



Patient and Family Engagement

Improving Health Care Quality and Safety
Advisory Board Meeting

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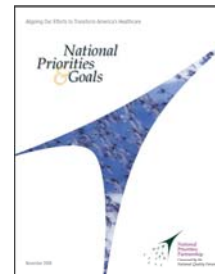
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TRANSFORMING HEALTH CARE THROUGH RESEARCH AND EDUCATION



Patient and Family Engagement Goals

- All patients will be asked for feedback on their experience of care, which healthcare organizations and their staff will then use to improve care.
- All patients will have access to tools and support systems that enable them to effectively navigate and manage their care.
- All patients will have access to information and assistance that enables them to make informed decisions about their treatment options.



Questions are the Answer

Patient Involvement Campaign by AHRQ and the AD Council

- A Web site that features a “Question Builder” for patients to enhance their medical appointments
- The message: Get More Involved With Your Health Care



3

Key Strategies

- **Involve patients/families in improvement teams and advisory councils**
 - In addition to formal satisfaction surveying
 - Formal opportunities to engage patients/families in the design and redesign of processes
 - Lowers the bar for tolerance of care and service not up to standard
 - Examples: Patient flow projects



4

Key Strategies

- **Patients/families part of the care process**
 - **Patients/families part of multidisciplinary daily rounds**
 - Staff reported better understanding of the patients' medical plans, better ability to help the families, and a greater sense of teamwork with family-centered multidisciplinary rounds compared with conventional rounds (Paul Rosen, Elizabeth Stenger, Matthew Bochkoris, Michael J. Hannon and C. Kent Kwoh, "Family-centered Multidisciplinary Rounds Enhance the Team Approach in Pediatrics", *Pediatrics* 2009;123:e603-e608.)
 - **Liberal visiting hours**
 - Positive clinical impact of a more flexible and open visiting policy in the ICU, which complements the perceived positive social benefits for patients and visitors (Fumagalli, S., L. Boncinelli, A. Lo Nostro, P. Valoti, G. Baldereschi, M. Di Bari, A. Ungar, et al. "Reduced Cardiocirculatory Complications with Unrestrictive Visiting Policy in an Intensive Care Unit: Results from a Pilot, Randomized Trial." *Circulation* 113, no. 7 (2006): 946–952.)



5

Key Strategies

- **Access to understandable information**
 - Full and easy access to health records
 - Customized educational materials appropriate for population
 - Addressing cultural and language needs
 - Shared decision-making
 - Personal health records



6

Patient Access to Medical Records

“Overall, studies of patient-accessible medical records suggest modest improvements in doctor-patient communication, adherence, patient empowerment, and patient education... The most consistent finding across studies is that patient-accessible medical records enhance doctor-patient communication.”

Outcomes from Studies of Patients Who Received Their Records: Summary of Evidence

Outcome	Controlled Trial: Statistically Significant Differences Between Groups	Controlled Trial: Nonsignificant Differences Between Groups	Descriptive Information: Quantitative	Descriptive Information: Anecdotal
Patient interest and acceptance			15 studies ^{9,28-30,32,44,46,50-54,57-59}	
Causing confusion and misunderstandings		1 study ⁵⁴	8 studies ^{30,33,46,47,50-52,61}	2 studies ^{28,53}
Educating patients	2 studies ^{43,44}	3 studies ^{51,54,58}	7 studies ^{34,46,52,57,61}	
Creating anxiety		3 studies ^{51,54,56}	5 studies ^{30,46,52,57,61}	2 studies ^{9,29}
Providing reassurance		1 study ⁵¹	3 studies ^{30,41,46}	1 study ⁵⁰
Empowering patients	2 studies ^{54,56}	1 study ⁵³	3 studies ^{41,52,57}	2 studies ^{28,60}
Promoting adherence	1 study ⁴³	5 studies ^{44,49,53,54,58}	1 study ⁴¹	
Concerns about sensitive items			1 study ⁵²	3 studies ^{29,33,52}
Concerns about confidentiality			3 studies ^{9,33,57}	1 study ⁶⁰
Improving doctor-patient communication	3 studies ^{53,54,56}		1 study ⁴⁶	3 studies ^{51,48,60}
Improving patient satisfaction		6 studies ^{49,51,53,54,56,58}	1 study ⁴⁶	4 studies ^{28,29,50,59}
Facilitating correction of errors			7 studies ^{32,42,46,48-50,57}	4 studies ^{9,27,51,60}
Effects on documentation	1 study ⁵⁹	1 study ⁵⁸	1 study ⁵⁷	1 study ⁴⁵
Demands on staff time		1 study ⁵⁴	1 study ⁵⁵	5 studies ^{31,46,50,51,60}

