Plenary 2: The Role of HPH in Developing People-Centered Health Care Systems by Coordinated and Integrated Health Care Services

Health promoting hospitals and health services as main drivers for more people-centered health systems



Susan B. Frampton, Ph.D.

President, Planetree International

















































A Brief History of HPH's Role in Support of People-Centered Care

Mission: HPH shall work towards...'incorporating the concepts, values, strategies and standards or indicators of health promotion into the organizational structure and culture of the hospital/health service...the goal is better health gain by improving...the conditions for and satisfaction of patients, relatives and staff."

Objectives: To provide leadership on matters critical to health promotion in hospitals and health services and **engaging in partnership** where joint action is needed...to **shape research** agenda...to **set norms and standards**...

(International Network of Health Promoting Hospitals and Health Services Constitution)



Norms, standards and 'the conditions of satisfaction of patients, relatives and staff' are evolving rapidly particularly around the roles of patients and families in their own care-despite persistent barriers



Putting Quality on the Global Health Agenda

•Scott, KW, Phil, M. and Jha, AK N ENGL J MED 371;1July 3, 2014

"When people are not treated with basic dignity and respect by providers, they are likely to avoid future interactions with those providers. Thus, even if care is safe, effective and widely available, it is of little use if patients choose not to use it."

Patient perceptions and definitions of 'respect' and 'dignity' in their interactions with healthcare systems cuts across settings and services





Focusing the Focus Group

What matters most to the group is more important than what matters to individuals

November 8, 2017 | Jill Harrison

"...to ensure that (staff) receive training in compassion, kindness and respect beyond the scope of typical customer service training..." *

Top Priorities:

- Listen to me
- Treat me with empathy and kindness
- Tell me in a way I can understand
- Invite me to participate**

*Hospitals and Health Networks on-line publication, 2017, CT Center for Patient Safety **Based on Planetree patient focus group summaries and PFAC interviews 2016-17



The HPH Network's Role in Support of Patient and Family Engagement

1991 HPH policy paper -Budapest Declaration- emphasized that hospitals and health services should 'encourage an active and participatory role for patients according to their specific needs.' (1991 Budapest Declaration on Health Promoting Hospitals)

2016 HPH policy document -The New Haven Recommendations on partnering with patients, families and citizens to enhance performance and quality in health promoting hospitals and health services

2016 approval of an HPH Working Group on **Patient and Family Engaged Care**

NHRs featured in Elsevier publication in 2018



Patient Education and Counseling

Available online 10 April 2018
In Press, Corrected Proof ?



Discussion

Strengthening patient and family engagement in healthcare — The New Haven Recommendations

Christina C. Wieczorek ^a $\stackrel{\triangle}{\sim}$ M, Peter Nowak ^a $\stackrel{\triangle}{\sim}$ Susan B. Frampton ^b, Jürgen M. Pelikan ^{a, c}

- Multilevel approach to engagement*
- Broad spectrum of strategic approaches to patient and family engagement
- Supported by systems theory**
- Supported by the latest scientific evidence-base ***



^{*}Strengthening patient and family engagement in healthcare – The New Haven Recommendations, Pt Educ & Coun, CWieczorek et al 2018
**Group dynamics as a hybrid of organization and interaction. A systems theory analysis of staged personal communication],
Gruppendynamik und Organisationsberatung. 35 (2004) 133-60, J.M. Pelikan

^{***}Harnessing the Evidence and Experience to Change Culture, Nat'l Acad of Med, SBFrampton et al 2017

A Multi-level Approach to Patient, Family and Staff Engaged Care *MICRO LEVEL*

- Enable patient and family involvement within direct service provision (micro-level)
 - Sample Recommendation: raise awareness and capacity among patients and families to become active partners as co-producers in healthcare and in shared decision-making processes along the care pathway;
 - In practice: the patients' goals and preferences for colon cancer screening options are identified through a shared decision making process, these goals are included in the plan for preventive care, and an assessment is done of the match between what the patient has decided and what is actually delivered.

