

Middle East Forum on Quality & Safety in Healthcare **2023**

16-19 March, Doha

**Creating Excellence in Person-Centered Care Using
Certification Standards: Sharing Real-World
Experiences at HMC Sites**

Healthcare Resilience in Extraordinary Times

Brought to you by:
Hamad Healthcare Quality Institute

Panel Members:

Dr. Muna Al Maslamani – HMC CDC

Khadija Khalid Mohammed for Dr. Khalid Al Jalham
– HMC ACC

Dr. Hanadi Al Hamad – HMC Enaya

Dr. Nidal Asaad – HMC Heart Hospital

Conflict of Interest

The speaker(s) or presenter(s) in this session has/have no conflict of interest or disclosure in relation to this presentation.

Learning Objectives

At the end of this session, participants will be able to:

1. Understand the evidence-base for person-centered practices that support better health, better culture, and better outcomes.
2. Describe some of the structural elements of a certification pathway for excellence in delivery of person-centered care.
3. Identify several key practices, structures and policies in place at local healthcare sites that have achieved certification for excellence in person-centered care.

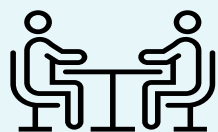
The Fundamentals of Person-Centered Care

01 To be patient-centered, you need to be staff centered

02 Everyone is a caregiver

03 Patients as partners in care





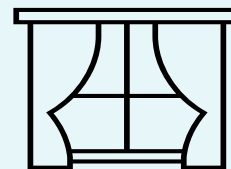
Shared Decision-Making



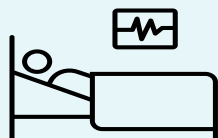
Family Presence & Involvement



Social Needs & Health Literacy Assessments



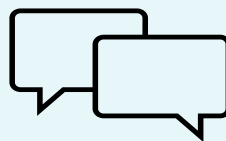
Healing Environment & Sustainable Design



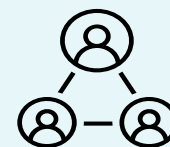
Shift Change at the Bedside



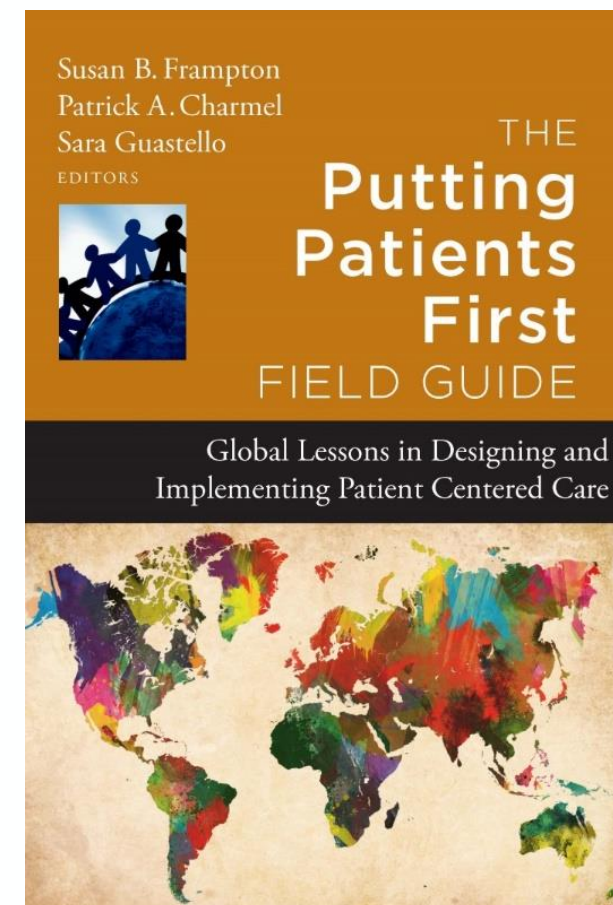
PFACs & PCC Steering Teams



Multidisciplinary Bedside Rounds

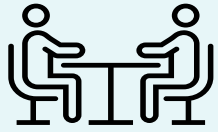


Equitable, convenient, accessible care for all persons



Structures & practices essential to delivery of patient-centered care

Structures & practices essential to delivery of evidence-based, person-centered care



