

Strategies for Engaging and Empowering Patients

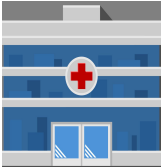
Patient Centric Safe Care



Som Mittal
Patients for Patient Safety Foundation



Why is this Critical



1 in 10 patients suffer harm during hospitalization



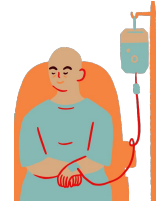
Medication Errors constitute 50% of avoidable harm



Unsafe Surgical Practices cause complications in 25% of patients



Calibration of **Medical Device** leads to errors



In OPD 4 out of 10 patients are harmed due to missed/incorrect diagnoses, medication, prescriptions and communication errors



Unsafe Transfusion/ Injection practices



Patient Harm is also caused due to ignorance of patients and non-involvement

Up to 50% of this avoidable harm can be prevented

***Source: WHO**

Why do Medical Errors happen

At Healthcare Providers End



- To err is Human
- Too many patients
- Overworked, under staffed
- Inadequate communication
- Less engagement with patients

At Patients and Caregivers End



- Lack of awareness & engagement
- Ignoring symptoms
- Confused about disease, treatment
- Not asking right questions
- Language/ Cultural barriers

Patients and Caregivers can help get safer outcomes?



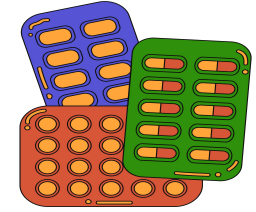
**Being Alert -
Asking Questions**



**Providing
Complete
Information**



**Following
Prescriptions/
Advise**



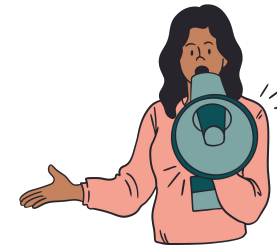
**Keeping Track
of Symptoms**



**Getting a Second
Opinion**

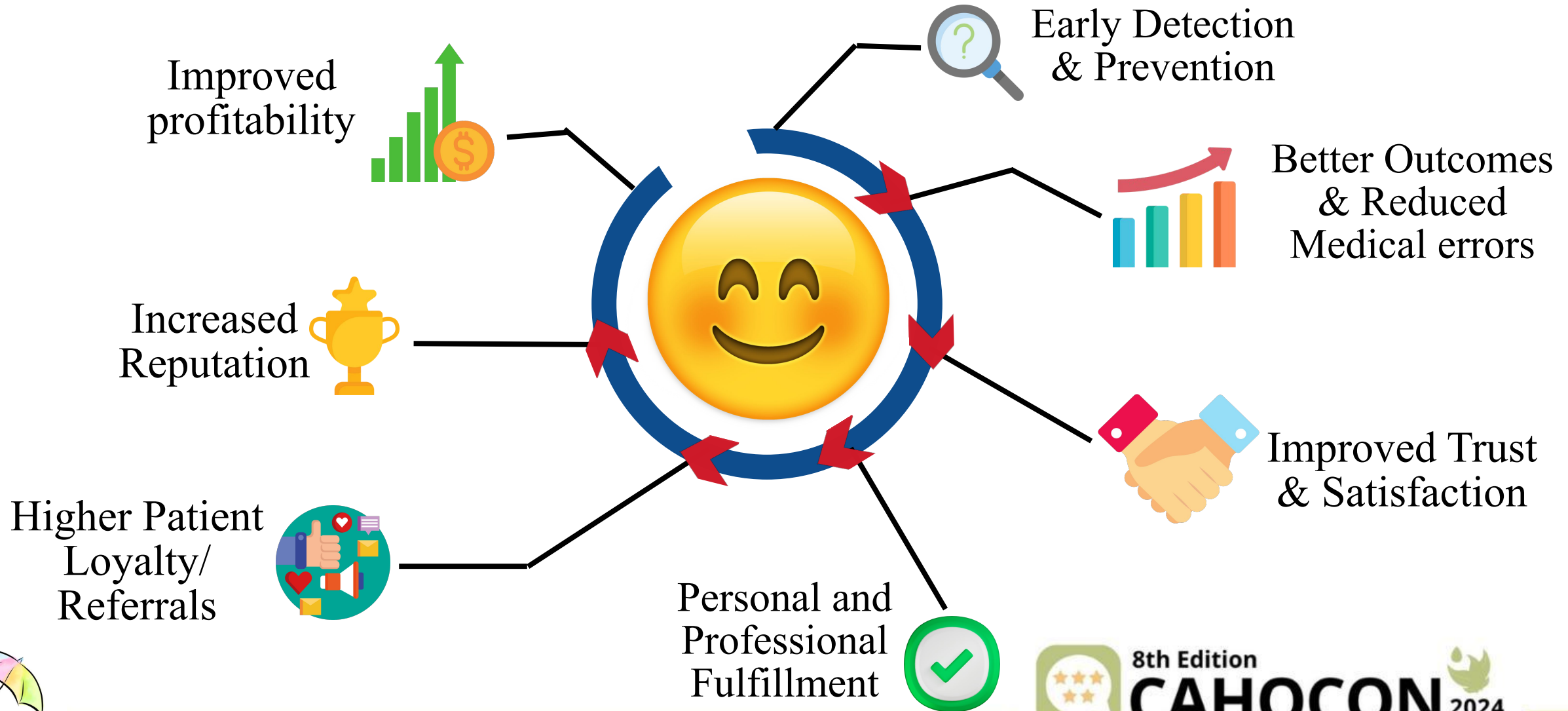


**Keeping Updated
Medical Records**



**Build trust & provide
Valuable Feedback**

Advantages of Patient Engagement to HCP



Strategies to Engage Patients in Safe Care

1. Getting **Patient Centricity** across the Organization
2. Establish **Patient focused** education and awareness program- *shared decision making*
3. Establish **Feedback** and **Experience sharing** platforms- *learn* from your customer
4. **Two way Communication** – *bridge the trust deficit*
5. Establish **Patient Advisory Councils** - *build partnerships*

Will help improve patient outcomes, increase satisfaction and build trust

What can Patient Advisory Council do

- Improve communication and build trust between HCP and PC
- Foster two-way collaboration between both parties, work towards common goals
