

Getting family input into your office QI processes



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Standard 6, Element C Factor 4 says:

"The practice has a process for involving patients and their families in its quality improvement efforts.

At a minimum, the process specifies how patients and families are selected, their role on the quality improvement team and the frequency of team meetings"

How did you meet this requirement?



TCC (Greenwood)

- FQHC our **board of directors** is made up of $\geq 51\%$ patients or their families. We explained that in the notes and then uploaded the PIN that requires patient participation, board meeting minutes where the Medical Director gave a QI update and included the PowerPoint slides with those QI updates.
- 2016, we are also trying to more effectively engage out patients – but beginning with our integrated work around mothers with young children and elevated depression. We are part of a national learning collaborative and a few (3 – 5) of our **mothers in the services will participate in a family engagement section of CQI** national meeting (a virtual meeting and they will be in our offices). We will provide a small incentive for their time and participation.

Center for Pediatric Medicine

- **Didn't do this Factor (4).** At that time, we were unsure how to involve our parents. We received 100% for Standard 6 Element C with only factors 1-3.
- For recertification with the **2014 Standards**, family involvement comes up in PCMH Standard 2 Element D Factor 10.
- It is still very **difficult to get our parents involved**, looking for other ways.
- We tried a line item to our **patient survey** asking them if they would be interested in being a part of our QI process and we received “NO” responses to that item.
- **Virtual or Skype meetings** have been discussed as options as well but don't seem to work with Medicaid population.
- Tried adding an item to our **website with a link for any parents volunteers**. One parent has responded. But they do not seem interested at all in being a part of face to face QI
- Suggestion from our hospital PCMH team have attended seminars that we provide a **“suggestion box” that includes parent email address**; so that we can involve them through email and this would technically meet the criteria for a meeting.
- Our PCMH team at the main hospital believes that the **email correspondence** between our practice and the parents over a “suggestion” for improvement would count meeting.

Carolina Pediatrics

- We opted out of that Factor - Getting families involved *simply blew our minds*.
- (*Note our application was 2011 Standards NOT 2014)
- Suggestions "Board of Parents" like PTA would be involved with office practices, policies, QI.
- Or a parent with special education degree, might take the lead assisting other parents in our office (which we actually tried). It simply was not maintained

AnMed

“We actually just decided to lose the points for this one. It was something we wanted to look into in the future but did not address at that time.”

South Carolina Rural Health

“PCMH req. 2D-10 requires practice to involve families in QI or advisory council “

Operationalized this with practice primarily in three ways:

- 1) if they are a fairly transformed practice that has engaged in practice improvement, we explore the creation of a **Patient Advisory Committee (PAC)**. Practices have to be fairly committed to the effort and willing to proactively implement changes based on concerns and recommendations from the PAC; I have found that creating a PAC prematurely is detrimental as the practice needs to be committed I have some really great tools for creating a PAC including bylaws, examples of agendas...


South Carolina Rural Health

- 2) Most practices that we work with are not in the position to initiate a PAC so we work with them to ***Incorporate patients into targeted improvement*** activities either through a Rapid Cycle Improvement process or incorporating them into team meetings. In this situation, a patient or patients are identified by the providers and invited to attend one or more meetings to discuss an the specific improvement goal.
- 3) I have seen practice who cannot get patients to attend meetings to incorporate their feedback input asynchronously through ***email or telephone consultation.***

Damian Bridges (formerly from DHHS)

- At least annually, the practice obtains feedback from patients/families on their experiences with the practice and their care.
- The practice conducts a survey (using any instrument) to evaluate patient/family experiences on at least three of the following categories: Access. Communication. Coordination. Whole person care/self-management support.
- The practice uses the PCMH version of the CAHPS Clinician & Group Survey Tool.
- The practice obtains feedback on experiences of vulnerable patient groups.
- The practice obtains feedback from patients/families through qualitative means.

Results

- We all agree that family input into your office QI processes are important
 - Families have a valuable unique perspective, but depending on the issue you may need a different perspective
 - Family members on QI committees are difficult but valuable, as are parent advisory committees, direct
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Patient and Family Involvement



Update on Family Connection



P2P USA
Parent to Parent USA

FAMILY VOICES[®]



Parent Training &
Information Center



Services We Provide

Parent Support Connection:

Support Parents: One-on-one support for parents/caregivers of a child with a disability by a trained Parent Navigator.

VOLUNTEERS/Diagnosis

Parent Navigator Specialty Programs:

- **NICU/Health Parent Navigators**
- **Autism Parent Navigator**
- **Asthma Parent Navigator**
- **Parent Navigator**
- **(Early Childhood, School-Aged, Transition Specialties)**

Healthcare Connection: Assist with Medicaid, TEFRA, appeals and managed care information.

Education Connection:

Workshops, webinars, online Trainings

Training Connection: Provide training opportunities for family members, professionals and self advocates throughout the state.

Advocacy Connection: Self-advocacy training, leadership opportunities for parents and youth





How would you describe attitudes about parental involvement and family engagement at your practice?

“us on behalf of them”...

“us versus them”...

“us with them”...



Provider Challenges

- **Lack Time**
- **Lack Staff**
- **Lack of Resources**
- **Uncertainty**
- **Lack of Commitment**
- **Not convinced of Importance**
- **Tried and failed**



Why would involving a parent in your QI process be beneficial?

- Increases Quality
- Increases Safety
- Fewer lawsuits
- Increased Satisfaction for Patient/Family & Provider
- Increased Adherence to plan of care
- Costs Savings to the system



Multiple Ways to Gain Insight Into Family/Patient Perspective

- **Conduct surveys**
- **Provide a story template that families can complete online** Form parent panels to participate.
- **Parents can share their experiences** with new staff to help them understand what the experience is like from the parents' perspective.
- **Create an evaluation form for parents to complete after visit** asking for feedback on staff performance in such areas as respect, terminology, open communication, and listening

Evidence based Research Materials

