The Intersection of PFE, Quality, and Equity: Establishing Diverse Patient and Family Advisory Councils to Improve Patient Safety

OHA HIIN: Partnership for Patients (PfP) Webinar

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Today’s Speakers

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Today’s Session

- Why health disparities matter
- Key concepts including health equity and health disparities
- How person and family engagement (PFE) intersects with health equity
- Strategies to help create diversity in Patient and Family Advisory Councils (PFE Metric 4)
- PFE in Action: Case studies
- Q&A/Discussion
Why Health Disparities Matter
Why Health and Health Care Disparities Matter

- Racial, ethnic, and socioeconomic disparities in hospital safety and quality outcomes demonstrate that health care is not equitable across all populations.
- Disparities affect us all, not just the groups facing them:
  - Disparities limit overall improvements in quality of care and health for the broader population.
  - Disparities cost the United States up to $309 billion annually.
  - Readmissions cost Medicare ~$26 billion, $17 billion of which is potentially avoidable.

Eliminating disparities is critical for improving health care for all Americans.
Examples of Disparities in Care Quality and Safety

- Racial and ethnic minority populations are more likely than their white counterparts to be readmitted within 30 days of discharge.
- In 2014, the rate of inpatient sepsis was worse for patients with Medicaid or no insurance than for patients with private insurance.
- People in poor households received worse care than people in high-income households for about 28% of patient safety measures.
- Blacks and Hispanics received worse care than Whites for more than 20% (24% and 22%, respectively) of patient safety measures.
Factors Contributing to Disparities

The factors contributing to health and health care disparities are complex and interrelated.

- Income
- Geography/Neighborhood
- Bias
- Language/Communication
- Education/Literacy
- Environment/Stress
- Access to Care
Equity is the Goal

Source: Saskatoon Health Region Advancing Health Equity
https://communityview.ca/pdfs/2014_shr_phase3_whatishealthequity.pdf
A Primer on Key Concepts
## Review and Define Key Terms

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<tr>
<th>Concept</th>
<th>Definition</th>
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<td>Health Equity</td>
<td>Health equity is the “attainment of the highest level of health for all people,” the achievement of which requires attending to health disparities, with particular attention to vulnerable populations, of which there are many types.</td>
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<td>Person and Family Engagement</td>
<td>The definition of PFE for the CMS PfP 3.0 effort is: “persons, families, their representatives, and health professionals (clinicians, staff, and leaders), working in active partnership at various levels—direct / point of care, organizational design, policy, and procedure; organizational governance; and community/policy making—across the health care system and in collaboration with communities to improve health, health care, and health equity.”</td>
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<td>Diversity and Inclusion</td>
<td>Diversity is best defined as “the condition of having or including people from different ethnicities and social backgrounds.” This most often applies to differences in race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values systems, national origin, and political beliefs. Inclusion is the practice of engaging a collective mixture of diverse stakeholders whose involvement recognizes the inherent worth and dignity of all people.</td>
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How Person and Family Engagement (PFE) Intersects with Health Equity
PFE and Health Equity

• PFE should be equitable - all persons are not alike
• Equity in PFE helps to ensure that hospitals:
  – Consider the needs, perspectives, interests, values, and beliefs of patients and families from all backgrounds
  – Co-design more equitable systems and policies at each level of hospital care that reflect what matters most to all patients
Overcoming Barriers to Equitable PFE

**Common barriers:**
- Implicit biases
- Cultural or language differences
- Communication barriers
- Limited health literacy
- Lack of resources or access to care

**Overcoming barriers:**
- Manage assumptions
- Partner and work closely with community and cultural leaders to help build trust
- Tailor culturally- and linguistically-appropriate services and resources to meet the needs of diverse patient populations
- Invest in the hospital’s infrastructure and workforce to support improved care delivery
Strategies to Create Diversity in Patient and Family Advisory Councils (PFE Metric 4)
Overarching PFE Strategies and Metrics

**Six PFE Strategies**
- Measurement and research
- Organizational partnership
- Care, policy, and process redesign
- Clinician, staff, and leadership preparation
- Patient and family preparation
- Transparency and accountability

**Five PFE Metrics**
- Preadmission planning checklist (Metric 1)
- Shift change huddles or bedside reporting (Metric 2)
- Designated PFE leader (Metric 3)
- **PFAC or representative(s) on hospital committee** (Metric 4)
- Patient representative(s) on board of directors (Metric 5)
PFE Metric 4: PFAC or Representative(s)

