Patients are your partners. Why and how this partnership works.

Kim Neudorf, Patients for Patient Safety Canada
Judy Birdsell, Patients for Patient Safety Canada
Ioana Popescu, Canadian Patient Safety Institute

Hosted by Paul Webber
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February 8, 2018

Special thanks to: Bernie Weinstein, Dr. Yves Longtin, Paul Webber

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Overview

- Patient engagement in infection prevention and control
  - Patient experience: the foundation for partnership
  - Partnership: a relationship based on trust and reliable processes
  - Lessons learned and what you can do

- Discussion with guests
  - Dr. Yves Longtin
  - Paul Webber

Patient Experience

Kim Neudorf, Patients for Patient Safety Canada

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Goals:

• Introduce PFPSC and CPSI—a partnership

• Share reasons patients/families choose to engage in healthcare improvement

• Provide Canadian examples of engagement


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Reasons PFPSC engage:

Believe:
• We have a story to tell
• We have insights into system improvements
• When engaged we are healthier, safer
• Together we can do better

so that,

Every Patient is Safe

Personally speaking…..

• Professional career built on safety
  o RN, nurse educator
  o Diana Davidson Dick
    https://www.winnipegfreepress.com/locals/The-heart-of-the-matter-3003355231.html
• Yet I was naïve, too trusting, powerless
• “If I, with insider knowledge, can’t make the system work to save a life how can the average person?”

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Patient harm in Canadian hospitals: The stats

How often does it happen? In 2014–2015, 1 in 18 hospital stays in Canada involved at least 1 harmful event (138,000 out of 2.5 million hospital stays).

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What kinds of harmful events happen?

There are 4 categories of harmful events — 2014-2015 breakdown.

- 37% Health care and medications (like bed sores or getting the wrong medicine)
- 37% Infections (like surgical site infections)
- 23% Procedure-related (like bleeding after surgery)
- 3% Patient accidents (like falls)

What can be done about this?

We are collecting data on how often these events are happening, using a new hospital harm measure. And we are providing information on how these events can be prevented. Hospitals, along with patients and families, have a hand in making care safer for all.

Healthcare Acquired Infection

- >200,000 Canadians suffer from HAI/year
- 4th leading cause of death

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Direct Care

• Public invests in health, seek resources
• Participate in personal care
• Safety Alert/Stop the Line
• “They (Drs.) never used to talk to you this way!”

Organization

Saskatchewan
• Patient and Family Centered Care Steering Cmt.
• PFCC coalition: Patient experience surveys

Montreal, Quebec
• Quality & Risk Management Cmt. reports to board
• Office of Patient Experience: PFAs
• *Speak Up!* PFA is committee chair
• PFA on every committee and every critical incident review

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Policy

Consultation
- Presentations: [link]
- Campaigns: [link]
- Briefs to Government: [link]
- Multi-media: [link]

Involvement
- Publish: [link]
- Citizen voice

Partnership
- CPSI
- Regulatory body: public rep

“Nothing About Me Without Me”

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Partnership: trusting relationship
Ioana Popescu, Canadian Patient Safety Institute

Where to find patient partners

- Patient partners part of patient organizations
  - World Health Organization Patients for Patient Safety global network
  - Patients for Patient Safety Canada
  - Patient/ Family Advisory Councils
  - Community based charities, disease or health organizations
- Tap into existing channels and resources

http://www.who.int/patientsafety/patients_for_patient/network/en/

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Supporting patient partners

- Engaging patients – an emerging discipline
- Case study: Patients for Patient Safety Canada.
  - All processes developed by patients with support from CPSI and aligned with WHO.
  - Revised and updated regularly.
    - Membership
    - Orientation
    - Partnership/ requests management

- Compensation
  - At minimum expenses are covered; personalized
- Allocate resources for sustainability (budget, human, etc)

http://www.changefoundation.ca/patient-compensation-report/

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Membership

- Membership: clear criteria, interview by peers
- Orientation: about patient safety, key stakeholders
  - initial
  - ongoing

http://www.patientsafetyinstitute.ca/about/Programs/PatientsForPatientSafety/Membership/pages/default.aspx

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Requests management

- Best fit between patient and initiative
- Initial and on demand support to all parties
- Evaluation

Partnership outcomes

- 100% of programs developed/ delivered in partnership with patients
- Key corporate functions (CEO, staff recruitment, strategic and operational planning)
- The National Patient Safety Consortium including the Infection Prevention and Control Action Plan


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Lessons Learned. What YOU Can Do.

Judy Birdsell, Patients for Patient Safety Canada

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A Collaborative Effort

Convened by Canadian Patient Safety Institute

http://www.patientsafetyinstitute.ca/EngagingPatients

Why?