Engaging Patients in *Informed* **Health Promotion and Prevention Activities Results in More Appropriate Care**





Men ages 55-69

The decision about whether to be screened for prostate cancer should be an individual one. The USPSTF recommends that clinicians inform men ages 55 to 69 years about the benefits and harms of prostate-specific antigen (Figure 2) screening for prostate cancer. Screening offers a small potential



Men age 70 and older

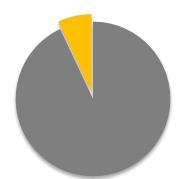
The USPSTF recommends against PSA-based screening for prostate cancer in men age 70 years and older.

D Recommendation

Engaging patients and families through shared-decision-making results in better outcomes and more appropriate utilization of care



Once patients are informed about the risks of sexual dysfunction after surgery for benign prostate disease, 40% fewer prefer surgery.



Doctors believe 71% of patients with breast cancer rate keeping their breast as top priority. The figure reported by patients is just 7%.



Only 41% of Medicare patients believe that their treatment reflected their preference for palliative care over more aggressive interventions.

Lee CN, Hulsman CS, Sepucha K. Ann Plastic Surg2010;64:563-6 Wagner E, et al. Med Care1995;33:765-70

Covinsky KE, et al. J Am Geriatr Soc 2000;48:Suppl:S187-S193.



A Multi-level Approach to Patient and Family Engaged Care *MESO-LEVEL*

- Enable patient, family and citizen representatives' involvement among hospitals and health services (meso-level)
 - Sample Recommendation: Involve patients, families and citizens in the assessment and development of health-related information and communication technologies;

Patient and Family Advisory
Councils

In practice: Patient and family representatives are included as members of standing hospital committees that develop health education materials and advise on effective delivery mechanisms, ensuring that information is presented in a way that patients can easily access and understand.

A Multi-level Approach to Patient and Family Centered Care MACRO LEVEL

- Enable patient, family and citizen representatives' involvement in planning healthcare delivery systems and policy (macro-level)
 - Sample Recommendation: Develop governance, policy and infrastructure that give patient and family advocates more rights to shape healthcare delivery and provide accountability frameworks;
 - In practice: Patient, family and citizen involvement in health services delivery research is a requirement for government funding.

Patients co-design research on what they define as important



MISSION: ...producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community

...the meaningful involvement of patients, caregivers, clinicians, and other healthcare stakeholders throughout the research process—from topic selection through design and conduct of research to dissemination of results.



Engaging Moms in Comparative Effectiveness Research on Osteomyelitis in Children



*Courtesy of S. Sheridan

PICC line supplies



JAMA Pediatrics

Home Current Issue All Issues Online First Collections CME Multimedia Qu

February 2015, Vol 169, No. 2 >

< Previous Article N

Next Article >

Original Investigation | February 2015

JOURNAL CLUB

Comparative Effectiveness of Intravenous vs Oral Antibiotics for Postdischarge Treatment of Acute Osteomyelitis in Children

Ron Keren, MD, MPH^{1,2}; Samir S. Shah, MD, MSCE^{3,4}; Rajendu Srivastava, MD, FRCPC, MPH^{5,6,7}; Shawn Rangel, MD⁸; Michael Bendel-Stenzel, MD^{9,10}; Nada Harik, MD¹¹; John Hartley, DO¹²; Michelle Lopez, MD¹³; Luis Seguias, MD¹⁴; Joel Tieder, MD¹⁵; Matthew Bryan, PhD^{1,2}; Wu Gong, MS¹; Matt Hall, PhD¹⁸; Russell Localio, PhD^{1,2}; Xianqun Luan, MS¹; Rachel deBerardinis, BA¹; Allison Parker, MS¹; for the Pediatric Research in Inpatient Settings Network

Conclusions and

Relevance Given the magnitude and seriousness of PICC complications, clinicians should reconsider the practice of treating otherwise healthy children with acute osteomyelitis with prolonged intravenous antibiotics after hospital discharge when an equally effective oral alternative exists.