- Hospital has an active Patient and Family Advisory Council (PFAC) OR at least one patient who serves on a patient safety or quality improvement committee or team

- **Do We Meet the Metric? Yes, if:**
  - Patient and/or family representatives from the community have been formally named as members of a PFAC or other hospital committee, AND
  - Meetings of the PFAC or other committees with patient and family representatives have been scheduled and conducted
PFE Strategy 1: Measurement and Research

- A National Call to Action to Eliminate Health Disparities, which focuses on data and measurement:
  - increasing the collection and use of race, ethnicity and language preference (R.E.A.L.) data
  - geography, income, insurance status, gender preference data
  - increasing cultural competency training; and
  - increasing diversity in governance and leadership

- Use data to know your patient population and identify vulnerable populations
  - Who are the unheard voices that need to be amplified?
PFE Strategy 2: Organizational Partnership

• Establish recruitment goals to broaden diversity of the PFAC
• Partner with trusted community leaders and groups that have deep relationships with the populations underrepresented to assist in recruitment and outreach
• Explore how to provide advisory opportunities that can meaningfully accommodate language and literacy needs
• Include members of vulnerable populations intentionally to ensure that traditionally marginalized voices are heard and represented
• Engage more than one representative of a population for better representation (to help avoid tokenism and reflect the needs and interests of the community more accurately)
• Work with partners and advisors to integrate diversity into the founding mission, vision, and values of the PFAC
Questions to Assess Your PFAC

- How do I know if my PFAC is reflective of my community?
  - Look at demographic data [https://factfinder.census.gov](https://factfinder.census.gov)
  - Collect and analyze REAL data (Race, Ethnicity, Age or Language)
    » REAL data sources can be administrative enrollments, billing records, medical records, patient-reported survey data

- Do the current representatives on our PFAC reflect all of our community?

- Do we engage in outreach to a range of individuals so we can obtain multiple perspectives?

- What are the potential barriers to someone joining our PFAC (e.g. meeting time)?
PFE Strategy 3: Care, Policy, and Process Redesign

- Consider and accommodate personal needs of PFAC members, such as time, travel, child care, financial barriers
- Incorporate PFAC involvement in organizational governance and decision making
- Make PFAC educational and training materials available in various communication formats and languages; use plain language; ensure access to sign or language interpreters
- Identify actionable projects that represent priorities across most, if not all, patient groups
- Work with PFAC to conduct a root cause analysis to identify problems and priority areas for improvement related to equity
PFE Strategy 4: Clinician, Staff, and Leadership Preparation

- Work with the PFAC to develop training activities for clinicians on culturally competent care
- Communicate PFAC recommendations on changes to procedures or interactions with specific groups to clinicians to help improve care experiences
- Train clinicians on how to communicate opportunities and encourage participation effectively in formal PFE activities (e.g., PFAC) during care interactions
- Train clinicians and leaders on working with PFACs and helping members feel included, heard, and valued
PFE Strategy 5: Patient and Family Preparation

- Hold information sessions in various areas to expand reach to diverse patients who may be interested in serving on a PFAC.
- Leverage peer-to-peer support programs and connections to help recruit members from vulnerable patient populations to serve on a PFAC.
- Provide culturally and linguistically appropriate educational tools, materials, and resources with examples of how to engage as a representative on a PFAC.
PFE Strategy 6: Transparency and Accountability

- Report on the diversity of PFAC members
- Share success stories and examples of areas in which PFAC input helped to inform efforts to improve quality and safety
- Share data on PFAC activities and experiences publicly
- Compare experiences with those of other hospitals; identify areas for improvement; refine PFAC activities accordingly
PFE in Action: Case Studies
St. Bernard Hospital: PFACQS* Diversity and Equity

- Diversity was critical at all stages of development
  - Deliberate in selecting project team members that were reflective of the hospital family and our patient population

- Recruited project team members that:
  - Interacted with patients on a daily basis
  - Were past patients of the hospital
  - Were from a variety of patient and nonpatient-facing areas

- Past experience - engaging front line staff to lead patient-related projects was most effective for staff buy-in

* PFACQS = Patient and Family Advisory Council for Quality and Safety
St. Bernard Hospital: PFACQS Recruitment Strategies

- Modified recruitment tools
- Identification of vulnerable populations
  - Young mothers, seniors, behavioral health patients, users of the emergency room, community stakeholders, and residents within and 6 blocks south of the hospital
- Working with staff through coaching to dispel bias and reservations about engaging “certain” groups
St. Bernard Hospital: PFACQS Application

Patient Family Advisory Council for Quality and Safety

Please tell us about yourself and your experience or interest in engaging patients and family members to improve the care we offer at St Bernard. The information you share is kept private.

