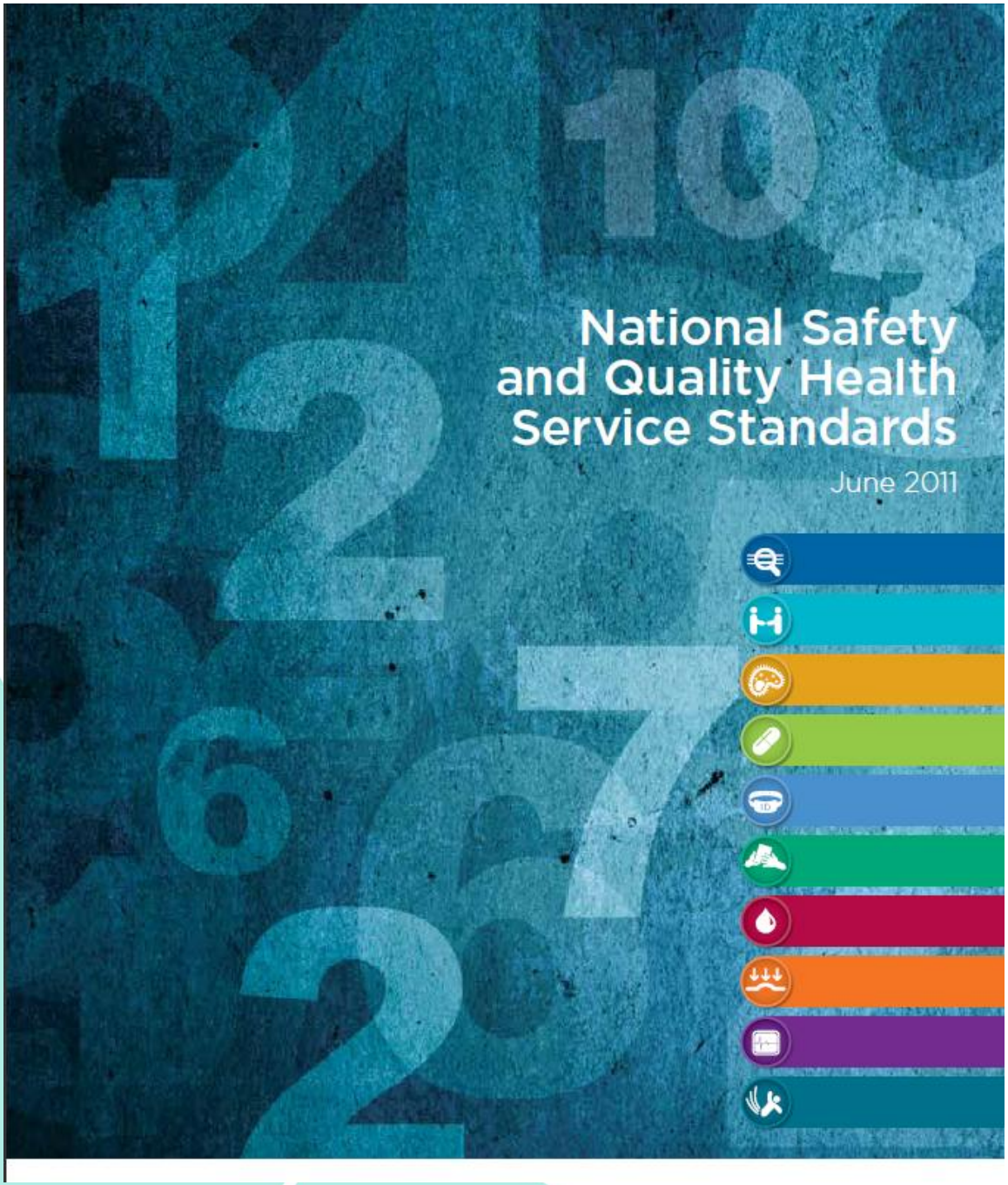
Professor Tom Delbanco,
Inaugural Chair, Picker Institute,
BIDMC Physician, Boston
Harvard Medical School

"We need to think of the patient and their family as integral members of the healthcare team. Once you've gotten mileage out of your systems, then the next level of improvement you can only do by engaging the patient"



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Mandatory for service accreditation from 2013

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Health services Sign Up!

