**On the CUSP: Stop CAUTI in the ED**

**ED Mini-Presentation to Accompany July 7, 2015 ED Coaching Call**

Sarah: Hello everyone, and thank you for listening today. My name is Sarah Dalton, and I am a Program Specialist at the Health Research and Educational Trust. Welcome to the fifth mini-presentation in the CAUTI ED cohort 9 educational webinar series. Today's topic is patient and family engagement in the ED. We encourage you to watch this short presentation with your team. The presentation is intended to accompany the July 7th ED coaching call which is hosted by the New Jersey Hospital Association.

 Today's presenter is our own Sue Collier. Sue joined the American Hospital Association's Health Research and Educational Trust in September 2014. She serves as a Clinical Content Development Lead and works with teams guiding the CUSP CAUTI acute and long-term care in team steps programs. Prior to joining HRET, she worked for Vidant Health, a multi-hospital health care system in North Carolina for over 32 years. She held numerous clinical positions including Head Nurse for Surgery and Trauma ICU and Clinical Nurse Specialist for the Level 1 Trauma Center. She was also Vidant's first corporate vice president for patient-family experience. During her time leading the patient and family engagement efforts, Vidant Health achieved national recognition for innovation or innovative work in patient and family engagement.

 She went on to lead several state and national initiatives as a performance improvement specialist in patient and family engagement for North Carolina Quality Center, a service of the North Carolina Hospital Association. Throughout her career, Sue has demonstrated a true passion for patient and family center care. Her vision is to create and sustain patient [inaudible 00:01:44] models of care delivery to improve the quality of life for all patients. Now I'd like to turn it over to Sue.

Sue: Thank you, Sarah, and it is indeed a honor to be here today to talk with you for just a few minutes about the topic of patient and family engagement in the emergency department. I think it's especially timely as we are looking at improving the health and the quality of patient safety programs nationally, so we focus on every element of health care, and especially on what many refer to as the front door of many hospitals, and that's the emergency department. We know that the emergency department can be a chaotic and sometimes very hectic environment and it's important for us to put some careful thought to how we can begin or continue to recognize the value that patients and families bring to the care decision process but more importantly, to really help staff feel that they are bringing that benefit to their clinical experience.

 We're going to talk about how we can define the patient and family engagement not only in the emergency department but in the care setting. Going to give you some examples of how leading organizations have engaged patients and families not only in CAUTI prevention in the emergency department but at any patient safety initiative. Then we'll end on discussing how to address some barriers to patient and family engagement in the emergency department.

 There are a number of organizations that have defined patient and family engagement, but I especially like the one that was published in 2013 in Health Affairs by Kristin Carman and a number of other authors. She defines patient and family engagement in this article as a process through which patients, families, their representatives, as well as health professionals are working in active partnership and are doing so at multiple levels across the health care system. This would include the direct care level as well as at the organization or even the policy level in an organization. The importance is that this definition recognizes we are all working together to improve health and health care. This definition really gives us a frame that this is an intentional and deliberate process that we have to think about how we can promote the opportunities to see patients and families as partners in the decision-making process. This involves all team members and it recognizes that our primary customers and the Emergency Nurses Association position statements on patient experience in the emergency department acknowledges that our primary customers of the emergency department are patients, families, and their significant others.

 We're also seeing quite a bit of research evolving in this topic. A lot of the emerging research is showing that patient and family engagement truly translates into patient and organizational improvements primarily in the areas of safety and effectiveness. We're still learning a lot about the mechanisms that translate patient engagement into better outcomes. We know that through the work that's been done through a number of leading experts and emergency medicine that patients want safe, competent, and quality care. In many ways, this is defined by patients who visit our EDs as having effective pain management or timely care, empathy from the staff, but also pertinent and clear information, especially when it relates to discharge instructions.

 We know that the ED is a unique environment in many ways because there's generally not an existing relationship with patients and families that come to our emergency departments. Because of the chaotic environment, there's really a lot of brief communication segments. We know that we must establish trust very quickly in order to create an environment in which patients and families feel comfortable engaging as partners. We also know through experience and through the evolving research that the patient having a positive experience in the emergency department, feeling like they are engaged in their care, have been shown to have greater adherence to their treatment plan and better outcomes.

 I believe it's important for us to think about how can we create an environment for patient-family engagement in this somewhat chaotic and in the environment in which there are very limited opportunities for communication prior to the patient coming to the emergency department. This slide shows a number of different variables have been found to be very powerful to share with staff that really defines what the environment should look like in order to support true patient partnership. The first step to ensuring this trusting partnership in any setting is to create a culture that promotes mutual respect for skills and knowledge and acknowledges that the patient and the family, they bring a unique understanding of their needs and their issues and their preferences and that should be part of the decision-making process.

