



Quality Resource Brief

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The Missouri Hospital Association will periodically release tips and tools to assist hospitals in achieving the Triple Aim — better health, better care, lower costs. These resources, and many more, can be accessed at www.mhanet.com/quality-and-health-improvement

PFA Policy Design Strategies

In previous briefs on patient family advisors, we covered the basics of what PFAs do, why they are important and how to get started developing a PFA program. In this quarter's brief, we are diving deeper into how to use PFAs specifically in your hospital's policy and procedure design. Our experts from Children's Mercy Hospital, in Kansas City, Mo., discuss how PFAs can be used in developing new, or revising current, policies. They share how to recruit PFAs, when to engage them in the process, and how they have worked to ensure a comfortable environment for both staff and PFAs when working on policies. Engaging with a PFA from the very beginning of policy development helps create a patient-centered culture within your organization.

PFA INVOLVEMENT IN POLICY DESIGN STRATEGIES

As hospitals begin to fully embrace patient- and family-centered care and engage PFAs throughout their systems, it is important that they purposefully partner with advisors. From the boardroom to the bedside, PFAs provide valuable insight as the recipients of care in a health care organization. "Ideally, they should be involved from the beginning so their valuable perspectives can inform every step of the process from baseline assessment and data-gathering to rewriting of policies and materials to educate staff, clinicians, and other patients and families."¹

PFAs are patients or family members who have been identified for their ability to contribute to the care, treatment and services provided at the hospital. Having the patient or family involved in the process of creating and reviewing policies will ensure that their unique perspective as end users of care is represented. It is important for all stakeholders to be a part of the development and execution of policy design and review.

According to the Institute for Healthcare Improvement, "Health care is at a tipping point with respect to patient engagement — from something that's 'nice to do' (or even 'the right thing to do') to something that's absolutely necessary." Research and experience are making it clear that no health care organization can operate in a reliably safe way without the involvement of patients and families. And without their involvement, any organization's safety agenda is bound to encounter diminishing returns. Patients and family members offer extra eyes and ears to events unfolding around them, and have crucial knowledge about, and perspectives on, what kinds of changes will help them the most.²

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PFAs may be lawyers, teachers, editors, accountants or researchers, just to name a few. They bring their expertise and strengths from their careers and backgrounds, as well as their patient care perspective.

The goal of patient and family engagement is to create an environment where patients, families, clinicians and hospital staff work together as partners to improve the quality and safety of hospital care. Patient and family engagement also encompasses organizational policies and procedures that support the partner's behaviors.³

The first step of engaging patients and families in policy review and design is to recruit PFAs who are interested in policies. There are numerous places to look for PFAs within your organization. One strategy is to reach out to staff who work directly with patients. They can identify patients who have expressed improvement ideas or dissatisfaction with current practices. Patient relations and social work departments can serve as other resources to identify potential PFAs. If your hospital currently has a patient family advisory council, the members of this group already are committed to improving processes and may be interested in expanding their volunteer work within the hospital. Additionally, posting information on the hospital website, social media sites and clinic waiting rooms, are other avenues to recruit potential PFAs.

Once a potential PFA has been identified, contact them either by phone, email or letter, and clearly explain to them the role of the advisor, the policy that they are being asked to review or help develop, and an outline of the time commitment. Prior to the first meeting, prepare the staff to effectively partner with the family advisor. At Children's Mercy, staff is reminded of the following.

- **We can be honest in our discussions.** Advisors who have been invited to join us understand our goal and have completed confidentiality and HIPAA training. The meetings will serve as a safe environment for these discussions.
- **Staff may feel awkward discussing certain issues in front of patients and families; that is normal and expected.** Sensitive topics about our faults and shortcomings may be difficult to talk about; however, patients and families are usually already aware of what is not working well. They want to help us improve the system.
- **There may be times when advisors challenge us, which is good.** We want their perspective to be included, and for us to be open to change and not accept the status quo. It is important to remember that the family's goals are exactly aligned with our own, which is to have a safe, effective, patient- and family-centered course of care for their loved one.
- **This is somewhat of an unknown for the advisors who are joining us.** PFAs are committed to, and passionate about, partnering with staff. As they join in the process of reviewing policies, they also are learning about the hospital systems. PFAs want to be helpful and positively contribute to the work being done.