Approaches supported by the evidence-base for patient and family engagement -as summarized by the National Academy of Medicine – but need more international input



- 1. Adams, I. R., G. Elwyn 2012. Communicating cal decisions: A reluct Internal Medicine 1720
- 2. Aliboye, F., F. Dong, J. Baughman, 2015, Effi room design on pa tion. HERD: Health Env Journal 8(2):8-17
- 2012. Introducing de was linked to sharpl gery rates and costs. 31(9):2094-2104.
- Atwood, K., S. Shambi D. Rakel, 2016, Impac fort in driving transfor Medicine 48(9):711 5. Avolio, B. J., and C. Pa
- Evolving the leadership 6. Balogun, J. 2003. From
- nessing its potential: (ies. British lournal of N Balogun, J., and G. Joi estructuring and mit
- 8. Barrett B. M. S. Hav. Ward, C. N. Obasi, R. I. J. Gern, R. West, T. Ev and C. L. Coe. 2012. M venting acute respirat
- 9. Barry, M. I., P. H. Wesc B. W. Moulton, 2008. to a hypothetical mal to perform a prostal journal of Law, Medicin
- 10. Bauer, B., C. Mitchell effect of soothing sou using CD players on thopedic patients. The

- 21. Burnes, B., and P. lackson ure in organizational chi the role of values. Journa 11(2):133-162.
- 2. Chin, M. H., A. R. Clarke, F. P. Goddu, N. M. Keesecki A madman and hest near reduce racial and ethnic c Journal of General Interna
 - involvement in patient co ments Research & Design Jc 24. Coleman, E. A. 2014, Exte experiences to patients w 25. Coleman, E. A., and S. J.
 - family caregivers' goals tions out of the hospital. Quarterly 34(3-4):173-184 Coleman, E. A., and S. P. I
 - al. journal for Healthcare Coleman, E. A., C. Parry, S 2006. The care transition a randomized controlle Coleman, E. A., K. L. Gro
 - The Family Caregiver A (FCAT) tool: A new measur efficacy, Joint Commission tient Safety 41(11):502-507 Coleman, E. A., S. P. Roma protocol to better addre caregivers, Journal for Hea
 - Hannah, S. T., J. M. Schaubn 0. Coulmont, M., C. Roy, an Dimotakis, and J. Doty. 201 the Planetree patient-cer individual and work unit at ethical intentions and beh fanager 32(1):87-95. mediation model. Journal . Crawford, M. L. D. Rutti
 - K. Bhui, N. Fulop, and P. Hawker, G. A., J. G. Wright, P. review of involving patie B. Harvey, R. Glazier, A. Wilk development of health ci 2001. Determining the need throplasty: The role of clinica

thenticity, and responsible

Business Ethics 98(Suppl):15-2

gione. 2010. Activating senio

disease care: Results from

study, journal of the Ameri

Frosch, D. L. S. G. May, K. Re

G. Elwyn, 2012. Authoritaria

cients' fear of being labeled

obstacles to shared decision

Organization Studies 7(2):117-

Physician burnout: Coaching

General Internal Medicine 301

C. D. Parrotta. 2015. When pa

change, health outcomes ar

Health Affairs (Millwood) 34(3)

Greer, L., A. T. Fagan, and

Reducing hospital readmiss

ing, Journal of Clinical O

centered care retreats as a r

and sustaining compassion

Hankinson, T. 2013. Develop

and the impact on sleep qu

Healthcare System.

47. Guastello, S., and S. R. Fran

21(11):513-517

43. Gaglardi, P. 1986. The creat

44. Gazelle, G., I. M. Liebschutz

41. Frosch, D. L., D. Rincon, S. C.

58(8):1496-1503.

31(5):1030-1038.

- 40. Freeman, R. E., and E. R. Aus 59. Jabre, P., V. Belpomme, E. Azoul trand, F. Lapostolle, K. Tazaro V. Pinaud, C. Broche, D. Norm Ricard-Hibon, J. Istria, A. Beltrar N. Assez, L. Nace, B. Vivien, L. Desmaizieres, S. W. Borron, E. net. 2013. Family presence
 - 368(11):1008-1018. 60. Karnik, M. B. Printz, and I. Fini tal's contemporary art collection mood, stress, comfort, and ex Health Environments Research 7(3):60-77.
 - Kelley, J. M., G. Kraft-Todd, L. Sch. and H. Riess. 2014. The influen clinician relationship on health systematic review and meta-ar 2 and 2 of 10 staint hellorstone hard
 - 62. Kennedy, A. D., M. I. Sculpher. ver. M. Rees. K. R. Abrams, S. F. C. Kidson, C. Kirwin, C. Naish, a Effects of decision aids for mer ment choices, health outcomes
 - Keren, R., S. S. Shah, R. Srivast Bendel-Stenzel, N. Harik, J. Ha Seguias, J. Tieder, M. Bryan, W. Localio X Luan R deBerardin Pediatric Research in Inpatient 2015. Comparative effectivene vs oral antibiotics for postdi of acute osteomyelitis in childr 169(2):120-128
 - Kotter, J. P. 1995. Leading chang tion efforts fail. Horvard Busine
 - 5. Krumholz, H. M. 2013. Post-hosp acquired, transient condition of New England Journal of Medicine 66. Lim. L. and C. Zimring. 2015. of the future, 2015. Georgia Te sign Lab, HCDF. Available at ht tigrategatech.wordpress.co

