Patient Experience is Focus of Second PFAC Conference

The day Randi Oster realized she had, as she puts it, entered a different world was the day she took her father to the emergency department after she noticed he was having trouble holding things and one side of his mouth was drooping.

From that moment, Ms. Oster’s life changed and she embarked on a journey that anyone who has ever experienced a serious illness or been a family member of a patient with a serious illness would recognize. On December 15, Ms. Oster shared her experiences as a patient advocate — first for her father, and then her son — with participants at the Connecticut Hospital Association’s second Patient Family Advisory Council (PFAC) program, HIIN: Learning from PFACS in Other Settings.

The conference, which was co-sponsored with Qualidigm, the Connecticut Partnership for Patient Safety, and the Connecticut Center for Patient Safety, focused on the steps taken by others, such as the state of North Carolina and long-term care facilities here in Connecticut, to establish successful PFAC collaborations among providers, the community, patients, and family members. The program was presented as part of the Partnership for Patients Hospital Improvement Innovation Network (HIIN) educational series.

CHA and its members, through their work in the high reliability safety movement, last year began engaging patients and families in quality and patient safety. As part of this work, hospitals and patient care advocates are collaborating, through CHA, to build and strengthen PFACs across the state.

Ms. Oster, the author of Questioning Protocol, and a healthcare advocate who works with the Safe Patient Project with Consumer Reports, provided a compelling narrative of her own experience navigating an often-confusing and mysterious healthcare system. What she learned during that time, she said, was that patients and their families have to ask the hard questions and make sure their doctors and other providers provide explanations that they can understand.

She also had words of advice for the healthcare professionals sitting in the room who are caring for patients and families who are often lost, confused, and scared — take the time to know the people you are treating, explain as much as you can about what is happening to them and what their choices are, and then honor those choices.

“This work has become my world. I know from the bottom of my heart that you all are making a difference for the people you are touching,” Ms. Osten said.
This message was reinforced by Allison Chrestensen, MPH, OTR/L, who – after suffering a catastrophic cardiac event in 2013 – helped to develop the PFAC Program at Duke University Health System and currently works as a consultant for healthcare organizations around the country. Although her life was saved by innovative medical treatment at Duke University Hospital, Ms. Chrestensen said she realized afterward that she felt angry and resentful because she hadn’t been given the opportunity to have a conversation about her treatment options.

“As a patient, I needed to have that conversation. And because I didn’t have an opportunity to use my voice, it really impacted my ability to accept what had happened to me,” she said. “Patient-centered family care is all about amplifying the patient voice.”

PFACs are proven to help with this, she said, and should be established after a thoughtful, inclusive, and deliberative process. Once established, she said the PFAC can be instrumental in many areas of quality improvement at a hospital and add significantly to a patient- and family-centered culture.

Ms. Chrestensen also introduced the behavioral concept of “patient activation,” which is a way of determining a patient’s willingness, confidence, and ability to manage his or her own care. Healthcare providers who engage in this process will not only have more success treating and communicating with different kinds of patients, they can also help to move “passive” patients – who are overwhelmed at the idea of managing their own care —into a more proactive role in healthcare management.

Participants at CHA program also heard from Nancy Shaffer, the Connecticut Long-Term Care Ombudsman for the state Department on Aging, who described the work of the Ombudsman Resident/Family Councils, and from Sheila Eckenrode, a Quality Improvement Consultant at Qualidigm, who spoke about the New England QIN-GIO Patient Family Advisory Council.

**National Patient Safety Efforts are Saving Lives**

A new report by the U.S. Department of Health and Human Services (HHS) shows that efforts to improve patient safety in hospitals are yielding significant results.

The HHS report, [National Scorecard on Rates of Hospital-Acquired Conditions](https://www.hhs.gov) found that hospital-acquired conditions (HACs) have declined 21 percent between 2010 and 2015, resulting in three million harms prevented. There were approximately 125,000 fewer deaths due to HACs, and more than $28 billion in healthcare costs avoided. HHS credits improvements in patient safety to the national safety initiative Partnership for Patients, as well as other patient safety efforts related to the Affordable Care Act.

“The Affordable Care Act gave us tools to build a better healthcare system that protects patients, improves quality, and makes the most of our healthcare dollars. Those tools are generating results,” said HHS Secretary Sylvia Burwell. “Today’s report shows us hundreds of thousands of Americans have been spared from deadly hospital-acquired conditions, resulting in thousands of lives saved and billions of dollars saved.”

CHA and member hospitals have participated in Partnership for Patients, and Connecticut has been a top-performing state. Connecticut ended the first three-year project in 2014 in the top quarter, reducing events of preventable harm by nine percent.

Connecticut hospitals were involved in the second project and are now participating in the Hospital Improvement Innovation Network (HIIN) through the Health Research and Educational Trust (HRET) of the American Hospital Association. The goal of the HIIN is for hospitals to achieve a 20 percent decrease in overall patient harm and a 12 percent reduction in 30-day hospital readmissions.