- Improve quality of care and patient satisfaction, Incorporate feedback/ suggestions/ learnings from Patient experience.
- Determine effective ways to educate Patient community
- Promote patient safety and reduce medical errors

How will PAC benefit HCPs

Formal engagement with patients & discussing their experiences, needs and ideating with HCP would help *bridge the Trust gap*.

- Helps becoming **patient centric**
- A constructive way to get **valuable patient feedback, patient insights** and **voice** to improve service experience and clinical outcomes.
- Provide a platform for **improved two-way communication**.
- Better understanding of **patient expectations** and **areas of improvement**
- Increased **loyalty & patients-satisfaction**

How will PAC benefit Patients & Caregivers

Provides a formal platform to interact and engage constructively

- Opportunity to **share experiences & expectations** in a structured and constructive way
- Bring in **patient perspective/ voice** in **HCP decision making**
- Be part of the **improvement plan** & its execution
- Help get patient relevant information & **improve awareness**
- Will **enhance experience & outcomes; build trust**

Patient Advisory Council (PAC): Formation & Steps

CAHO has created a manual on PAC which covers all steps:

Step 1: Create PAC, Commit Resources, Define meeting protocols

Step 2: Orientation of PAC members, Hospital staff, Roles and Responsibilities

Step 3: Identify Priority Areas for Improvement taking HCP/Patient inputs

Step 4: Conduct PAC Meetings; Review work done; firm up plans

Step 5: Implement the improvements & Report back

Step 6: Communicate, Share impact, adopt best practices & encourage patient feedback, celebrate success

Step 1- Formation of PAC; Scope of work

Forming PAC Committee after top leadership has agreed to the concept of PAC:

- Designate staff at senior position to lead as Chairperson and appoint other cross-functional HCP members including Doctors, Nurses
- Select Patient Representatives (PR) from Patient community- Co-chair can be PR
- Set meeting protocol – frequency, annual schedule /calendar, agenda, documentation, minutes and follow up
- Appoint a facilitator/ secretariat to coordinate meetings
- **Define initial scope** of PAC; Keep adding to it
- Allocate meeting space, infrastructure, budgets.