Stephen E. Ross, MD and Chen-Tan Lin, MD. “The Effects of Promoting Patient Access to Medical Records: A Review”. *J Am Med Inform Assoc.* 2003 Mar-Apr; 10(2): 129-138.

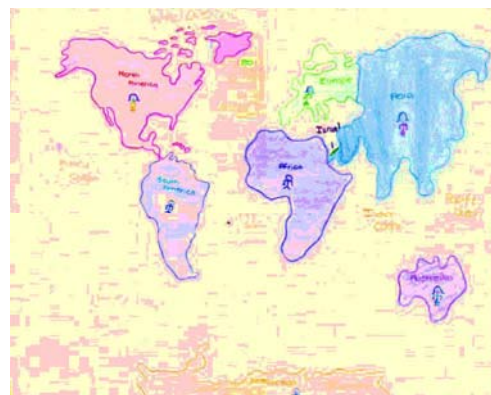


7

Limited English Proficient (LEP) Patients

- 80% of hospitals encounter patients with LEP frequently
 - 43% daily, 20% weekly, 17% monthly
- Hospitals encounter a very wide variety of languages

Languages That 20% or More of Hospitals Encounter Frequently



Spanish	93%
Chinese	47%
Vietnamese	39%
Japanese	37%
Korean	37%
Russian	37%
German	36%
French	31%
Arabic	26%
Italian	26%
Laotian	23%
Hindi	22%
Polish	22%
Tagalog	21%
Thai	20%

Source: HRET 2006: *Hospital Language Services for Patients With Limited English Proficiency. Results from National Survey.* Funded by The California Endowment



8

Key Strategies

- Establish a centralized program or department to coordinate language services
- Implement remote video and telephonic interpretation
- Hire trained medical interpreters in high volume languages
- Provide bilingual staff members with training in medical interpretation
- Provide training to clinicians on how to access and work with interpreters
- Designate more positions as bilingual-required, especially clinical positions

Source: HRET 2007: *Facilitators and Barriers to System-Level Change: Providing Language Services in California Public Hospitals*. Funded by The California Endowment.



9

Transparency

Schneider and Epstein

JAMA. 1998;279:1638-1642.

Context.— Publicly released performance reports ("report cards") are expected to foster competition on the basis of quality. Proponents frequently cite the need to inform patient choice of physicians and hospitals as a central element of this strategy.

Objective.— To examine the awareness and use of a statewide consumer guide that provides risk-adjusted, in-hospital mortality ratings of hospitals that provide cardiac surgery.

Design.— Telephone survey conducted in 1996.

Setting.— Pennsylvania, where since 1992, the *Pennsylvania Consumer Guide to Coronary Artery Bypass Graft [CABG] Surgery* has provided risk-adjusted mortality ratings of all cardiac surgeons and hospitals in the state.

Participants.— A total of 474 (70%) of 673 eligible patients who had undergone CABG surgery during the previous year at 1 of 4 hospitals listed in the *Consumer Guide* as having average mortality rates between 1% and 5% were successfully contacted.

Main Outcome Measures.— Patients' awareness of the *Consumer Guide*, their knowledge of its ratings, their degree of interest in the report, and barriers to its use.

Results.— Ninety-three patients (20%) were aware of the *Consumer Guide*, but only 56 (12%) knew about it before surgery. Among these 56 patients, 18 reported knowing the hospital rating and 7 reported knowing the surgeon rating, 11 said hospital and/or surgeon ratings had a moderate or major impact on their decision making, but only 4 were able to specify either or both correctly. When the *Consumer Guide* was described to all patients, 264 (56%) were "very" or "somewhat" interested in seeing a copy, and 273 (58%) reported that they probably or definitely would change surgeons if they learned that their surgeon had a higher than expected mortality rate in the previous year. A short time window for decision making and a limited awareness of alternative hospitals within a reasonable distance of home were identified as important barriers to use.

