

# Patients Are Your Partners - Why and How This Partnership Works

## Kim Neudorf, Judy Birdsell, Ioana Popescu

### A Webber Training Teleclass




PATIENTS FOR PATIENTS POUR LA  
PATIENT SAFETY SÉCURITÉ DES PATIENTS  
CANADA DU CANADA

## 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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Institut canadien pour la sécurité des patients. **February 8, 2018**




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Kim Neudorf




Judy Birdsell



Ioana Popescu

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

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## Patient Experience

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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

Carman, K.L. et al. (2013). Patient and family engagement :A framework for understanding the elements and developing interventions and policies. *Health Affairs* 32(2), pp. 223–231

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## Patients for Patient Safety Canada



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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*

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## Personally speaking.....

- Professional career built on safety
  - RN, nurse educator
  - Diana Davidson Dick

<https://www.winnipegfreepress.com/local/The-heart-of-the-matter-300335231.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%	37%	23%	3%
Health care and medications (like bed sores or getting the wrong medicine)	Infections (like surgical site infections)	Procedure-related (like bleeding after surgery)	Patient accident (like falls)

Note  
All numbers exclude Quebec and selected mental health diagnoses.

### 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 helping make care safer for all.

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## Healthcare Acquired Infection

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

Zoutman DE, Ford BD, Bryce E, Gourdeau M, Hébert G, Henderson E, et al. 2003. The state of infection surveillance and control in Canadian acute care hospitals. *Am J Infect Control*. 31(5):266-72; discussion 272-3.


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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!”

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## Organization


### Saskatchewan

- Patient and Family Centered Care Steering Cmt.
- PFCC coalition: Patient experience surveys  
<https://hqc.sk.ca/Portals/0/documents/patient-experience-survey-toolkit.pdf>

### 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 <http://www.patientsafetyinstitute.ca/en/toolsResources/Pages/You-are-kidding-right-Patients-to-he-with-antimicrobial-resistance-2016-11.aspx>
- Campaigns <https://www.canada.ca/en/public-health/services/antibiotic-antimicrobial-resistance/true-stories/mary.html>
- Briefs to Government [http://parlvu.parl.gc.ca/XRender/en/PowerBrowser/PowerBrowserV2/20171107/-/128306?Language=English&Stream=Video&useragent=Mozilla/5.0\\_](http://parlvu.parl.gc.ca/XRender/en/PowerBrowser/PowerBrowserV2/20171107/-/128306?Language=English&Stream=Video&useragent=Mozilla/5.0_)
- Multi-media (video – [where have your hands been](#))

### Involvement

- Publish <https://doi.org/10.1108/IJHG-02-2016-0008>
- Citizen voice

### Partnership

- CPSI
- Regulatory body: public rep

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## “Nothing About Me Without Me”



Point of care

Community level

Organizational level

Policy System level

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## Partnership: trusting relationship

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## 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/](http://www.who.int/patientsafety/patients_for_patient/network/en/)  
<http://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Organizations-Supporting-Patient-Engagement/Pages/default.aspx>


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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/en/About/Programs/PPSC/Membership/pages/default.aspx>




### Patients for Patient Safety Canada Membership Criteria

Interested patients, families and caregivers can apply to become members of PFPSC.

Completed applications will be reviewed by the Membership Group of PFPSC to ensure that individuals seeking membership meet the following criteria:

1. Prospective members should support the PFPSC Charter, including our Vision, Mission and Goals.
2. Prospective members should have:
  - a. Direct experience with an adverse event or harm as a patient, family member or friend; and/or
  - b. Significant experience interacting with healthcare providers as a patient or the caregiver of a patient; and/or
  - c. Experience in working to improve patient safety and/or quality of care<sup>1</sup>.
3. Prospective members should:
  - a. Be willing to work locally but also with regional, provincial, national, and international groups to address patient safety issues;
  - b. Be prepared to serve on PFPSC committees and work groups;
  - c. Be willing to work in partnership with governments, healthcare organizations, healthcare providers, and/or policy makers to advance patient safety;
  - d. If able, be willing to tell their own patient safety story publicly and identify its lessons for others;
  - e. Be committed to advancing the PFPSC agenda rather than a personal agenda;
  - f. Declare any potential or perceived conflicts of interest that might interfere with the work or reputation of PFPSC;
  - g. Be prepared to offer a minimum time commitment of 2 hours per month to the work of PFPSC.

<sup>1</sup>See if membership is right for you and what our members do. <http://www.patientsafetyinstitute.ca/en/About/Programs/PPSC/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


About the requesting organization			
Name of organization, and department/ project			
Contact person name, position, email, phone			
About the collaboration			
<b>WHY</b> Aim of collaboration	Why is it important to have a patient/family representative contribute to this initiative? (Include outcomes/objectives if known at this time)		
<b>WHAT</b>	Provide enough information so the patient/family volunteers can understand the type and amount of work required, what their role is, and if specific skills are needed		
<b>WHO</b>	Describe the audience/ customers		
<b>WHEN</b>	Date, time, duration of collaboration		
<b>WHERE</b>	Location		
<b>Classification</b> Highlight the best of the 4 options in each category	<b>Type of participation</b> <input type="checkbox"/> Speaking engagement (e.g. panel, plenary, video) <input type="checkbox"/> Committee/ board/ group member <input type="checkbox"/> Product/ policy design, development or implementation (e.g. strategy, standards, tool, campaign, research) <input type="checkbox"/> Other	<b>Degree of collaboration</b> <input type="checkbox"/> Consult (e.g. share experience, provide input via focus group, surveys, etc) <input type="checkbox"/> Involve (e.g. advisor, influence decisions, priorities) <input type="checkbox"/> Partner (e.g. co-lead, contribute to direction, decisions and/or resource allocation) <input type="checkbox"/> Other	<b>System level</b> <input type="checkbox"/> Care delivery organization or system <input type="checkbox"/> Provincial/territorial <input type="checkbox"/> Canadian <input type="checkbox"/> Other
A few more details:			
Has this group worked with a patient representative before?	Yes	No	Details
Is there a preferred patient representative?			Name(s)
Is a local (e.g. within province) representative a must?			
Is there an honorarium available for the volunteer?			
Confirm expense reimbursement (travel, accommodation, meals)			It is expected to offer reimbursement
By when is a response expected?			Date:
Are supporting documents available (TOI, charter, agenda)?			Attach to email