**Flu Vaccination Prevented More Than Five Million Illnesses in 2015-16**

The Centers for Disease Control and Prevention (CDC) reported this week that vaccinations prevented more than five million influenza-associated illnesses during the 2015-16 influenza season. The CDC [report](https://www.cdc.gov) also found that vaccinations prevented 2.5 million medical visits and 71,000 influenza-related hospitalizations.

The latest healthcare worker vaccination information from the CDC, from the 2014-15 season, found that overall, influenza vaccination coverage among healthcare personnel in all settings was 64 percent, but that coverage was highest among healthcare workers in hospitals, with nearly 79 percent being vaccinated nationally. The CDC noted that vaccination coverage was higher among healthcare personnel whose employers required or recommended that they be vaccinated.

Vaccination is a best practice for patient and healthcare worker safety. In 2011, the CHA Board adopted a statewide policy endorsing mandatory influenza vaccination for hospital personnel as part of CHA hospitals’ commitment to patient safety. To date, the vast majority of acute care CHA member hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program.

In Connecticut, cases of influenza are increasing as the season progresses, according to the state Department of Public Health. To date this season, there have been 108 confirmed cases of influenza, 49 hospitalizations, and two influenza-associated deaths in Connecticut. The predominant influenza viruses identified so far this season are Type A, although there are a small percentage of Type B influenza viruses in circulation.

**Education Updates**
Changes in CPT/HCPCS for 2017
Friday, December 16, 2016
9:00 a.m. - 12:15 p.m.
[View Brochure | Event Registration]

CPT and HCPCS codes are the primary codes that describe individual hospital services that are billed to all payers. These code sets are revised annually with codes that are added, deleted, or revised. This workshop will focus on the 148 new, 498 revised, and 81 deleted 2017 CPT codes—including major changes for moderate sedation, physical and occupational therapy, and bundling of code pairs and laboratory drug tests. The workshop will also cover all changes to the HCPCS code set, which is maintained by CMS.

Each program participant will receive a comprehensive manual that outlines all the key code changes in 2017.

OPPS Final Rule for 2017
Friday, December 16, 2016
1:00 p.m. - 4:15 p.m.
[View Brochure | Event Registration]

The Centers for Medicare and Medicaid Services (CMS) has published the Outpatient Prospective Payment System (OPPS) Final Rule for 2017. The 2017 OPPS Final Rule contains proposed implementation guidance of Section 603 of the Bipartisan Budget Act of 2015 (BBA) related to provider-based departments, expansion of Comprehensive Ambulatory Payment Classifications (C-APCs), consolidation and re-numbering of APCs, and changes to pass-through policies. This workshop will cover how these changes impact hospital reimbursement, and help to underscore the need for capturing all reportable costs. As always, billing compliance will be an important part of this presentation.

Each program participant will receive a comprehensive manual that outlines the final changes for 2017. Please see the brochure for details.

Lean Principles: Process Flow and Value Stream Mapping in Healthcare
Session I: Thursday, January 5, 2017
9:00 a.m. - 2:00 p.m.
Session II: Thursday, January 12, 2017
9:00 a.m. - 2:00 p.m.
[View Brochure | Event Registration]

As the demands of health reform drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that improves team engagement, eliminates roadblocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion.

Continuing education credits are offered for this session. Please see the brochure for details.

2017 Joint Commission Standards and National Patient Safety Goals Update
Tuesday, January 17, 2017
9:00 a.m. - 4:30 p.m.
[View Brochure | Event Registration]

National expert Diana Scott, Sr. Director, Vizient, will present CHA’s annual full-day program outlining The Joint Commission’s new standards and National Patient Safety Goals (NPSGs) for 2017 and challenges from 2016 with strategies for compliance. Ms. Scott will also review survey process changes, patient safety alerts and tips, and CMS focus areas, as well as best practices for a successful survey.

CHA is also pleased to have Mark Crafton, Executive Director of Communications and External Relations at The Joint Commission, and Ann Scott Blouin, Executive Vice President of Customer Relations at The Joint Commission, participate in the program. Their presentations will include an overview of the new process for surveyors to determine the severity of non-compliance with all accreditation and certification requirements, and a new report format that will more clearly illustrate priority issues impacting patient safety. Attendees will also receive information on compliance data on challenging accreditation standards in Connecticut hospitals. Finally, presenters will share information on new standards and National Patient Safety Goals, including topics under consideration for standards/NPSGs development in 2018.

Continuing education credits are offered for this session.

CHA Regulatory Series—Wage and Hour Law Review
Friday, January 20, 2017
9:00 a.m. - 2:30 p.m.
[View Brochure | Event Registration]
This program will serve as a refresher for those generally familiar with wage and hour compliance issues—and as an introduction to key issues for those with new responsibilities in this area. Participants are encouraged to bring real or hypothetical questions about regulatory interpretation to the session for an open discussion.

Continuing education credits are offered for this session.