Throughout the policy revision process, ensure that there is continuous communication with the PFA. Advisors are unfamiliar with the steps required to get a hospital policy written, reviewed, revised and approved. To keep them actively engaged, they need to be regularly updated on the progress. Without communication they may become frustrated and disenfranchised. Once the policy has been approved, be sure to close the loop with the advisors. Thank them for their time and efforts, and acknowledge their contribution to the project.



Formalized, written policies and procedures fulfill a number of important purposes, including the following.

- facilitate adherence with recognized professional practices
- promote compliance with regulations, statutes and accreditation requirements (e.g. HIPAA, EMTALA, the Centers for Medicare & Medicaid Services Conditions of Participation, *Det Norske Veritas/The Joint Commission*)
- reduce practice variation
- standardize practices across multiple entities within a single health system
- serve as a resource for staff, particularly new staff
- reduce reliance on memory, which, when overtaxed, has been shown to be a major source of human error or oversight

These functions demonstrate how central policies and procedures are to the health care system's patient safety program.⁴

At Children's Mercy, PFAs routinely are involved in policy review and design. In some cases, the advisor serves as a consultant on the creation of a new policy. In other instances, they partner with staff on the revision of an existing policy or the creation of education about a policy for staff, patients and families. Below are examples of policies that Children's Mercy collaborated with PFAs to create, update or implement.

CHILDREN'S MERCY POLICIES

The Professional Boundaries Policy is designed to provide guidelines to hospital staff in the context of an emotional, psychological and social relationship that will assist in preserving professional boundaries, while supporting family-centered care. It is necessary to maintain professional boundaries that recognize patients' and families' individual rights. Establishing and following professional boundaries will protect the patient, parents and family members, as well as help staff and the hospital in maintaining emotional, financial and professional relationships that reduce risk and maintain balance. PFAs are involved in the roll-out of education for staff. They work with educators to provide practical advice on how to respond to real situations. They also identify examples of times during care when boundaries have been violated and work with the committee to create scenarios for staff training.

To ensure that Children's Mercy abides by the principles of patient- and family-centered care, a Patient- and Family-Centered Care Policy was designed. The purpose of the policy is to create an environment where the perspectives and information provided by the patients and families are respected and valued by each member of the health care team. The policy also officially defines a PFA's role and outlines the process to request a PFA. Members of the family advisory board contributed to the writing of the policy, which subsequently was reviewed by the entire membership.

The Patient Rights and Responsibilities Policy states that Children's Mercy will treat each patient entrusted in its care with dignity, respect and compassion. We recognize that patients have basic rights, and we are committed to honoring these rights. Likewise, Children's Mercy has a right to expect reasonable behavior from patients, families and visitors. Patients, parents or legal guardians are informed of the patient's rights and responsibilities while receiving care at Children's Mercy. PFAs were



involved in the rewrite of the policy and advocated for the rights of both patients and their families to ensure it was consistent with the core principles of patient- and family-centered care.

The previous visitation policy was rewritten and renamed the Visitation or Welcoming Policy. The simple name change was intentional to let families know that they are not considered visitors and are welcome to be with their loved ones at all times during their stay. In the next revision, the intent is to remove the word visitation and just call it the welcoming policy. The words we use matter to staff, patients and families!

PFAs also partnered on the creation of several patient care policies. The Rapid Response Team Policy task force used PFAs in the policy design and education roll-out for staff and families. A revision of the Venipuncture and IV Therapy Policy occurred after a father expressed frustration at the number of unsuccessful venipuncture attempts during his child's visit. Advisors helped rewrite the policy which provides staff guidance on the number of times they can attempt to stick a child. In addition, the Family Presence Policy was created to provide guidelines to assess and advocate for patients and their families, giving them the opportunity to be present during their child's resuscitation and procedures.

