

Building the Connection for Patient Safety:

Engaging the Patient and Changing the Organization

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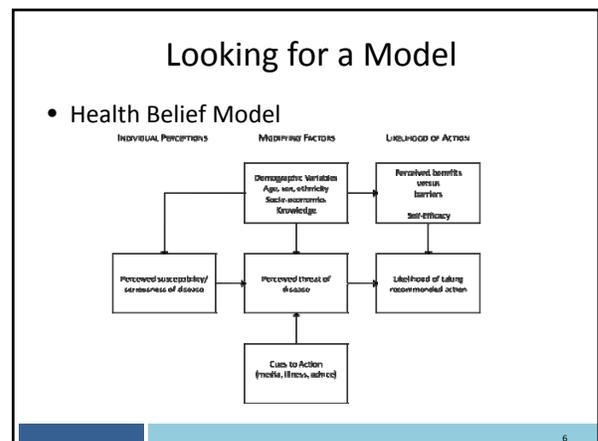
Who we are...
And why we're here today...

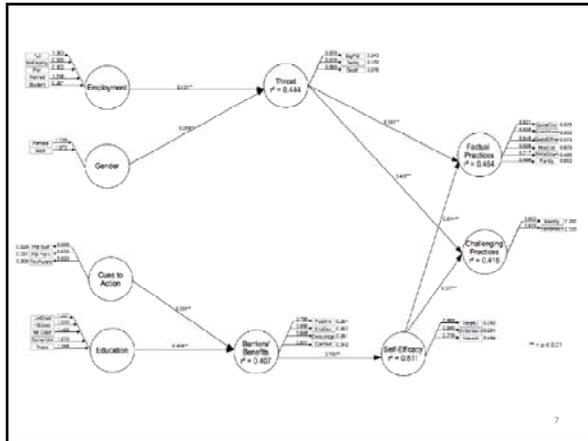
Who you are... and why you're here today...

- ## Learning Objectives
- At the end of the session, participants will be able to:
- Evaluate information and tools that support patients and families to engage effectively as a member of the health care team
 - Outline how patients experience patient safety and how patient experience data can be used for safety improvement
 - Outline how to engage patients as equal partners in safety improvement and care design activities.
 - State best practices for engaging patients and families and understand how to begin implementing these within their organization.

How Do Patients Experience Patient Safety?

- ## Finding the Patient in Patient Safety
- A Few Dilemmas:
- Protection vs. Production
 - Routine vs. Critical
 - Individual vs. System
 - Provider needs vs. Patient needs





Bottom Line

- Provider and patient perceptions of patient safety practices and behaviours influence patient involvement in patient safety
- Self-efficacy plays a mediating role for patients
- Safety culture is important in laying the groundwork for provider involvement in patient safety
- Provider behaviour impacts how patients are involved

What We Need To Pay Attention To

Importance of context, workload and language

- Creating an environment for interaction to occur
 - Being comfortable to ask those sticky questions
 - Provider behaviour before and after – what about modeling?
- Patients view providers as stressed
 - What are the protocols achieving?
 - Conflict between what we see as important (e.g., checklists, pamphlets) and what patients see as integral to safety (e.g., interaction and involvement)
- Patients unaware and unsure of what “patient safety” is
 - Are providers too? Are they ready to change?

What Can Patients Tell Us About Safety Culture?

Patient Experiences & Safety Culture

- Much of our knowledge regarding organizational patient safety culture stems from provider perceptions and experience
- Yes, patients tell us about how terrible the food tastes, but do we give them the opportunity to tell us about our culture?