hello-world-2 (accessed lan

- 76. Nelson, K. M., C. Helfrich, H. F. Liu, E. Dolan, L. Taylor, E. . Hernandez, W. Sanders. chectman, R. Stark, and S nentation of the patient-ce in the Veterans Health Admi tions with patient satisfactic nary resuscitation. New England burnout, and hospital and e use. IAMA Internal Medicine
 - A. M. Rosland, 2013, Direct long-term health among m adults with type 2 diabetes of Gerontology, Series B. Psyc L. M. E. Heisler, M. S. Spend 2014, Journal of Gerontolog

of imaging room environme

recommend, HERD: Health E

Raelin, J. D., and C. G. Catal

die management? Empowe

failure of organizational cha

Management 11(4):481-507

Rakel, D., B. Barrett, Z. Zhai

fects on the common cold

Riess, H. 2010. Empathy in

logical perspective, IAMA 30

pathy's side effects. Americ

Riess, H., I. M. Kelley, R. Bail

S. T. Gray. 2011. Improving a

skills in otolaryngology re

Annotated bibliography

Neuroscience 6(3):51.

Counseling 85/31:390-397.

- Sciences and Social Sciences Rehavioral Medicine 48(3):430 Phillips, M., A. Lorie, I. Kelley Rosland, A. M., E. Kieffer, M. 2014. Long-term effects of e Palmisano, M. Valerio, E. Nigery residents; A one year f 2015. Do pre-existing diabe depressive symptoms influe . Quan, X., A. Joseph, and J. C of a diabetes management
- Education and Counseling 98 satisfaction, patient satisfac Rouleau, L. 2005, Micro-pray semaking and sensegiving: I interpret and sell change eve Sayers, S. L., T. White, C. Zui

Rosland, A. M., M. Heisler, M.

nell, K. M. Langa, E. A. Kerr, a

Current and potential suppo-

tive of family and friends of

Families, Systems, & Health 31

Rosland A. M. K. Nelson H.

Maynard, C. Bryson, R. Stark

S. D. Fihn, and G. Schectman

centered medical home in th

Administration, American Iou

Rosland A. M. I. D. Pietre C.

er, H. H. Moffet, N. E. Adlı

A. J. Karter, 2014. Social sur

medical diabetes self-manas

study of Northern California

19(7):e263-e272.

- lin, 2006. Family involvemen medical outpatients. Family i Sayers, S. L., B. Riegel, S. P. and F. F. Samaha, 2008. So Behavioral Medicine 35(1):70
- 101. Schaubroeck, J. M., S. T. H. W. J. Kozlowski, R. G. Lord, L takis, and A. C. Peng. 201 leadership within and acros 102. Schein, E. H. 2010. Organiza ership, 4th ed. San Francisco
- 103 Schimmel, R., and D. R. M. ing barriers: A framework f structural impediments to c