Changing policies and practices often has a significant, immediate, day-to-day impact on clinicians and other staff. It is not uncommon for some staff to welcome the changes and others to be reluctant to see them implemented. In most instances, effective communication and appropriate education and support can make the difference between acceptance and rejection. Hospitals and units that successfully implement new policies and practices have undertaken formal educational activities for staff, and have involved staff "champions" in those activities. Therefore, planning for education and resources to support staff should begin while drafting or revising policies. PFAs, other care partners and providers should have significant representation in the planning effort.⁵

When putting a new or revised policy in place, consider how your organization will disseminate the information to staff, patients, families and visitors. Brochures, signage and websites should be updated immediately to reflect changes. Additionally, staff need to be educated and supported during the transition. In some instances, job descriptions may need to be revised to support changes in practice and expectations. Finally, design a strategy to measure the impact of the policy revision.

If you are just beginning to recruit PFAs to collaborate on policy review and design, the Institute for Patient- and Family-Centered Care has developed the following list of possible roles for advisors.¹

- Serve as a member and/or co-chair the task force or committee that is formed to guide the change in policy and practice or other committees related to the policy change.
- Review and assist in revising hospital materials, especially the current visiting policy, patient/family handbooks, informational packets and brochures, website, and social media venues.
- Tour the hospital through the "eyes" of patients, families and care partners, and examine signage and aspects of the physical environment that support or hinder



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family presence (e.g., signage, bulletin boards, space and comfortable furnishings at the bedside, arrangement of chairs in exam rooms).

- Talk with other patients, families and care partners in focus groups or other gatherings to gain their perspectives on the hospital's current "visiting" policies and practices.
- Review results of patient/family satisfaction surveys and other data, looking for themes relevant to perceptions about visiting, family presence and family participation in care and decision-making.
- Share personal stories with leadership and front-line staff and clinicians in educational sessions and other meetings.
- Present or co-facilitate educational sessions for staff and clinicians about the importance of family presence and participation.
- Serve as members of the team responsible for evaluating and tracking progress in this change in policy and practice.

Before revising and renewing policies, it's crucial to have an accurate understanding of how patients and families are experiencing care in your hospital. It also is essential to know what policies the staff are following to care for patients in a more patient- and family-centered manner. Knowing these things will allow you to effectively align practices and policies.

CONCLUSION

Inclusion of PFAs in the design and revision of hospital policies is a win-win approach for your hospital. Staff gain invaluable insight and information needed to provide the best care possible, and patient and family experiences are more authentic and inclusive. By including PFAs from the beginning, there is less potential for re-work, miscommunication or misunderstandings. While it takes effort to fully embrace the use of PFAs in your facility, the benefits to the hospital, staff and patients makes it well worth the effort.

¹ Institute for Patient- and Family-Centered Care. (n.d.). *Roles for patient and family advisors in changing the concept of families as "visitors" to families as partners*. Retrieved from www.ipfcc.org

² Institute for Healthcare Improvement. (2014). *Partnering with patients for safety: The next phase of work and commitment*. Retrieved from <http://www.ihl.org/resources/Pages/AudioandVideo/WIHIPartneringWithPatientsForSafety.aspx>

³ Agency for Healthcare Research and Quality. *Working with patient and families as advisors implementation handbook*.

⁴ Patient Safety & Quality Healthcare. (2014). *Policies and procedures for healthcare organizations: A risk management perspective*. Retrieved from <http://www.psqh.com/analysis/policies-and-procedures-for-healthcare-organizations-a-risk-management-perspective/>

⁵ IPFCC. (n.d.). *Strategies for Educating Staff*. Retrieved from www.ipfcc.org