Patient Experiences & Safety Culture

- Analyzed publically available patient and family stories (CPSI website) using thematic analysis
- Four themes identified:
 1. Not Being Heard
 2. Betrayal of Trust
 3. Missed Opportunities
 4. Being Passed Around
- Practical applications for organizations to use existing patient experience data

Nova Scotia Patient Experience Survey

- 500 respondents surveyed between March and May 2014 across all DHAs in Nova Scotia
- Traditionally look to staff perceptions of safety climate – what about the end-user??
- What can patients tell us about safety concerns and safety culture while hospitalized:
 - Care Experiences
 - Safety Issues
 - Discharge/Continuity of Care
 - Medical Errors

Nova Scotia Patient Experience Survey

Risk Factor	Significance	OR	95% CI	
			Lower	Upper
Poor self-reported health status	0.169	1.687	0.801	3.552
Negative experience with providers	0.022*	4.788	1.251	18.291
Difficulty understanding information	0.909	1.076	0.31	3.735
Conflicting information given to patient	0.005*	2.758	1.351	5.627
Not involved in care decisions	0.017*	3.591	1.26	10.232
Providers too busy to interact	0.336	0.689	0.295	1.518
Unclean hospital environment	0.564	1.350	0.487	3.742
Unclear instructions given to patient	0.190	1.644	0.782	3.456
Hospitalized three or more times	0.001*	3.296	1.631	6.662

Nova Scotia Patient Experience Survey

- Respondents were most likely to discover that an error occurred after conversation with a health care provider and most likely to identify errors that occur with medication administration
- Main safety issues identified:
 - Wait times
 - Communication difficulty
 - Provider busyness
 - Coordination problems
 - Comfort level
 - Cleanliness
 - Personal safety

What Does This Mean For Patient Involvement During the Clinical Encounter?

- There are certain perceptions we can use to improve involvement:
 - Threat, self-efficacy, benefits vs. barriers
- Patients are HIGHLY perceptive of health care provider behaviour
 - We get back what we put out there
- Patients can be used to help us improve our culture
 - We aren't using end-user experiences to their full advantage

Patient and Family-Centred Care

Patient and Family Engagement

World Innovation Summit for Health (WISH) 2013, an initiative of Qatar Foundation. See WISH Patient & Family Engagement Report (available at www.wish-qatar.org/reports/2013-reports)

Direct Care

A screenshot of the mobile blood pressure engagement tool.

A multidisciplinary team of nurses, doctors, and pharmacists join a conversation with 93-year old Max Rubenstein and his grandson, Ira Tytel, at left, during rounds in the Coronary Intensive Care Unit at the Peter Munk Cardiac Centre in Toronto

Recent PwC report: nearly 80% of the 2,500 Canadians surveyed reported that they would be comfortable using a virtual monitoring device for a chronic condition. (Hospital News June 2014)

June 20, 2014... (Peter Power for The Globe and Mail)

Organizational Design and Governance

SickKids:
Child and Family Involvement Identified as a Priority

An organizational assessment and environmental scan conducted by the Centre for Innovation & Excellence in Child and Family-Centred Care revealed that...

✓ 65% of survey respondents ranked family participation during rounds, in accordance with patient preference, a high priority for improvement

Patient and Family and Staff Interviews revealed that...

✓ "...we observe our children and have data...information to contribute at handover" (families)



Research

- PCORI will support many studies encompassing a broad range of study designs and outcomes that are relevant to patients, aiming to assist people in making choices that are consistent with their values, preferences, and goals.



Group Activity

<p>Harm to Healing: Group 1/2</p> <ul style="list-style-type: none"> Noah's story Choose a facilitator/recorder to lead and record points from the discussion Handout: Use the resources listed in the handout to inform a group discussion around the questions listed. (20 min) Share the discussion with the group (5 min/group) 	<p>Doctor, Can You Hear Me? (3/4)</p> <ul style="list-style-type: none"> Alma's story (2 min) Choose a facilitator/recorder to lead and record points from the discussion Handout: Use the resources listed in the handout to inform a group discussion around the questions listed. (20 min) Share the discussion with the group (5 min/group)
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Group Activity

<p>Engaging Patients/Families in Multi-disciplinary Rounds: Group 1/2</p> <ul style="list-style-type: none"> Your organization is considering... Handout: Use the resources listed in the handout to inform a group discussion around the questions listed. (20 min) Choose a facilitator/recorder to lead and record points from the discussion Share the discussion with the group (5 min/group) 	<p>Discharge Disaster (3/4)</p> <ul style="list-style-type: none"> Jim's story.... Handout: Use the resources listed in the handout to inform a group discussion around the questions listed. (20 min) Choose a facilitator/recorder to lead and record points from the discussion Share the discussion with the group (5 min/group)
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Video

