



# INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

6917 Arlington Road, Suite 309 • Bethesda, MD 20814 • Phone: 301-652-0281 • Fax: 301-652-0186 • www.ipfcc.org

## HOSPITAL QUALITY NETWORK WEBINAR

### PARTNERING WITH PATIENTS AND FAMILIES IN IMPROVEMENT: ROLES TO CONSIDER

#### Reducing Readmission

- Serving as a member of QI team for decreasing preventable readmissions.
- Exploring with other team members various approaches to discharge/transition planning, such as implementing Eric Coleman's Care Transitions Program, Project RED (Reengineering Discharge), STAAR (State Action on Avoidable Rehospitalizations), and Mary Naylor's Transitional Care Model.
- Serve on implementations teams for new approaches to transition/discharge planning.
- Co-facilitating with health care professionals; meetings with other patients and families who have experienced the transition to 1) home 2) long-term care communities shared.
- Reviewers of information:
  - Discharge/transition checklist;
  - Patient/family handbook and other information/education materials and programs related to transitions;
  - Website content.
- Evaluators of strategy implemented.
- Participating in interviews with patients and families when the patient is readmitted within 30 days of a previous hospitalization.
- Serving on teams to change key practices for such as bedside nurse change of shift report and patient/family centered rounds conducted at the bedside with patients and families.

#### Improving Emergency Department (ED) "Throughput"

- Serving as a member of QI team for Emergency Department "Throughput."
- Shadowing patients/families, observing the experience and identifying opportunities for improving efficiency and the aspects of care.
- Reviewing the registration and triage process and other key steps in the emergency experience or mapping the experience with staff and clinicians.
- Developing with staff roles that families can play in supporting and caring for the patient during an ED experience.
- Participating with staff in interviewing staff and physicians within the hospital on units that receive patients from the ED.

- Reviewing written information and other resources shared with families to determine if it useful and helpful for expediting care in the ED and developing or revising resources.
- Serving on a team doing site visits to exemplary Emergency Departments or participating on webinars to do “virtual” site visits.

### **Improving Language Services**

- Serving as a member of QI team charged with improving language services.
- Conducting a “walkabout” with staff and, perhaps, patients and families whose primary or preferred language is not English to determine how welcoming and supportive the environment is for those with a primary /preferred language other than English.
- Participating in all phases of the development of “language assistance cards,” from the begin conceptualization, the wording, design, methods of dissemination, and evaluation.
- Participating in the selection and training of interpreters.
- Co-facilitating meetings with former patients and families whose primary or preferred language is not English to determine what worked well and what could be improved.
- Serving as faculty with other former patients and families whose primary or preferred language is not English as part of continuing education for staff and clinicians.
- Collaborating with staff for enhancing use of phone/video/electronic interpreting modes.
- Assisting in the development of revising written or audiovisual materials for patients and families that are universally easier-to-understand for all patients and families.