Conclusions.— Only 12% of patients surveyed reported awareness of a prominent report on cardiac surgery mortality before undergoing cardiac surgery. Fewer than 1% knew the correct rating of their surgeon or hospital and reported that it had a moderate or major impact on their selection of provider. Efforts to aid patient decision making with performance reports are unlikely to succeed without a tailored and intensive program for dissemination and patient education.

Literature Link

- Add to File Drawer
- Download to Citation Manager
- PubMed citation
- Articles in PubMed by
• Schneider EC
- Epstein AM
- Articles that cite this article
- ISI Web of Science (81)
- Contact me when this article is cited

Topic Collections

- Quality of Care, Other
- Patient Education/Health Literacy
- Topic Collection Alerts

10






Lots of Information on Cars

SEARCH INVENTORY : RESEARCH : VIDEO : FINANCE : SELL YOUR CAR : COMMUNITY

home : research : comparison tool : compare side-by-side

COMPARE SIDE-BY-SIDE PRINT

	1 Close X	2 Close X	3 Close X
	Move +	Move + Change Vehicle +	Move + Change Vehicle +
			
Comparison Guide	2008 Ford Taurus	2008 Dodge Charger	2008 Toyota Avalon
Change the vehicle position by using the Move +	4dr Sdn SEL FWD ▼	4dr Sdn RWD ▼	4dr Sdn XL ▼
Remove or add vehicles by using the Change Vehicle +	Search Inventory >> Free Price Quote >> Build >> Showroom >>	Search Inventory >> Free Price Quote >> Build >> Showroom >>	Search Inventory >> Free Price Quote >> Build >> Showroom >>
Make sure to select desired trim as data varies	Overview >>	Specifications >>	Features >>
	Safety >>	Advantages >>	JD Power Ratings >>
Pricing			
MSRP	\$23,635.00	\$22,510.00	\$27,325.00
Invoice	\$21,801.00	\$21,009.00	\$24,414.00
Destination Charge	\$800.00	\$700.00	\$720.00
Warranty			
Anti-Corrosion	5 Years / Unlimited Miles	3 Years / Unlimited Miles	5 Years / Unlimited Miles
Basic Warranty	3 Years/36,000 Miles	3 Years/36,000 Miles	3 Years/36,000 Miles
Drivetrain Warranty	5 Years/60,000 Miles	Unlimited Years/Unlimited Miles	5 Years/60,000 Miles
Roadside Assistance	5 Years / 60,000 Miles	3 Years / 36,000 Miles	Not Available




ET EDMUND'S

Comparison Guide

Change the vehicle position by using the Move +

Remove or add vehicles by using the Change Vehicle +

Make sure to select desired trim as data varies



	1 Close X	2 Close X	3 Close X
	Move +	Move + Change Vehicle +	Move + Change Vehicle +
			
Comparison Guide	2008 Ford Taurus	2008 Dodge Charger	2008 Toyota Avalon
Change the vehicle position by using the Move +	4dr Sdn SEL FWD ▼	4dr Sdn RWD ▼	4dr Sdn XL ▼
Remove or add vehicles by using the Change Vehicle +	Search Inventory >> Free Price Quote >> Build >> Showroom >>	Search Inventory >> Free Price Quote >> Build >> Showroom >>	Search Inventory >> Free Price Quote >> Build >> Showroom >>
Make sure to select desired trim as data varies	Overview >>	Specifications >>	Features >>
	Safety >>	Advantages >>	JD Power Ratings >>
Performance and Design			
Overall Performance and Design	●●●●○	●●●●○	●●●●○
Performance	●●●●○	●●●●○	●●●●○
Style	●●●●○	●●●●○	●●●●○
Comfort	●●●●○	●●●●○	●●●●○
Features and Instrument Panels	●●●●○	●●●●○	●●●●○
Mechanical Quality			
Overall Quality	●●●●○	●●●●○	●●●●○
Powertrain Quality	●●●●○	●●●●○	●●●●○
Body & Interior Quality	●●●●○	●●●●○	●●●●○
Features & Accessories Quality	●●●●○	●●●●○	●●●●○
Design Quality			
Overall Quality	●●●●○	●●●●○	●●●●○
Powertrain Quality	●●●●○	●●●●○	●●●●○
Body & Interior Quality	●●●●○	●●●●○	●●●●○
Features & Accessories	●●●●○	●●●●○	●●●●○
Dependability	●●●●○	●●●●○	●●●●○