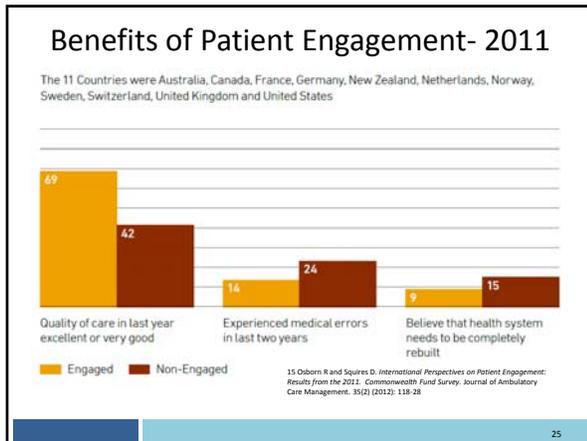
Donna Davis: Patients for Patient Safety Canada

<http://www.youtube.com/watch?v=llvJmMUilzE>

The Power of Engagement in Improving Patient Safety

Improving:

- the outcomes of care
- the experience of care
- the experience for caregivers
- outcomes for all patients



- ### Recommendations for....
- Leaders of health care systems
 - Health care clinicians and staff
 - Health care policy makers
 - Patients, families and the public
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- ### Leaders of health care systems can....
- **Establish** patient /family engagement as a core value
 - **Involve** patients and families as equal partners in the design and improvement of care
 - **Educate** and train all clinicians and staff to be effective partners with patients and families.
 - **Partner** with patient advocacy groups & other community resources to increase public awareness and engagement.
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- ### Healthcare Clinicians & Staff can:
- **Provide** information and tools to support patients and families to engage effectively in their own care
 - **Engage** patients as equal partners in safety improvement and care design activities
 - **Provide** clear information, apologies and support to patients and families when things go wrong
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- ### Health care policy makers can:
- **Involve** patients in all policy-making committees and programs
 - **Develop, implement and report** safety measures that foster transparency, accountability, and improvement
 - **Require** that patients be involved in setting and implementing the research agenda
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- ### Patients, families and the public:
- What should patients do to help make care safer (roundtable poll):
- Q: *What is the one thing you do routinely, either for yourself or for your loved one, that you think helps to make your/their care safer?*
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Characteristics of Excellent Patient/Family Partners

- The ability to:
 - share personal experiences in ways that others will listen and learn from them
 - See the “big” picture
 - Ask tough questions constructively
 - Connect with people
- Interested in:
 - more than one issue
 - Improving health care or research
- A sense of humor
- Representative of the relevant patients /families conditions

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3 types of patient/family advisors:

- The patient who has experienced harm
 - Perspective on how to avoid harm/partner in repairing a broken system
 - “constructively disgruntled”
- The patient who didn’t have a bad experience but had an experience that lacked a focus on their needs
- The patient who had an extraordinary experience & feels gratitude

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What do patients and families need in order to participate effectively in their care?

- We must know it’s **important** (i.e., the why behind the what).
- We must know it’s **possible** (i.e. the ways or avenues we can take that are within our ability).
- We must know it’s **safe** (i.e. we can’t be punished, ignored, or made more fearful).

- Jessie Gruman
Patient, and President of the Centre
for Advancing Health

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Questions?

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Barriers to Engagement

Patient and family barriers	Health System Barriers
<ul style="list-style-type: none"> • Understanding the terms of engagement & safety • Health literacy problems • Limited social support for vulnerable patients • Fear of retribution from healthcare providers 	<ul style="list-style-type: none"> • A fragmented health care system • A dysfunctional professional culture • Organizational leadership deficits • Workflow design flaws • Lack of effective engagement tools and training

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