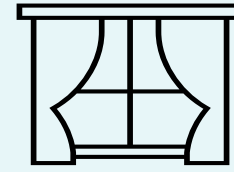
Shared Decision-Making



Family Presence & Involvement



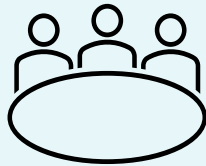
Social Needs & Health Literacy Assessments



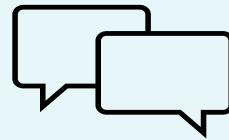
Healing Environment & Sustainable Design



Leader Rounding



PFACs & PCC Steering Teams



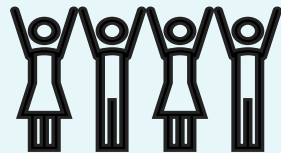
Multidisciplinary Bedside Rounds



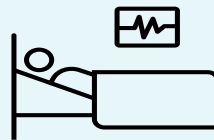
Care for the Caregiver



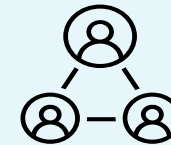
PCC Skill-Building



Hiring, Reward & Recognition



Shift Change at the Bedside



Equitable, convenient, accessible care for all persons

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Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care

Susan B. Frampton, Ph.D., Planetree; **Sara Guastello**, Planetree; **Libby Hoy**, PFCCpartners; **Mary Naylor, Ph.D., F.A.A.N., R.N.**, University of Pennsylvania School of Nursing; **Sue Sheridan, M.B.A., M.I.M., D.H.L.**, Patient-Centered Outcomes Research Institute; **Michelle Johnston-Fleece, M.P.H.**, National Academy of Medicine

January 2017

ABSTRACT | Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in partnership with patients and their families (as defined by the patient) in a way that integrates their preferences, values, and desired health outcomes. This vision represents a shift in the role patients and families play in their own care teams, as well as in ongoing quality im-

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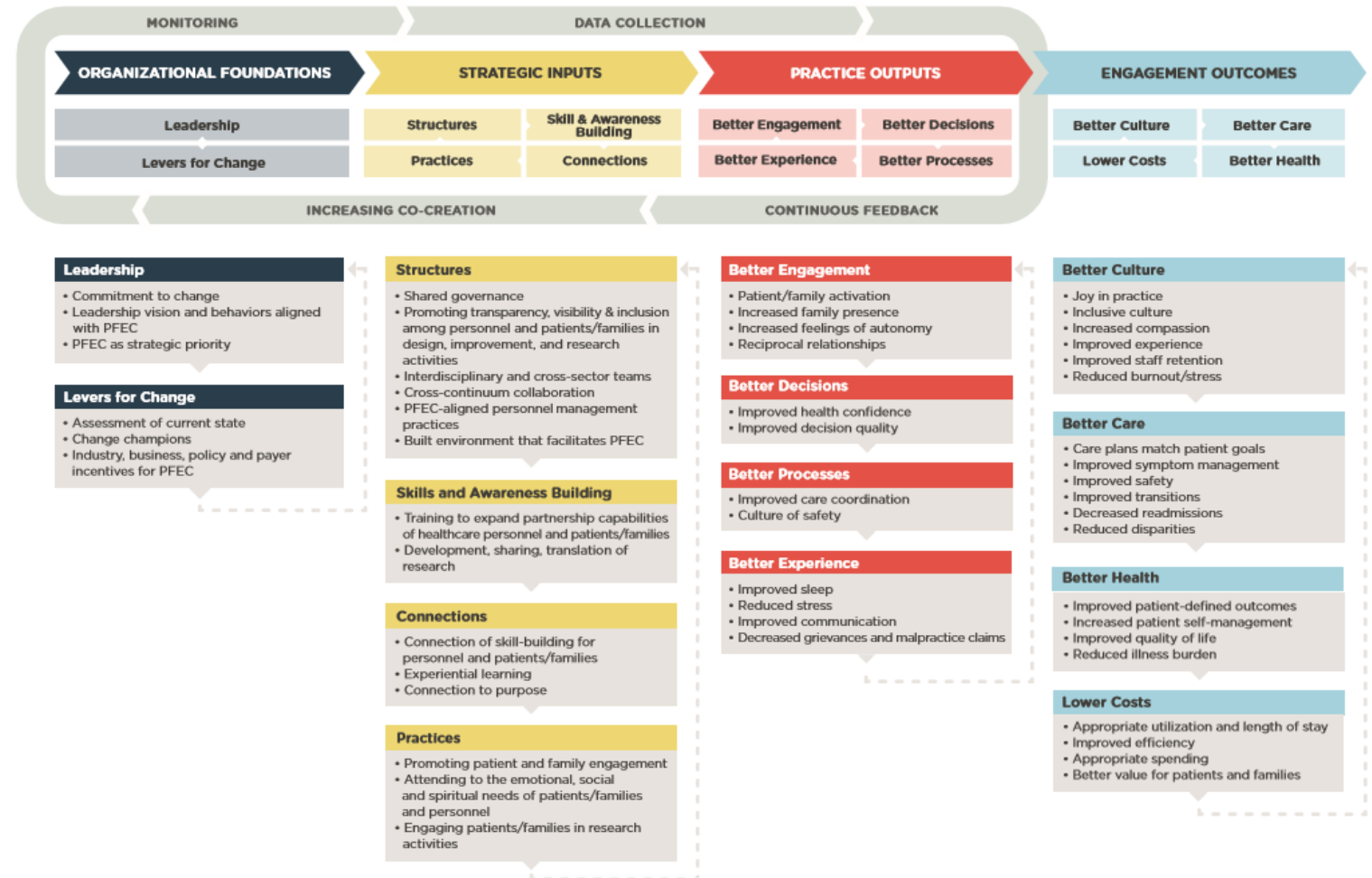
PLANETREE
INTERNATIONAL