ET EDMUND'S

	Overview >>	Specifications >>	Features >>	Safety >>	Advantages >>	JD Power Ratings >>
2008 Ford Taurus compared with 2008 Dodge Charger						
As Configured Msrp	As configured, the MSRP is \$1125.00 greater (\$23635.00 vs \$22510.00).					
Engine Horsepower	77 more horsepower (263 vs 186).					
Engine Torque	58 more ft/lbs of torque (249 vs 191).					
Air Bag Passenger Switch	Passenger Front-Impact Airbag on/off switch standard, versus not available.					
Traction Control	4 Wheel ABS standard, versus 4 Wheel ABS available.					
Power Seat Driver	Traction control standard, versus available.					
Power Seat Passenger	Power driver's seat standard, versus available.					
Wheel Type	Power passenger seat standard, versus not available.					
Pass Through	Aluminum Wheels standard, versus Aluminum Wheels available.					
Cruising Range City	Rear seat pass through standard, versus available.					
Cruising Range Highway	45 more miles cruising range in the city (369 vs 324).					
Fuel Tank	106 more miles cruising range on the highway (574 vs 468).					
Wheel Base	2 gallons larger gas tank (20.5 vs 18).					
Height	7 inches smaller wheel base (112.9 vs 120).					
Rear Head Room	3.3 inches taller (61.5 vs 58.2 which may be an advantage).					
Base Curb Weight	2.6 inches greater rear headroom (38.8 vs 36.2).					
Passenger Volume	104 pound(s) more base curb weight (3741 vs 3637).					
2008 Ford Taurus compared with 2008 Toyota Avalon						
As Configured Msrp	As configured, the MSRP is \$3690.00 less (\$23635.00 vs \$27325.00).					
Full Size Spare	Full Size Spare not available, versus standard.					
Air Bag Passenger Switch	Passenger Front-Impact Airbag on/off switch standard, versus not available.					
Traction Control	Traction control standard, versus available.					
Head Lights Daytime	Daytime Running lights not available, versus standard.					
Head Lights Auto On	Auto-on headlights available, versus standard.					
Climate Control	Electronic Climate Control available, versus standard.					
Air Conditioning	Single Zone Front AC standard, versus Dual Zone Front AC standard.					
Power Seat Passenger	Power passenger seat standard, versus not available.					
Cruising Range City	18 more miles cruising range in the city (369 vs 351.5).					

13



Watch crash test

	Driver	Passenger
	★★★★★	★★★★★
Head Injury Criterion	512	254
Chest Deceleration (g's)	43	42
Femur Load 1/4 (lbs)	819/1181	665/546

*not used in calculating frontal star rating

Side Crash


	Front seat	Rear seat
	★★★★	★★★★
Thoracic Trauma Index (TTI)	85	85
Pelvis Deceleration ² (g's)	112	76

*not used in calculating side star rating

Rollover

Chance of Rollover	10%
Static Stability Factor	1.43
Dynamic Test Result	No-tip*
Drive	Front wheel drive
Tire Size	P215/60R16

*Imputed test result



Chance for this vehicle Range for Passenger Cars
*If involved in a single-vehicle crash

Available Features

Belts and Head Restraints	Air Bags
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Safecar.gov - Microsoft Internet Explorer

Address: <http://www.nhtsa.dot.gov/NCAP/info.htm#q8>

9. **How does NHTSA perform the frontal crash test and how are vehicles rated?**

For frontal crash tests, crash-test dummies representing an average-sized adult are placed in driver and front passenger seats and secured with the vehicle's seat belts. Vehicles are crashed into a fixed barrier at 35 miles per hour (mph), which is equivalent to a head-on collision between two similar vehicles each moving at 35 mph. *Since the test reflects a crash between two similar vehicles, make sure you compare vehicles from the same weight class, plus or minus 250 lbs., when looking at frontal crash star ratings.*

Instruments measure the force of impact to each dummy's head, neck, chest, pelvis, legs and feet. Frontal star ratings indicate the chance of a serious head and chest injury to the driver and right front seat passenger. A serious injury is one requiring immediate hospitalization and may be life threatening.