Step 2 - Orientation of PAC members, Hospital staff

- **CEO** will initiate the entire project of PAC, as the **Sponsor**
- Introduction of PAC , its **importance and benefits** to all hospital staff
- **Orientation** of PAC members- both HCP and PR:
Scope of work, **Do's and Don'ts**, Roles, Responsibilities, meeting schedules and attendance norms, **discipline in execution** of agreed actions with timelines, team work, confidentiality, cordiality
- Include PAC orientation in current training programs and for new hires
- Socialise and promote PAC in all sub committees and quality improvement forums

Step – 3- Identify initial focus areas for improvements

- Identify common **issues faced by patients** at various touch points
- Identify known **issues faced by hospitals** while dealing with patients
- Include issues identified by PFPSF, WHO etc.
- Select the most common issues as priorities for improvement
- Focus on low hanging fruit with maximum impact on patients

Most of these can emerge from internal data or feedback already available, including candid discussions with own hospital staff. Patients feedback can be used here.

Step 4 – PAC meetings – Suggested Agenda

- Keep previous ATR (action taken report) and minutes
- Presentation on specific topic showing work done, improvements made, seek feedback
- Status of various initiatives by hospitals to enhance patient experience
- Take suggestions and patient feedback
- Agree on priorities for next improvement projects
- Report on internal and external communication for patient education

Step 5 - Implementation process within Hospitals

- **Share minutes** of PAC meeting with concerned internal departments for action to be taken with timelines to HOD and PAC Champion
- **PAC Champion** to be appointed in each department for coordination of PAC work, (intra or inter departmental follow up) and reporting achievements with data present to PAC
- **Set criteria** for success, timelines, percentages etc.
- **Regularly assess** the effectiveness & impact of PAC through feedback surveys or evaluation forms, both with hospital staffs and patients
- **Share achievements** in next PAC meeting as ATR (action taken report)

Step 6– External & Internal Communication

(a) Communication with Patient Community:

- Publicize PAC benefits and successes
- Share information internally and externally
- Install **suggestion boxes** in prominent hospital areas
- Gather patient education material from Health Library of PFPSF
- Distribute educational materials in public areas like front desk, billing, TV screens

(b) 2-way Communication within Hospital:

- Host **inter-departmental communication events** every 2-3 months for PAC progress sharing
- Establish "KBC" (Kaun Banega Champion) suggestion box for monthly best practices collection
- Designate a monthly feedback day for inpatients and outpatients
- Conduct monthly campaign to **gather staff and patient experience** stories to promote recognition and motivation

Success factors to be effective PAC

- **Leadership support** - Involvement of hospital leadership in creating and managing PAC, Strong support & demonstrate actions
- **Structure** - Structure of the PAC, Seniors representation from HCP & Patients; committed resources & secretariat; clarity of objectives, execution process
- **Formal & Regular** - Determine frequency of meetings, formal agenda involvement of all departments
- **Communication** - Communication with the patients, communication with the healthcare team members, and hospital leadership.
- **Celebrate** - Evidence of PAC's contribution; impact of PAC on patient experiences & outcomes

In Conclusion:

- Only form PAC if there is commitment and belief both in letter and spirit
- This is not a grievance redressal forum nor one for expressing difficulties
- Look for small gains and publicize them - keep building on the success
- Encourage PR (Patient Representatives) to connect with the patient community
- Seek patient inputs and avoid being defensive
- Give it the status and importance that a key stakeholder - a PATIENT - deserves
- Make it a win-win situation

Combine Patient Centricity with Disease Sensitivity

Engage with Your Key Stakeholder

WORKSHOP **with** AUDIENCE



Making PAC works

S.No.	BARRIERS	POSSIBLE SOLUTIONS

PAC: Formation & Steps

CAHO has created a manual on PAC which covers all steps:

Step 1: Create PAC, Commit Resources, Define meeting protocols - **Leadership & Strategies**

Step 2: Orientation of PAC members, Hospital staff, Roles and Responsibilities - **Selection of Members & Operationalizing PAC**

Step 3: Identify Priority Areas for Improvement taking HCP/Patient inputs - **Project selection**

Step 4: Conduct PAC Meetings; Review work done; firm up plans - **Conducting Meetings**

Step 5: Implement the improvements & Report back - **Integrating learnings**

Step 6: Communicate, Share impact, adopt best practices & encourage patient feedback, celebrate success - **Communications - HCP/PC**