The Evidence is Clear

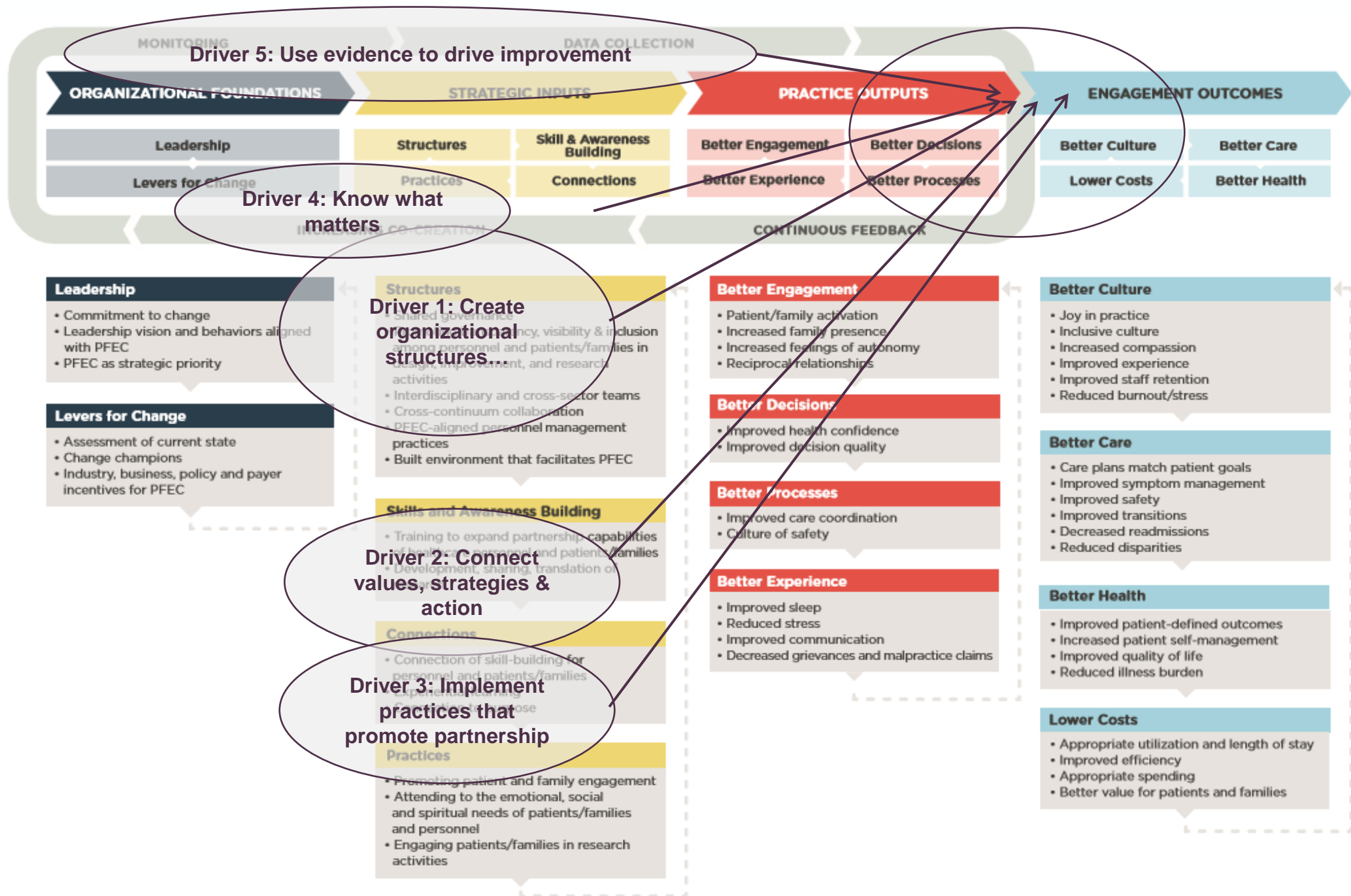
A systems approach to...