- ★★★★★ = 10% or less chance of serious injury
- ★★★★ = 11% to 20% chance of serious injury
- ★★★ = 21% to 35% chance of serious injury
- ★★ = 36% to 45% chance of serious injury
- ★ = 46% or greater chance of serious injury

PAGE TOP

10. **What is the difference between a full frontal test and an offset crash test? Does NHTSA do both?**


The NHTSA frontal crash test crashes the full width of the front of a vehicle into a rigid barrier. This maximizes the energy absorbed by the front of the vehicle so that the occupant compartment is more likely to remain intact. The full frontal tests produce high level

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15

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 Destination: \$710.00 Door/Body Style: 4 door Free Price Quote >>
 Manufacturer Code: 4BK26 Drive Type: FWD Find a Dealer >>

Safety Features >> **Crash/Rollover Ratings >>** Crash Test Video >>



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16

RateMDs.com Pennsylvania Doctor Ratings

DOCTORS

Ask a Doctor Online

Rate	Name	Gender	Specialty	City	Last Update	# Ratings	Average Rating
☹️	Balderston, Richard	M	Orthopedics	Philadelphia	12/27/07	2	5.0
☹️	Balogun, Evelyn	F	Family / General	Philadelphia	3/7/08	1	5.0
☹️	Banino, Robyn	F	Obstetrics / Gynecology	Philadelphia	4/15/08	1	1.0
😊	Bank, William	M	Neurology	Philadelphia	3/19/09	2	2.5
😊	Bar, Allen	M		Philadelphia	4/17/08	2	5.0
😊	Bari, Merle	M	Dermatology	Philadelphia	7/23/08	1	5.0
😊	Barmach, Kenneth	M	Internal Medicine	Philadelphia	12/9/08	2	5.0
☹️	Baron, Richard	M	Internal Medicine	Philadelphia	6/18/08	1	1.5
😊	Barone, Thomas	M	Pain Management	Philadelphia	8/2/08	1	4.0
😊	Barot, Ashok	M	Dentistry	Philadelphia	11/12/08	1	5.0
😊	Battle, William	M	Gastroenterology	Philadelphia	12/3/07	2	3.0
😊	Batzer, Frances	F	Infertility / IVF	Philadelphia	12/9/08	12	2.9
😊	Beard, Kevin	M	Chiropractic	Philadelphia	10/18/05	1	4.5
😊	Beckmann, Andrew	M	Emergency Medicine	Philadelphia	1/16/08	1	5.0
😊	Beckwith, Joan	F	Internal Medicine	Philadelphia	5/17/08	1	5.0

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Dr. Jeffrey Ian Greenstein - Philadelphia, PA Doctor Ratings

Ads by Google

YOUR DOCTOR

Do You Have Parkinson's? See how everyone else is treating their PD. Add your regimen free! www.patientlikeme.com

New Parkinson's Research Assisted Fast Bicycling Exercise is Proving to Reduce PD Symptoms

Dr. Jeffrey Ian Greenstein
Philadelphia, PA
Gender: M
Specialty: Neurology
Webpage:
Hospital: Temple
Answers Email:
Online Appt. Scheduling:
Accepting New Patients:
Phone Number:

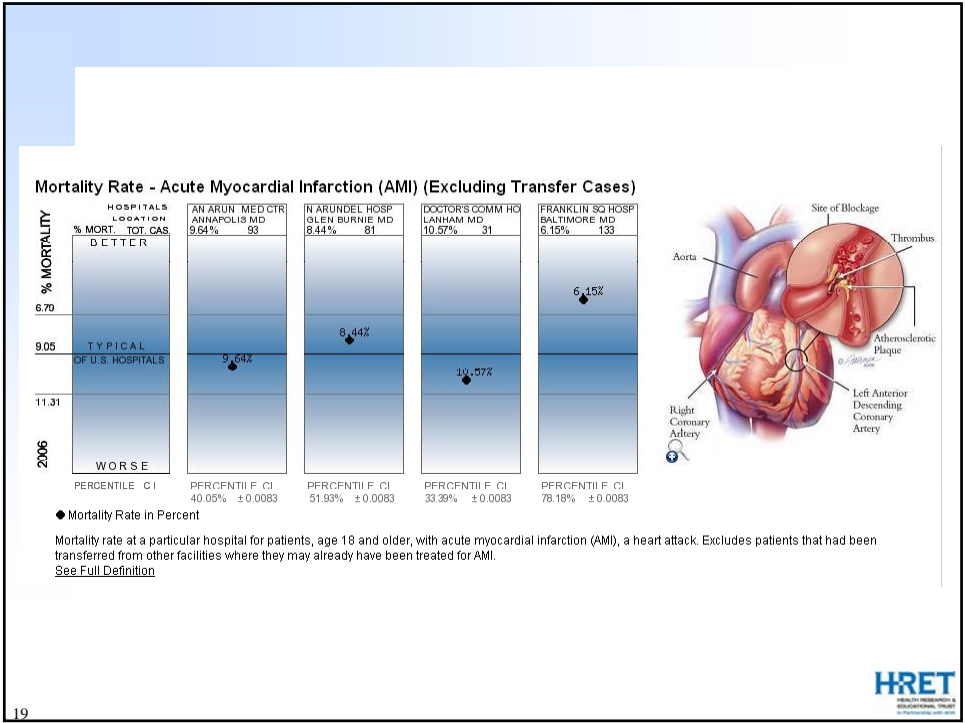
Ratings: 4
Average Punctuality: 4.5
Average Helpfulness: 4.0
Average Knowledge: 4.0
Overall Quality: 4.0
Range: 1-5 (5 is best)

RATE THIS DOCTOR

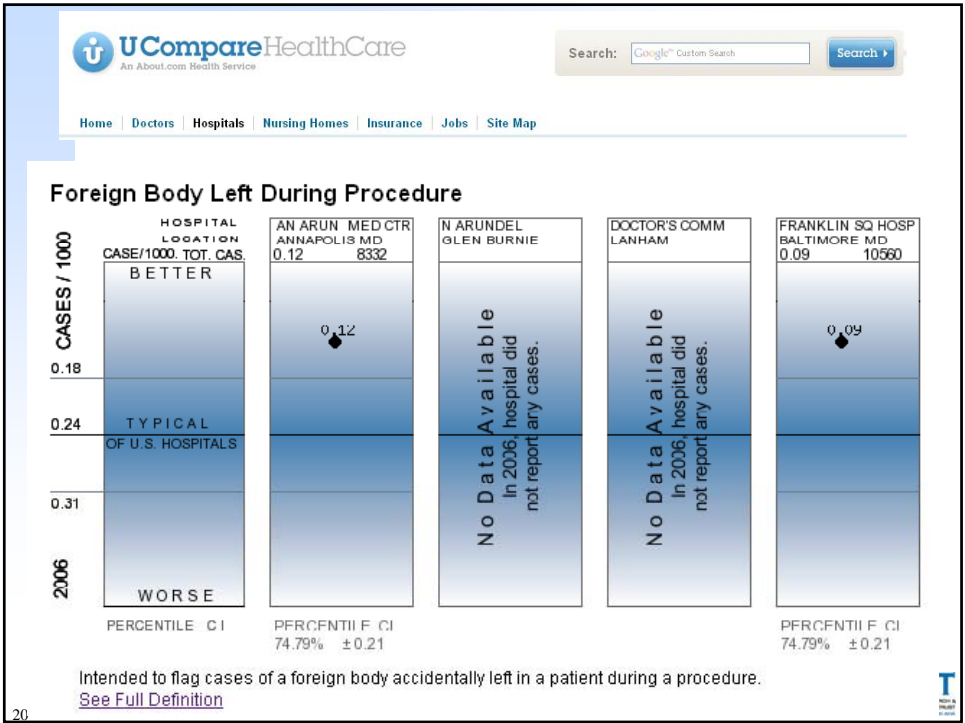
The following ratings and comments have not been substantiated by RateMDs.com.