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## 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

<http://www.patientsafetyinstitute.ca/en/About/PatientSafetyForwardWith4/Pages/Infection-Prevention-and-Control.aspx>

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## Lessons Learned. What YOU Can Do.

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## A Collaborative Effort



Engaging Patients in Patient Safety – a Canadian Guide


Access Now 

Convened by Canadian Patient Safety Institute


<http://www.patientsafetyinstitute.ca/EngagingPatients>

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## 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



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## 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 Montréal

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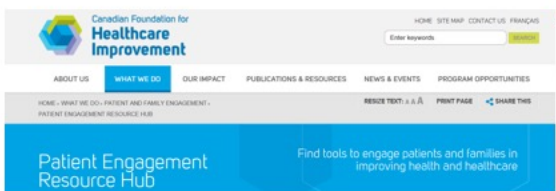
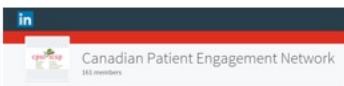



**What:**


**Guide content:**

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

**Complementary resources:**

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**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'

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## Partnering is more than asking

**Levels of engagement**

Direct care

Organization
 


- Service Design
- Governance

Health system
 


- Policies
- Priorities

**Promise to patient**

**Continuum of engagement**




Inform




"We will share information and keep you informed."

Consult



"We will seek your input and ideas and provide feedback on how it influences decisions."

Partner



"We will partner with you to address an issue and apply solutions."

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## Does engaging patients make a difference?

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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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### Engaging patients as observers in monitoring hand hygiene compliance in ambulatory care

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**FIGURE 1:** Patient survey tool used by patient observers to audit hand hygiene compliance

**Clean Hands Matter**  
Your health care provider should clean their hands at the following times with either:  
• soap and water; or  
• alcohol hand rub.

1. Before any contact with you
2. Before doing a procedure for you  
e.g., giving a needle, drawing blood
3. After doing a procedure (after removing gloves worn for the procedure)  
e.g., removing a baby diaper; doing a rectal exam or vaginal exam
4. When leaving the room after contact with you

Please help us to help you.  
How did your health care provider do?

After your visit, please complete this form and leave it in the box in the waiting room. Although you may interact with more than one health care provider today, could you please choose only one for the purposes of this survey. Thanks.

(Add here so provider does not see response)

My health care provider cleaned their hands:


1. Just before contact with me:	<input type="checkbox"/> yes	<input type="checkbox"/> no		
2. Before a procedure:	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a - no procedure this visit	
3. After a procedure:	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a - no procedure this visit	
4. After contact with me:	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unable to observe	

My health care provider was (select one only please):

Staff physician  
 Resident physician  
 Nurse  
 Other health professional

**Results:** The QI study demonstrated an overall hand hygiene compliance rate of 94-97% for all four moments of hand hygiene, maintaining the target of an overall compliance at 95%.

**Conclusions:** The results of this study suggest that involving the patient as the observer is a feasible and beneficial way to monitor hand hygiene compliance in an ambulatory care setting.


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# Patients Are Your Partners - Why and How This Partnership Works


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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?

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**Point of Care:  
Partnering to prevent harm**

**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

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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.**



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## 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: Partnering 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

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### 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?

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### Resources

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February 15, 2018	<p><a href="#">REFUGEE HEALTH: A NEW PERSPECTIVE FOR INFECTION PREVENTION AND CONTROL</a>            Speaker: <b>Prof. Ruth Carrico</b>, University of Louisville</p> <p><i>(South Pacific Teleclass)</i></p>
February 21, 2018	<p><a href="#">IMPROVING THE KNOWLEDGE AND RECEPTIVENESS OF MEDICAL STUDENTS TOWARDS HAND HYGIENE: EXPLORING NEW APPROACHES</a>            Speaker: <b>Dr. Rajneesh Kaur</b>, Research Associate, University New South Wales, Australia</p>
February 22, 2018	<p><a href="#">ROOT CAUSE ANALYSIS TO SUPPORT INFECTION CONTROL IN HEALTHCARE PREMISES</a>            Speaker: <b>Dr Anne-Gaëlle Venier</b>, University Hospital Centre of Bordeaux, France</p> <p><i>(FREE ... WHO Teleclass - Europe)</i></p>
February 28, 2018	<p><a href="#">WHY LEADERSHIP MATTERS FOR EFFECTIVE INFECTION PREVENTION AND CONTROL</a>            Speaker: <b>Julie Storr</b>, World Health Organization</p> <p><b>Sponsored by the World Health Organization Infection Prevention and Control Global Unit</b></p>
March 8, 2018	<p><a href="#">INFECTION PREVENTION IN NURSING HOMES AND PALLIATIVE CARE</a>            Speaker: <b>Prof. Patricia Stone</b>, Columbia University, New York</p>

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