- Engaging patients, families and staff
- Emphasizing empathy as a core competency for all caregivers
- And focusing on the “whole of the person”

Drives results and culture change.



National Academy of Medicine
Guiding Framework for Patient and Family Engaged Care
nam.edu/pfec



Person-Centered Care Certification: Pathway to Person-Centered Culture Change



5 Use evidence to drive improvement

5.1 The organization's improvement strategy and process, as guided by the strategic plan detailed in criterion 2.1 and implemented in accordance with the structures outlined in criterion 1.3, includes regular review of performance data and evaluation of performance against goals or benchmarks.

5.2 The organization measures or receives quantitative data on:

- Clinical quality performance
- Patient/resident safety
- Patient/resident experience of care
- Staff engagement, staff satisfaction or the staff experience
- Physician (and other advanced clinicians) engagement, satisfaction or experience
- The safety culture of the organization

5.3 Performance data on organizational indicators directly related to the strategic goals identified in criteria 1.3 and 2.1 evidences that changes implemented have improved (or have sustained high performance) across the following domains:

- Clinical quality or safety
- Patient/resident experience of care
- Staff and/or physician (and other advanced clinicians) engagement or satisfaction

5.4 Performance data on organizational indicators related to efficiency and clinical and service excellence are made available to the public to support consumers in making informed health care choices.

5.5 Mechanisms are in place for patients/residents/families to share their experiences, feedback and perspectives — in their own words — throughout the organization. There is evidence this qualitative data are used to identify, inform, and evaluate improvement efforts in the organization.

While becoming certified as a Planetree Person-Centered Care Center is no small feat, the results — healthier, happier patients and staff, higher HCAHP scores, and a reputation for excellence — are well worth the effort. Planetree is here to help throughout the process, with assessments, trainings, and other services to guide you each step of the way. Contact Planetree to learn more.

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3





Guiding Principles (Primary Drivers)

Create organizational structures that promote engagement

Connect values, strategies and actions

Implement practices that promote partnership

Know what matters

Use evidence to drive improvement

AIM

Improve quality, patient loyalty and staff engagement by building a continuously learning person-centered organizational culture driven by the voice of patients

Measures

- Patient experience
- Quality of care
- Staff engagement
- Staff retention
- Safety culture

Criteria (secondary drivers)

- 1.1. Multidisciplinary PCC oversight group
- 1.2. Qualified individual coordinates PCC activities and functions as or reports to senior executive
- 1.3. Improvement structure/process relies on partnerships between leadership, staff and patients/families to identify, prioritize, design, assess improvement efforts
- 1.4. Staff engagement approaches reflect the organization's person-centered care philosophy,
- 1.5. The built environment incorporates elements that support patient /family engagement in their care.