Your Name: ________________________________
Address: ________________________________
City __________________ State __________ Zip code __________
Email: ________________
Home Phone: __________________ Mobile/Cell: __________________

Please tell us about your racial and ethnic background. This will help us ensure diversity in the membership of the Patient Family Advisory Council for Quality and Safety.

1) What is your ethnic background?
   a. __ Hispanic, Latino, or Spanish
   b. __ Not of Hispanic, Latino, or Spanish origin
   c. __ Mexican, Mexican American, Chicano
   d. __ Puerto Rican
   e. __ Cuban
   f. __ Some other Hispanic, Latino, or Spanish origin
   g. __ Do not know
   h. __ Do not want to say

2) What is your race? (One or more can be checked)
   a. __ American Indian/Alaska Native
   b. __ Asian
   c. __ Black or African American
   d. __ Native Hawaiian/Other Pacific Islander
   e. __ White
   f. __ Some other race
   g. __ Do not know
   h. __ Do not want to say

3) What is your age range?
   a. ___ 18-30
   b. ___ 31-40
   c. ___ 41-50
   d. ___ 51-60
   e. ___ 61+

4) Do you work or volunteer in your community?
   a. □ Yes □ No

5) If you work or volunteer in your community, where do you work or volunteer?

6) Why are you interested in volunteering your time to work with the Council to improve care at St. Bernard Hospital?

7) What do you think patients and families will bring to Council efforts to offer excellent care and service?

8) What services have you or your family received at St. Bernard Hospital?
For the council to be effective in helping the hospital make meaningful changes, it must be reflective of the patients served and the staff that care for them. It is important that organization teams examine and define vulnerable populations. Who are the unheard voices that need to be amplified? Discuss and formalize plans for recruitment. Community groups that have supported and challenged the hospital. Word of mouth. Partnering with specific departments and personnel. Letters and phone calls.
UH Listens 2U Overview

- UH Listens 2U is an online platform powered by Vision Critical which allows UH to have an online Insight Community for the purposes of:
  - Surveys
  - Moderated Forums (online focus groups which can be open for 72 hours for free flowing conversation between UH moderators and panel members).
  - Ad copy and imagery testing.
  - Testing of patient education materials
- UH Listens 2U allows for greater speed to insight than traditional methods.
  - Typical survey response time to obtain a sample of 500 is 48 to 72 hours from deployment.
  - Qualitative methods such as Moderated Forums can be completed within approximately one week.
    » Members are invited 48 hours ahead of time.
    » Forum runs from 48-72 hours.
    » Analysis can be completed in 48-72 hours depending on complexity.
Members

- UH Listens 2U has approximately 1,800 members.
  - Up to 5,000 members allowed at current scale.
- Members are not representative of the Greater Cleveland area.
  - More likely to be white, highly educated, above average wealth, and female.
- Recruitment has been limited to a few channels:
  - Lists of Better Living newsletter subscribers.
  - Event attendees who opt in to receive communications from UH.
  - HealthGrades CRM non patient list
  - Under the Rainbow (pediatric print publication)
Use Cases

• Terminology Study: used to determine the correct language to use in a variety of situations including mentions of Medical Mutual of Ohio (Hint: not MMO)
• Tested ad copy and imagery for the Neurological Institute’s digital campaign for brain tumors.
• Used a moderated forum to determine if “Woman Up” was appropriate for a campaign targeted towards treatment seekers.
• Recruited participants for the Innovation & Design team’s one-on-one interviews concerning stroke care.
• Determined that Virtual Visits would be welcomed and likely used by UH patients.
• Validated measures used by UH’s Consumer Awareness, Preference, and Perception annual study.
Questions and Discussion
Equity is no longer a separate initiative, but is equal to quality… it is a strategic imperative.”

Resources

- PfP Strategic Vision Roadmap for PFE*
- How PFE Can Help Hospitals Achieve Equity in Health Care Quality & Safety*
- How to Create and Sustain a Patient and Family Advisory Council (PFAC) to Improve Patient Safety: PFE Metric 4 (Toolkit and Trainer’s Guide)*
- Recruiting and Engaging Diverse Patients, Families, and Communities To Help Achieve Health Equity*
- PFE Metric Learning Modules* (recorded webinars provide “just in time training” to help hospitals implement and meet the five PFE Metrics)

*Available in the PfP Resource Library at: [www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx](http://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx)
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