



# Critical Access and Rural Hospital Collaborative Call

Thursday, January 11, 2018

# Critical Access and Rural Hospital Affinity Group Guest and Leadership Team



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## Agenda

### Critical Access and Rural Hospital Collaborative Call January 11, 2018 12:00 Noon–1:00 p.m. PST

## Objectives

Participation and sharing among the CAH/Rural will allow participants to:

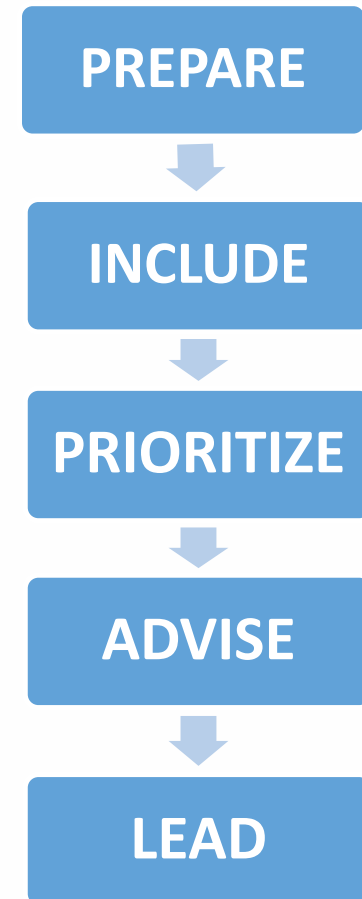
- Identify and strategize regarding specific metrics that are more challenging to meet.
- Share and network among the participants to assist one another with ongoing PFE efforts.
- Continue to collaborate between and during CAH/Rural calls.

## Discussion Points

12:00 noon	Opening Remarks/HSAG Communications Team Introductions	Kim Werkmeister Educator
12:05 p.m.	Overview of Call Format and Objectives	Rebecca Sparks, CIA
12:10 p.m.	Group Discussion of Each PFE Metrics	All
12:30 p.m.	Introduction/Barton Memorial and Sharing	Katie Shea Patient Experience Coordinator
12:50 p.m.	Wrap-Up/Questions/Next Webinar (Call for Possible Topics)	Kim Werkmeister Geoff Granseth, CIA

# PFE Metrics—Why Included in the HIIN?

- **PFE1**—Have and discuss a preadmission planning checklist.
- **PFE2**—Conduct shift change huddles or bedside reports with patient/family.
- **PFE3**—Have a designated PFE leader.
- **PFE4**—Have an active PFAC or P/F representative on hospital committee.
- **PFE5**—Have P/F representative on the board of directors.



# Tool to Self-Assess PFE Performance

Navigate to: "HSAG HIIN → Tools and Resources → PFE"



## Is My Organization Meeting CMS Metrics\* for Person and Family Engagement (PFE)?

Use this worksheet to self-assess and find out!

Organization Name: \_\_\_\_\_

Date: \_\_\_\_\_

PFE METRIC	INTENT	MUST BE IN PLACE TO MEET METRIC	MEETS (Y/N)	What is your current state and actions planned for this metric?
1 Planning Checklist for Scheduled Admissions	For all scheduled admissions, hospital staff discuss a checklist of items to prepare patients and families for the hospital stay and invite them to be active partners in care.	<ul style="list-style-type: none"> <li>Hospital has a physical planning checklist for patients with scheduled admissions.</li> <li>Hospital staff discuss the checklist with the patient and family prior to or at admission.</li> </ul>		
2 Shift Change Huddles or Bedside Reporting	Include the patient and/or family caregiver in as many conversations about their care as possible throughout the hospital stay.	<ul style="list-style-type: none"> <li>On at least one unit, nurse shift change huddles OR clinician reports/rounds occur at the bedside and involve the patient and/or family members in all feasible cases.</li> </ul>		
3 Designated PFE Leader	Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE.	<ul style="list-style-type: none"> <li>There is a named hospital employee (or employees) responsible for PFE efforts. Such individual(s) can hold either a full-time position or a percentage of time within another position.</li> <li>Appropriate hospital staff and clinicians are able to identify the person named as responsible for PFE.</li> </ul>		
4 PFAC or Patient/Family Representative(s) on Hospital Committee	Ensure that a hospital has a formal relationship with patient and family advisors (PFAs) from the local community who provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts.	<ul style="list-style-type: none"> <li>Patient and/or family representatives from the community have been formally named as members of a PFAC or another hospital committee (at least one patient.).</li> <li>Meetings of the PFAC or another committee with patient and family representatives have been scheduled and conducted.</li> </ul>		
5 Patient/Family Representative(s) on the Board of Directors	<p>Ensure that the board includes patient and family perspectives when making governance decisions at the hospital.</p> <p>Ensure that at least one board member with full voting rights and privileges provides the patient and family perspective on all matters before the board.</p>	<ul style="list-style-type: none"> <li>Hospital has at least one position on the board designated for a patient or family member who is appointed to represent that perspective.</li> <li>If a formal position on the board is not possible, an alternative exists to incorporate the perspectives of patients and families when making governance decisions (e.g., requesting PFAC input on board matters; asking board members to attend PFAC meetings or visit care units in the hospital, etc.)</li> </ul>		