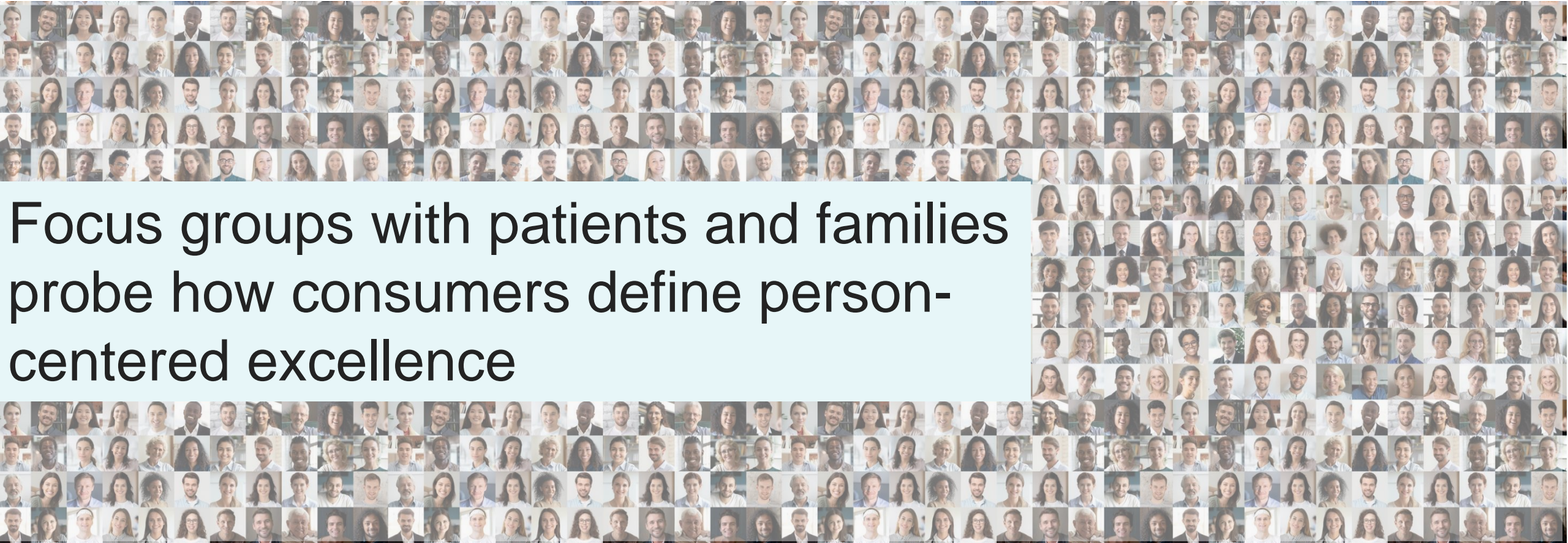
- 2.1. PCC goals co-developed with patients/families and integrated into strategic plan.
- 2.2. Leadership interacts regularly with staff from all sectors and at all levels to drive improvement.
- 2.3. PCC experiences offered on ongoing basis for all staff
- 2.4. Partnerships with community-based supports/services to address social determinants of health.

- 3.1. Routines to facilitate patients/families involvement in communication exchanges when information about them is being transferred among members of their care team and across care settings.
- 3.2. Patients have access to their record and plan of care while they are being treated.
- 3.3. Individualized health literacy assessments & patient education/discharge instructions provided in a way patients/families can understand.
- 3.4. Practices are implemented to assess and address the social determinants of an individual's health,
- 3.5. Flexible, 24-hour family presence is supported by policy and in practice.
- 3.6. Processes for identifying and partnering with patients and family caregivers to participate in care and enhance their abilities to manage healthcare needs outside of a specific care episode.
- 3.7. Collaboration with healthcare providers across the continuum to improve care coordination.

- 4.1. Efforts have been undertaken to promote caring attitudes and compassionate communication.
- 4.2. Care planning processes (including advance care planning) include elements aimed at ensuring care plans are aligned with patients' documented choices and goals.
- 4.3. Special needs of community's diverse cultural groups are investigated, documented and addressed.
- 4.4. Systems are in place to document patients' preferences related to ADLs, cultural norms & spiritual beliefs, CAM, end-of-life care, social support.
- 4.5. A mechanism is in place to provide staff support services

- 5.1. Improvement strategy/process includes regular review of performance data and evaluation of performance against goals or benchmarks
- 5.2. Performance data on clinical quality, patient experience, staff and physician (and other advanced clinicians) engagement and safety is measured or received.
- 5.3. Performance data evidences demonstrable improvement (or sustained high performance) in patient/resident experience, staff engagement and clinical quality/safety.
- 5.4. Performance data is made available to consumers.
- 5.5. Mechanisms for patients/families to share their experiences – in their own words . Evidence this qualitative data informs improvement efforts.