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Are you ready to take

The Patient Based Care Challenge?

Partnering with Patients

DRAFT 2

The CEC Patient Based Care Challenge

How many boxes can you tick?

1 Leadership commitment
- ☐ start each board meeting with a story of patient care from your service
- ☐ spend more than 25% of the board's meeting time on quality
- ☐ arrange for board and executive members to visit wards regularly to talk with staff and patients
- ☐ provide training to senior leaders to champion patient-based care
- ☐ involve patient advisors in strategic planning processes

2 Communicate the mission
- ☐ develop and promote an organisational mission statement that embodies patient-based care values
- ☐ communicate the mission to new staff at orientation - illustrating leadership commitment
- ☐ share personal stories by senior leaders to engage staff in patient-based values

3 Engage patients, family and carers
- ☐ involve patients, families and carers in governance through committee membership, including quality and risk management and advisory committees
- ☐ involve patients, families and carers in process co-design, design of new facilities and staff interview panels
- ☐ implement an open visitation policy

4 Support engagement to transform care
- ☐ encourage staff to view patients, family and carers as care team members
- ☐ implement processes to support patient/family activated escalation of care for deteriorating patients
- ☐ conduct handover at the bedside and involve patients and carers
- ☐ involve patients in medication management and review

5 Use patient feedback to drive change
- ☐ use patient feedback from a range of sources (surveys, focus groups, anonymous shoppers) to gauge service quality and inform all staff
- ☐ review patient care experience metrics at each meeting as an indicator of quality
- ☐ implement processes to provide real-time feedback to staff to enable patient issues to be addressed during care (e.g., 'patient friend' models and bedside electronic systems)

6 Focus on work environment
- ☐ regularly assess work culture and staff satisfaction
- ☐ celebrate staff successes in a visible manner (e.g., introduce a patient-nominated award for staff member of the month)

7 Build staff capacity
- ☐ implement organisation-wide training in patient-based values and associated communication skills techniques
- ☐ involve patients and carers in staff education, including sharing stories of good and poor experiences of care

8 Learning organisation culture
- ☐ enable staff to identify care delivery issues and solutions, focussing on addressing patient feedback
- ☐ ensure processes are in place to enable ongoing patient and family engagement in open disclosure following adverse events
- ☐ share the learnings from tragic events with staff to improve quality of care

9 Accountability
- ☐ include accountability for patient care experience in all job descriptions and provide feedback in performance reviews