\*Centers for Medicare & Medicaid Services, refer to [PIP Strategic Vision Roadmap for PFE](#): Achieving the PFE Metrics to Improve Patient Safety and Health Equity, October 2017



# PFE #1: Planning Checklist for Scheduled Admissions

PFE METRIC	INTENT	MUST BE IN PLACE TO MEET METRIC
<b>1 Planning Checklist for Scheduled Admissions</b>	For all scheduled admissions, hospital staff discuss a checklist of items to prepare patients and families for the hospital stay and invite them to be active partners in care.	<ul style="list-style-type: none"><li>• Hospital has a physical planning checklist for patients with scheduled admissions.</li><li>• Hospital staff discuss the checklist with the patient and family prior to or at admission.</li></ul>

**PREPARE!**

# PFE #2: Shift Change Huddles or Bedside Reporting

PFE METRIC	INTENT	MUST BE IN PLACE TO MEET METRIC
<b>2 Shift Change Huddles or Bedside Reporting</b>	Include the patient and/or family caregiver in as many conversations about their care as possible throughout the hospital stay.	<ul style="list-style-type: none"><li>• On at least one unit, nurse shift change huddles OR clinician reports/rounds occur at the bedside and involve the patient and/or family members in all feasible cases.</li></ul>

**INCLUDE!**

# PFE #3: Designated PFE Leader

PFE METRIC	INTENT	MUST BE IN PLACE TO MEET METRIC
<b>3 Designated PFE Leader</b>	Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE.	<ul style="list-style-type: none"> <li>• There is a named hospital employee (or employees) responsible for PFE efforts. Such individual(s) can hold either a full-time position or a percentage of time within another position.</li> <li>• Appropriate hospital staff and clinicians are able to identify the person named as responsible for PFE.</li> </ul>

**PRIORITIZE!**



# PFE #4: PFAC or P/F Rep. on Hospital Committee

PFE METRIC	INTENT	MUST BE IN PLACE TO MEET METRIC
<b>4 PFAC or Patient/Family Representative(s) on Hospital Committee</b>	Ensure that a hospital has a formal relationship with patient and family advisors (PFAs) from the local community who provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts.	<ul style="list-style-type: none"> <li>• Patient and/or family representatives from the community have been formally named as members of a PFAC or another hospital committee (at least one patient.).</li> <li>• Meetings of the PFAC or another committee with patient and family representatives have been scheduled and conducted.</li> </ul>