Issue
- Need and demand for patient engagement
- Overwhelming amount of resources
  Few by and for patient partners & focused on patient safety

Aim
- Help patients and providers partner more effectively in making care safer

What
- A comprehensive guide for patient engagement in patient safety based on evidence and best practices

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Who: Funding Partners

Who: Action Team

- Canadian Patient Safety Institute
- Patients for Patient Safety Canada
- Atlantic Health Quality and Patient Collaborative
- Health Quality Ontario
- Canadian Foundation for Healthcare Improvement
- Accreditation Canada
- Alberta Health Services
- BC Patient Safety and Quality Council
- Centre of Excellence on Partnership with Patients and the Public
- HealthCareCAN
- Health Quality Council of Alberta
- IMAGINE Citizens Collaborating for Health
- Manitoba Institute for Patient Safety
- Manitoba Health, Healthy Living and Seniors
- Ontario Ministry of Health and Long-Term Care
- Ontario Hospital Association
- Saskatchewan Health Quality Council
- University Health Network
- Université de Montreal

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What:

Guide content:
- By patients and providers, for all
- Practical, complements existing resources
- For any setting, sector, system level
- Continuously updated

Complementary resources:

Content outline:
Updated regularly

Chapters
- Engaging patients as partners
- Partners at the point of care
- Partners at organizational and system levels
- Evaluating patient engagement

Each chapter includes
- Guidance
- What YOU can do
  - Patients, patient partners
  - Providers, patient engagement specialists
  - Leaders, governors
- Practice example(s)
- References

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The soft lessons

- Respect patient voice and honor patient experience
- Help educate patients (present and future)
- Help educate providers and health system leaders
- Partnering is more than ‘asking’

Partnering is more than asking

Levels of engagement
- Direct care
- Organization
  - Service Design
  - Governance
- Health system
  - Policies
  - Priorities

Continuum of engagement
- Inform
- Consult
- Partner

Promise to patient

- “We will share information and keep you informed.”
- “We will seek your input and ideas and provide feedback on how it influences decisions.”
- “We will partner with you to address an issue and apply solutions.”

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Does engaging patients make a difference?

Practices that engage patients in direct care that lead to better outcomes in safety, quality and patient experience:

- Shared decision making with patients
- Family presence and involvement in care
- Advanced care planning
- Compassionate care delivery
- Training for providers to improve ability to partner, improve empathy and communication skills

(Frampton 2017; page 12 of PE Guide)

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Ask yourself:

1. Do you know three reliable sources that identify leading patient engagement strategies?
2. Do you have ‘safe spaces’ where patients and care providers can share diverse perspectives?
3. Are you clear ‘who is responsible for what’ to ensure patient safety (including reducing HAI)?
4. Do you have an effective mechanism for connecting with patients to work with you to improve safety?
5. Do you get timely feedback on how your improvement projects are working?
6. Do you welcome family caregivers as part of the care team 24/7?

Pre-requisites
- Situational awareness (Hospital; home care)
- Informed patients and care providers (What are risks? What contributes?)
- Knowledge, skills and confidence to partner

Actions – what care providers can do
- Welcome patients and family as care team members
- Ensure patients have knowledge about what risks in the particular context are (e.g. medication, infection, surgical)
- Work with colleagues to implement leading practices e.g. bedside shift reports; communication during transitions
- Continual focus on excellent communication

Point of Care: Partnering to prevent harm

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Point of care: Partnering after harm happens

- **Report!** Make it easy for patients to report as well
- **Disclose** - inform patient honestly, fully and in timely fashion.
- **Analyze** incidents – prevent future occurrences; involve patients and families
- **Learn and heal.**

Service Design: Partnering to prevent harm

**Examples - where patients are involved**
- Co-designing educational materials and approaches
- Discharge planning processes
- Process improvement teams
- Educate providers

**What engagement specialists can do**
- Learn about and champion good PE practices
- Build coalitions, seek feedback, get support
- Support patient partners and team members
- Create safe spaces for all

**What leaders can do**
- Create expectations
- Communicate about patient safety inside and out
- Provide organizational framework, training and support

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Service Design:
Partnersing after harm happens..

Examples - where patients are involved
- Incident analysis
- Helping to identify priorities for attention
- Process improvement teams
- Educate providers

What leaders can do
- Ensure clear policies and practices around reporting, disclosure, incident analysis and engaging patients.
- Evaluate performance with respect to harm events, reporting, disclosure, analysis
- Create and support a culture that learns from incidents
- Create supportive and caring environment for staff

If you are a leader, ask yourself:
1. Is patient safety embedded in your vision, mission, principles and strategies?
2. Do you champion new policies that strengthen patient engagement?
3. Do you include patients at all levels?
   - on your board?
   - on quality and safety committees?
   - on accreditation teams?
4. Do you have ongoing structures and processes
   - to recruit and support patient partners;
   - to help care providers learn partnership skills?
Discussion

Resources


Contact us: patients@cpsi-icsp.ca; www.patientsforpatientsafety.ca

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<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
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<tr>
<td>February 15, 2016</td>
<td>REFUGEE HEALTH: A NEW PERSPECTIVE FOR INFECTION PREVENTION AND CONTROL</td>
<td>Prof. Ruth Carrico, University of Louisville</td>
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<td>February 21, 2016</td>
<td>IMPROVING THE KNOWLEDGE AND RECEPTIVENESS OF MEDICAL STUDENTS TOWARDS HAND HYGIENE: EXPLORING NEW APPROACHES</td>
<td>Dr. Rajnaesh Kaur, Research Associate, University New South Wales, Australia</td>
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<td>February 22, 2016</td>
<td>ROOT CAUSE ANALYSIS TO SUPPORT INFECTION CONTROL IN HEALTHCARE PREMISES</td>
<td>Dr Anne-Gaëlle Venier, University Hospital Centre of Bordeaux, France</td>
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<td>February 28, 2016</td>
<td>WHY LEADERSHIP MATTERS FOR EFFECTIVE INFECTION PREVENTION AND CONTROL</td>
<td>Julie Storr, World Health Organization</td>
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<td>March 8, 2016</td>
<td>INFECTION PREVENTION IN NURSING HOMES AND PALLIATIVE CARE</td>
<td>Prof. Patricia Stone, Columbia University, New York</td>
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