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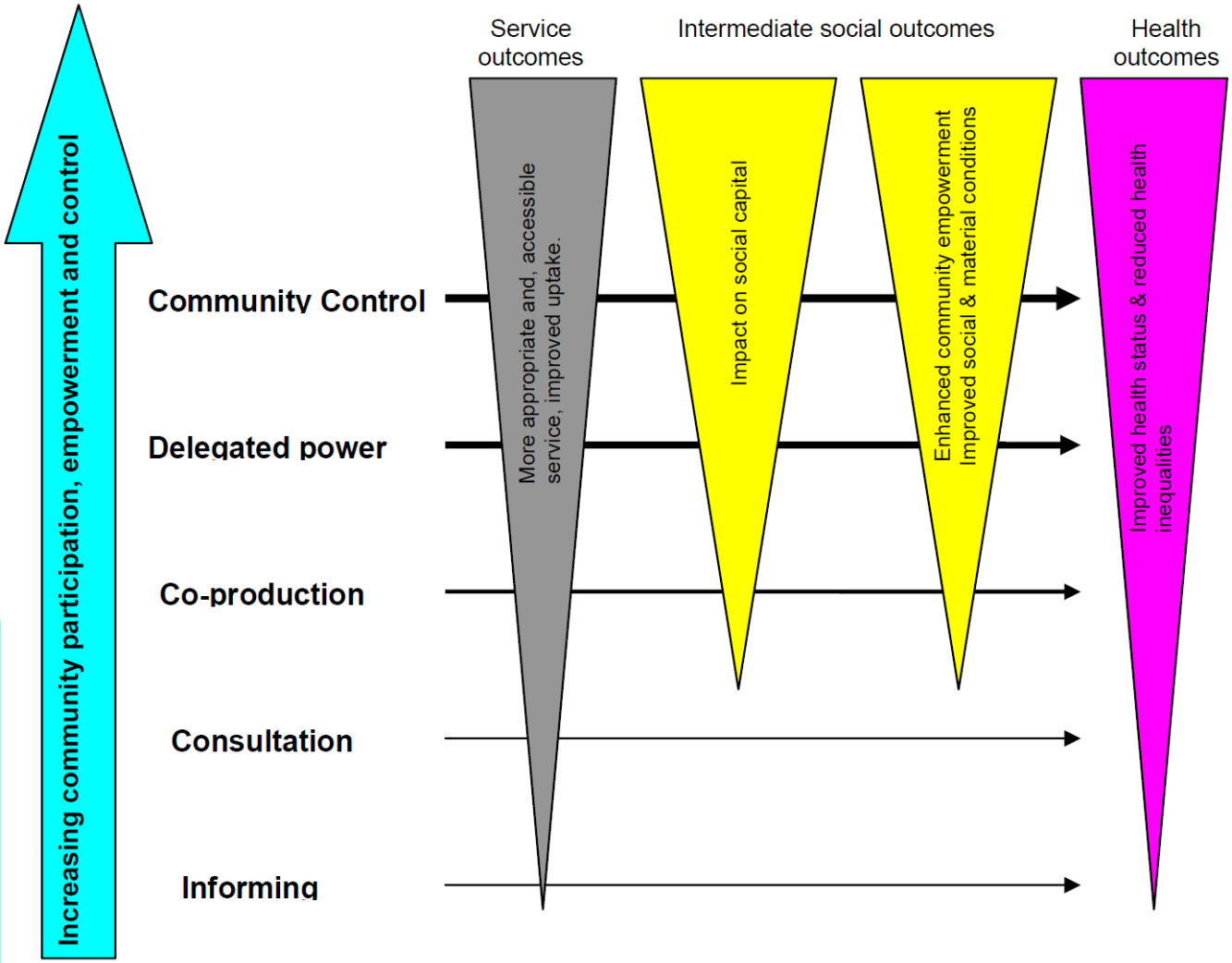
Partnering with Patients

Diagram 1: Pathways from community participation, empowerment and control to health improvement



Source: J. Popay, 2006, Community Engagement, community development and health improvement. A Background Paper prepared for NICE.

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Consumers participate in the planning and implementation of quality improvements (S2.8)

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Alicia Wood

- Consumer Advisor
- CEC PWPAC – Former Chair
- Patient and Family Activated Rapid Response – Working Group

Access to orientation and training for consumers (S2.3)

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- CEC Consumer Safety & Quality Training
- Annual – open to LHD Consumers on S&Q Committees

REACH -**Patient & family activated escalation (S9.9)**

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- Deteriorating patients (in hospitals)
- Builds on clinical rapid response programs

REACH – the results

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Testimonial

– Director of Nursing / Acting General Manager

- *"There was a lot of apprehension to start with by all the staff, but now it's just part of normal business."*
- *"All calls were genuine and for us we felt that REACH has provided another safety net for the patient. Everyone was apprehensive at the start – that we would get lots of nuisance calls and in reality that hasn't happened – we have had exactly what the literature said and that's been really good."*

REACH – what we know so far…

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- In-line with international evidence
- Provides an important ‘safety net’
- Used appropriately
- Supported by staff and patients, family, carers
- Estimated cost savings (e.g. averted coronial case)
- Benefited patients, families and carers; the way care is delivered; and clinicians and staff