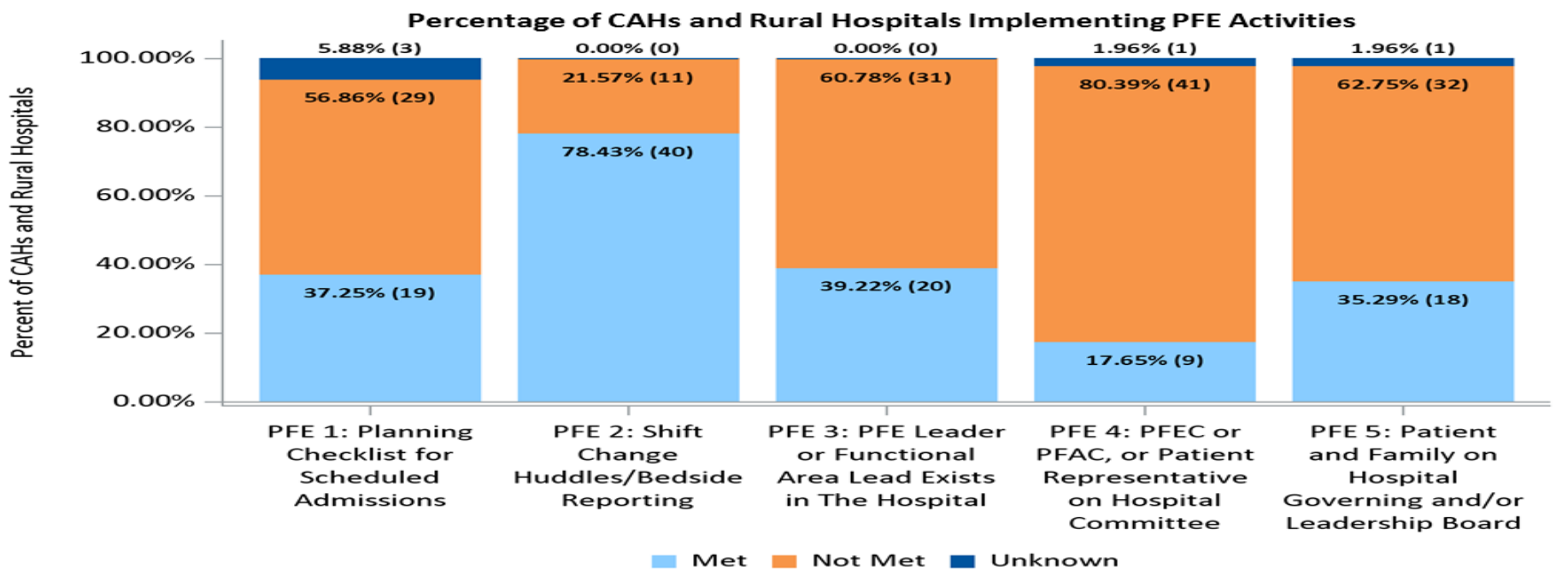
**ADVISE!**

# PFE #5: P/F Rep. on the Board of Directors

PFE METRIC	INTENT	MUST BE IN PLACE TO MEET METRIC
<b>5 Patient/ Family Representa- tive(s) on the Board of Directors</b>	<p>Ensure that the board includes patient and family perspectives when making governance decisions at the hospital.</p> <p>Ensure that at least one board member with full voting rights and privileges provides the patient and family perspective on all matters before the board.</p>	<ul style="list-style-type: none"> <li>• Hospital has at least one position on the board designated for a patient or family member who is appointed to represent that perspective.</li> <li>• If a formal position on the board is not possible, an alternative exists to incorporate the perspectives of patients and families when making governance decisions (e.g., requesting PFAC input on board matters; asking board members to attend PFAC meetings or visit care units in the hospital, etc.)</li> </ul>

**LEAD!**

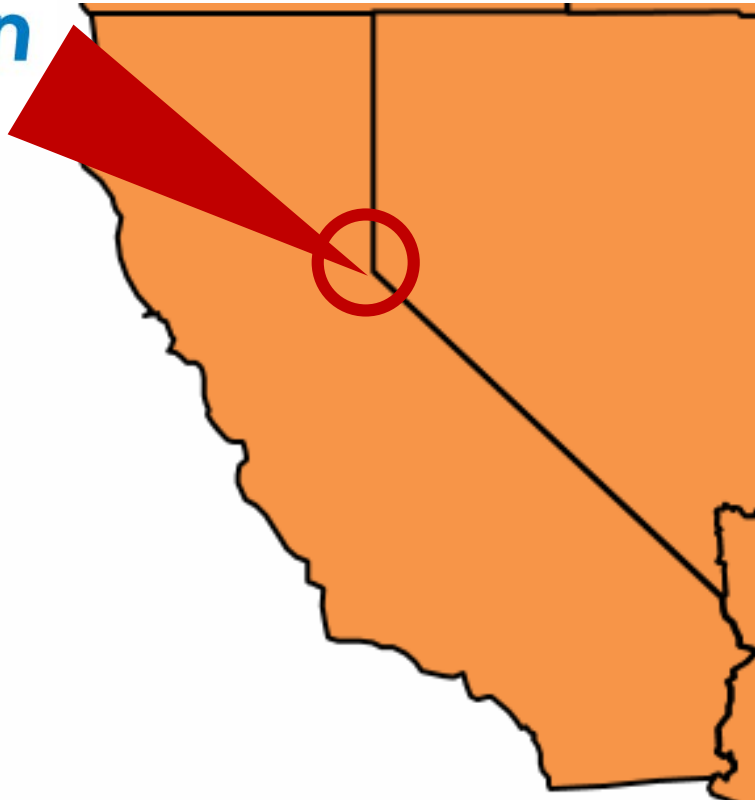
# Where We Have Been as CAH/Rural Related to the PFE Metrics (Updating Now)