- 114. Stone, S. 2011. Patient falls reduction initiative. San 123. Warm, K. 2015. The influence of a patient-centered Diego, CA: Sharp HealthCare, Annual Nursing Re-
- social support on outcomes in adult patients with type 2 diabetes: A systematic review. Current Diabetes Reports 12(6):769-781.
- 116.Tai-Seale, M., G. Elwyn, C. I. Wilson, C. Stults, E. C. Dillon, M. Li, I. Chuang, A. Meehan, and D. L. Frosch, 2016. Enhancing shared decision making through carefully designed interventions that target patient and provider behavior, Health Affairs 35(4):605-612.
- 7. Tietbohl, C. K., K. A. Rendle, M. C. Halley, S. G. May G. A. Lin, and D. L. Frosch. 2015. Implementation of patient decision support interventions in primary care: The role of relational coordination. Medical Decision Making 35(8):987-998.
- 118.Tummers, L., P. M. Kruyen, D. M. Vijverberg. and T. J. Voesenek. 2015. Connecting HRM and change management: The importance of proac tivity and vitality. Journal of Organizational Change Management 28(4):627-640.
- 119.Ulrich, R. S., L. L. Berry, X. Quan, and J. T. Parish. 2010. A conceptual framework for the domain of evidence-based design. HERD: Health Environments Research & Design Journal 4(1):95-114.
- 120. Veroff, D., A. Marr, and D. E. Wennberg. 2013. Enhanced support for shared decision making re-
- sensitive conditions. Health Affairs 32(2):285-293. 121. Vogus, T. J., and L. E. McClelland. 2016. When the customer is the patient: Lessons from healthcare research on patient satisfaction and service quality ratings. Human Resource Management Review
- 122. Volandes, A. E., M. K. Paasche-Orlow, S. L. Mitchell, A. El-Jawahri, A. D. Davis, M. J. Barry, K. L. Hartshorn V. A. Jackson, M. R. Gillick, E. S. Walker-Corkery, Y. Chang, L. López, M. Kemeny, L. Bulone, E. Mann, S. Misra, M. Peachev, E. D. Abbo, A. F. Eichler, A. S. Epstein, A. Nov. T. T. Levin, and I. S. Temel. 2013. Randomized controlled trial of a video decision support tool for cardiopulmonary resuscitation decision making in advanced cancer. Journal of

- medical home on healthy communities/enhancemen of life's journey. Presented at the 2015 Planetree Patient Centered Care International Conference,
- 124. Wennberg, D. E., A. Marr, L. Lang, S. O'Malley, and G. Bennett. 2010. A randomized trial of a telephone care-management strategy. New England Journal of Medicine 363(13):1245-1255.
- 125. Werkman, R. 2009. Understanding failure to change: A pluralistic approach and five patterns. Leadership and Organization Development Journal
- 126. Wexler, R., B. S. Gerstein, C. Brackett, L. J. L. Fagnan. K. M. Fairfield, D. L. Frosch, C. L. Lewis, L. Morrissey. L. H. Simmons, and D. Swieskowski. 2015. Patient responses to decision aids in the United States. International Journal of Person Centered Medicine
- 7. Williams, I. A., D. Meltzer, V. Arora, G. Chung, and and spiritual concerns: Predictors and association with patient satisfaction. Journal of General Internal Medicine 26/11):1265-1271
- 128 Wilson S. R. P. Strub, A. S. Ruist, S. R. Knowless P. W. Lavori, J. Lapidus, W. M. Vollmer, and Better Outcomes of Asthma Treatment (BOAT) Study Group, 2010. Shared treatment decision making improves adherence and outcomes in poorly con-Critical Care Medicine 181(6):566-577.
- 129. Wolff, I. L., and D. L. Roter, 2008. Hidden in plain sight: Medical visit companions as a resource for vulnerable older adults. Archives of Internal Medicine 168(13):1409-1415.
- 130.Wolff, J. L., and D. L. Roter. 2011. Family presence in routine medical visits: A meta-analytical review. Social Science & Medicine 72(6):823-831

Practical Examples of Patient Engagement

Logical framework to guide implementation





Working Group on HPH and Patient and Family Engaged Health Care

Develop a set of standards and systematic strategies to involve patients, families and citizens in health promoting healthcare for the International Network of Health Promoting Hospitals and Health Services (HPH Network) by using both:

- the New Haven Recommendations, and
- the National Academy of Medicine's *Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care*

Crosswalked the NHR with NAM framework:

- Connected each of the NHRecommendations to elements of the NAM evidencebased framework
- Creating a set of standards and indicators for multi-level engagement
- Identifying best practices associated with each standard

Aligning the goals of the PFEC Working Group with the aspirations of the HPH Network to create a people-centered system

GOAL: Set norms and standards for patient engagement in hospitals and health services at all levels- micro, meso and macro

GOAL: Identify, promote and support the necessary organizational level structures, functions and evidence-based practices associated with successfully engaging patients in their own health promotion in an international context

ASPIRATION: Through effective dissemination, encourage uptake by HPH Network members, and thereby contribute to a more people-centered global health system.