Grounded in the Voice of Patients



Focus groups with patients and families probe how consumers define person-centered excellence

Strong emphasis on Staff Experience

- Care for the caregiver
- Inclusion in decision-making and finding solutions
- Transparency
- Everyone is a caregiver
- Reconnecting staff to their sense of purpose



Lived Experience Validation

Evaluation of excellence based on the
LIVED EXPERIENCE

...means more

...takes more





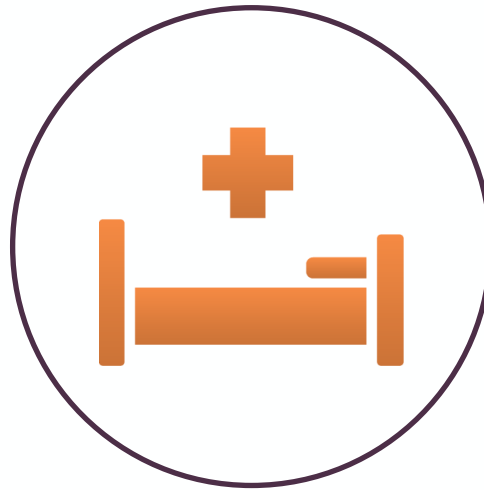
Certified organizations are living proof that a person-centered culture of quality, compassion and partnership creates better results.

Better Care



**IMPROVEMENT IN
PATIENT EXPERIENCE
MEASURES**

Better Health



**IMPROVE PATIENT
OUTCOMES**

Better Culture



**INCREASE
EMPLOYEE
SATISFACTION
AND RETENTION**

Lower Costs



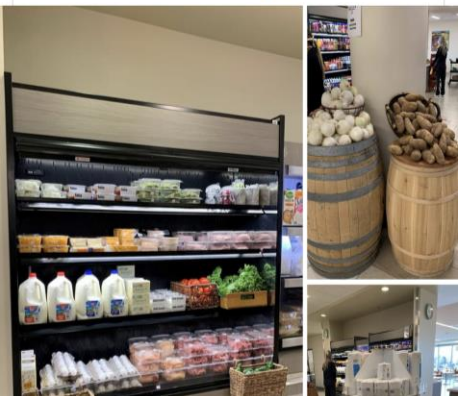
**ENHANCE FINANCIAL
PERFORMANCE, MARKET
SHARE, AND REPUTATION**

Our world has changed. The importance of person-centered care has not.



 **Trish Usabel Grohs**
Monday at 2:23 PM · 🌐

My hospital gets me! So wonderful to come to work and see this new little grocery store in our cafeteria so that our colleagues can just pop in after work and not have to venture to the grocery stores. And I no longer have to go on a mad dash for toilet paper. In these most difficult times, it's the simple things. We are piloting at the Nampa hospital now and will shortly open stores across our system for our colleagues. I love [Saint Alphonsus](#).
[#SaintAlsforLife](#) [#Ourcallingisyoud](#)



Setting Standards for PCC Excellence in Qatar

Panel Members



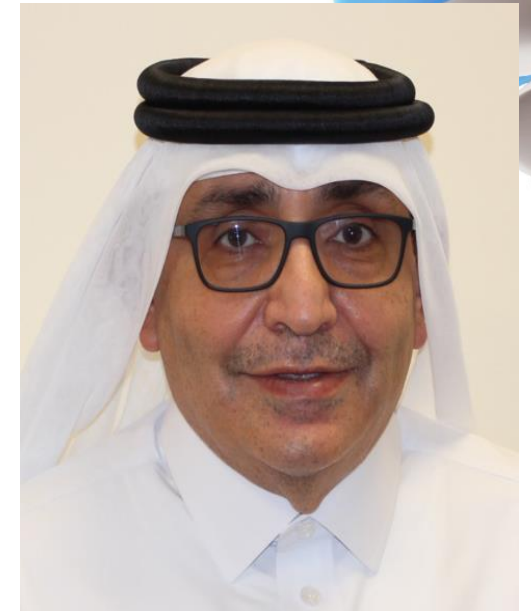
Dr. Muna Al Maslamani
HMC CDC



Khadija Khalid Mohammed
HMC ACC



Dr. Hanadi Al Hamad
HMC Enaya



Dr. Nidal Asaad
HMC Heart Hospital

Share a practice that you have implemented as a part of your journey to PCC excellence that has made a real difference at your site.

Panel Discussion

- Given the importance of including the voices of patients and the challenges faced during the pandemic, how have you engaged with patient advisors in meaningful ways?
- Audience Q & A, time permitting

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Thank you

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