Source: HSAG HIIN 2017 Self-Assessment as of September 11, 2017. Please refer to Questions 15-23 in self-assessment survey.  
 Note: Percentages were calculated based on a total of 51 CAH and rural hospital respondents.

PFE Activity	Met	Not Met	Unknown
PFE 1: Planning Checklist for Scheduled Admissions	37.25% (19)	56.86% (29)	5.88% (3)
PFE 2: Shift Change Huddles/Bedside Reporting	78.43% (40)	21.57% (11)	0.00% (0)
PFE 3: PFE Leader or Function Area Lead Exists in The Hospital	39.22% (20)	60.78% (31)	0.00% (0)
PFE 4: PFEC or PFAC, or Patient Representative On Hospital Committee	17.65% (9)	80.39% (41)	1.96% (1)
PFE 5: Patient and Family on Hospital Governing and/or Leadership Board	35.29% (18)	62.75% (32)	1.96% (1)

# Engaging Loved Ones in Safe Care



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# About Us



Located at 6,200 ft. elevation in South Lake Tahoe, CA  
Barton Memorial Hospital

- 63 beds—FBC, Med-Surg, Ortho, and ICU
- Caring for about 2,500 inpatients a year
- 25K year-round residents with town population increasing 4x in high visitor season

# About Us (cont.)

- Recognized as a Mentor Hospital by the California Hospital Association in 2013, recognized as a Top Performing hospital by the Joint Commission in 2014 for VTE, PN and CHF,\* “A” grade from Leapfrog Hospital Safety Score in Spring 2016
- Formed PFAC February 2014
  - Small community. Old memories linger. Wanted to partner with community members to work towards the following goals:
    1. Improve communication and cooperation.
    2. Promote respectful partnerships.
    3. Develop programs and policies relevant to patients’ and families’ needs.
- Projects include:  
Discharge process revision, MyChart implementation, Patient Care Folders, Patient Rounding involvement, and Engaging the Caregivers in Safety Initiatives

\*Venous thromboembolism (VTE), pneumonia (PE), congestive heart failure (CHF)



# Coming Up



**Next session:** Thursday, April 12, 2018

12 Noon–1 p.m. PDT

Possible Topics: *Falls, HAPI, Readmissions*



Register at:

**<https://goo.gl/XTGdkR>**



Contact CAH/Rural Affinity Group

leadership team at:

- Geoff Granseth, [ggranseth@hsag.com](mailto:ggranseth@hsag.com)
- Rebecca Sparks, [rsparks@hqinstitute.org](mailto:rsparks@hqinstitute.org)



# Other Webinars for CAHs



## **NHSN Annual Survey for Critical Access Hospitals**

**Tuesday, January 23, 2018**

**11 a.m.–12 noon PST (2–3 p.m. EST)**

Register at: <https://cc.readytalk.com/r/6u5vm83tbs31&eom>



## **PFE Think Tank**

**Tuesday, January 23, 2018**

**12 Noon–1 p.m. PST**

PFE Think Tanks are monthly virtual meetings to advance best practices for Patient Family Engagement (PFE).

More at:

**[www.hsag.com/hiin/events](http://www.hsag.com/hiin/events)**



# What Are Your Questions?

Thank You!

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