Date	STAFF	PUNCTUAL	HELPFUL	KNOWLEDGE	Comments
4/1/09	4	4	1	1	Dr. Greenstein was not helpful to me. He didn't spend very much time with me and told me my symptoms were caused by anxiety. I was later diagnosed with Parkinson's Disease by another doctor. Insurance: Aetna Please login on the left to respond to this rating.
6/16/08	5	5	5	5	Absolutely incredible. He had read my entire medical file prior to my first visit. He is amazingly thorough and really takes the time to listen. He never seems bothered by any question. He even gave me a bunch of research articles about my particular problems (I'm a nurse, so I can understand medical research). He is amazing. Insurance: Blue Cross / Blue Shield Please login on the left to respond to this rating.
4/19/07	5	5	5	5	Dr. Greenstein is the best and most committed doctor I have ever known. He is absolutely dedicated to all of his patients and research of multiple sclerosis. If you have been diagnosed with MS or are affected by someone who has, you really should schedule an appointment with him. Insurance: Blue Cross / Blue Shield Please login on the left to respond to this rating.

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19



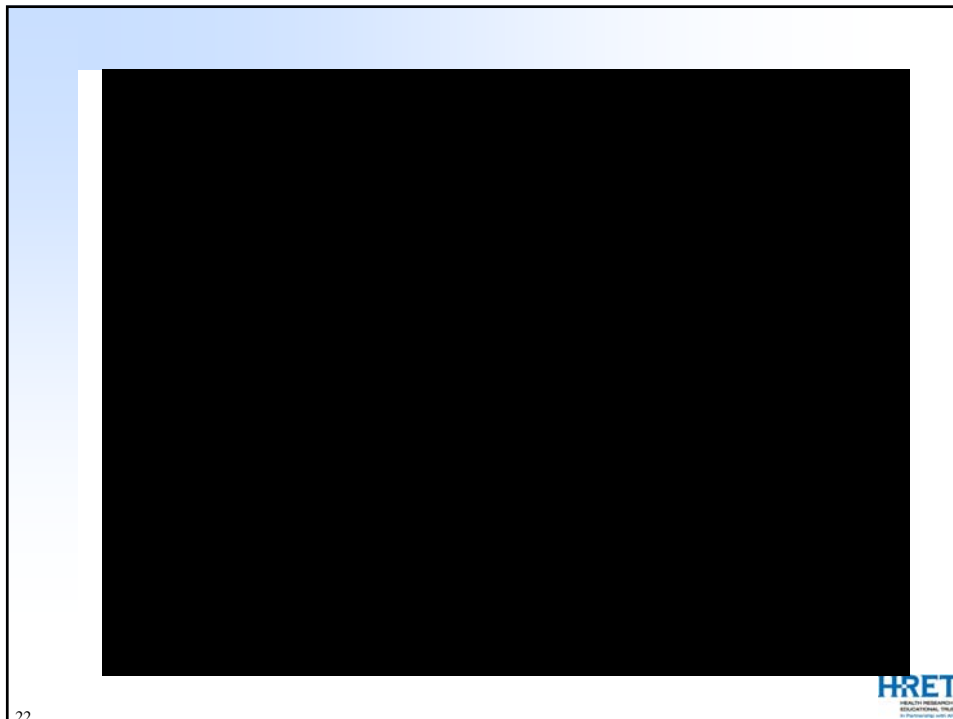
20

Key Strategies to Patient/Family Involvement

- Involve patients/families in design and redesign of care
 - Patient/Family Advisory Councils
 - Participate in Improvement Projects
- Engage patients/families in the care processes
 - Participation in multidisciplinary rounds
 - Open visiting hours
- Provide easily accessible, meaningful and understandable information
 - Access to health records
 - Cultural and language barriers addressed
 - Customized education
 - Understandable, meaningful information
 - Shared decision making



21



22

Patient and Family Engagement Goals and Strategies

- All patients will be asked for feedback on their experience of care, which healthcare organizations and their staff will then use to improve care.
- All patients will have access to tools and support systems that enable them to effectively navigate and manage their care.
- All patients will have access to information and assistance that enables them to make informed decisions about their treatment options.

- Involve patients/families in design and redesign of care
- Engage patients/families in the care processes
- Provide easily accessible, meaningful and understandable information