 Also, this culture should provide honest, clear, two-way communication in order to facilitate the exchange of data that would be useful in determining not only a diagnosis but a treatment plan. Also it's having staff who are understanding and empathetic to the challenges that many patients face as they are in a crisis and by doing so are really being able to be accessible and responsive to the unique needs and perspectives of patients and families. Through this process of development of culture that demonstrates mutual respect and honest communication as well as empathy, it's more likely that there can be mutually agreed upon goals because the patients and the families feel that they are a part of a joint planning process. Shared planning and decision-making by doing things with patients and families, not to them, is an ideal outcome relative to patient engagement in the emergency department.

 I think it's also important to recognize that there's a cascade effect when we create an environment in which there is shared decision-making. When you have patient-centered care, then you are better able to engage patients in information-sharing and a more informed patient, we know from research, make better choices and can communicate more effectively with providers. This open communication promotes efficiency, reduces waste, and supports evidence-based care. What the research has also shown us is that informed patients often prefer a lower cost and less intensive treatment. It's very important as we're creating an environment that promotes patient partnership that we're building trust quickly, we're involving patients and families from the start in the shared decision-making process, and we're setting mutual goals and expectations to enhance positive outcomes.

 We have a few examples of how leading performers have demonstrated patient-family engagement practices in the emergency department. These include things like including patients and families in bedside rounds. Many emergency departments are conducting these rounds on a regular basis and instead of doing so outside the patient's area, they involve the patient and their family member in understanding the progress of their care as well as opportunities for the patient and family to be a part of any care planning decisions that are made. Many emergency departments are eliminating the concept of visitors as it relates to family members and significant others because they're really not visitors. They're family. By supporting family presence policy, even such that patients' families are allowed to be a part of resuscitative measures that these are some practices that leading emergency departments have discovered really advance this concept that the patients and their family are active members of the team.

 Sharing patient stories in emergency department quality team meetings is another way that you can bring the perspectives of patients and families into every conversation and you can ground these meetings in this work based on our focus on the patient and the family as our core business. Supporting patient-family advisor roles and counsel for emergency departments and throughout the hospital is another way to formally bring the patient's view and their ideas and solutions into various team meetings. Encouraging patient advisors to serve on safety and quality performance improvement teams, especially your CAUDI prevention team in the emergency department, it's another very concrete way that you can demonstrate patient-family engagement in the emergency department.

 Think for a minute as you are looking at this topic and thinking about ways that your emergency department can indeed begin to elevate the practices that promote this partnership. Ask yourself these questions. How does your department demonstrate the principles and practices of patient and family engagement in infection prevention, especially CAUTI prevention? Look at the ways that other organizations have shared information or collaborated with patients and families in making decisions about whether or not a catheter is needed or when a catheter should be removed. I think it's also important to recognize that patients and families want to know what you're doing to improve safety and to eliminate harm. Having a clear message to patients and families that you are focused in this area and you are committed to not only sharing information, but working with patients and families to improve safety.

 Think about what is your emergency department's long-term plan to advance patient and family-centered care. If the answer is you don't know, that's a good place to start, to have conversation among the staff to engage some patients and families who have utilized your emergency department and talk about what would be the possibilities in terms of evolving and advancing patient partnership in your emergency department. Identify the champions. If this is a very powerful question to ask yourself as a leader in the CAUTI prevention, but also to ask other staff within your emergency department, "Who are the champions?" We all know that there are a number of staff that really demonstrate the principles and practices of patient partnership using those champions as voices and engaging them in helping you develop a long-range plan. These are all very simple strategies that you can take to begin to truly advance and sustain patient engagement in your emergency department.

 Consider these elements as you help promote patient engagement among patients, family members, and staff. It's intentional that we acknowledge that when we talk about patient and family engagement, we have to think about all the concerns and the fears of all team members. Think about what are the unique concerns and issues that patients and families have when they come to your emergency department. Think about what are the concerns and the fears that staff may have if they change some of the relationship or opportunities to engage patients and families. What might be threatening or concerning to the staff as it relates to these changes? What do all team members need to know to be fully engaged as partners? What kind of skills do we want to be sure patients and families have developed so that they truly can be engaged as a team member? What kind of skills and knowledge might staff need?

 That's a really important next step we're going to talk about before we close out today, that building skills and knowledge of all team members is a very simple and very powerful first step if you are really serious about advancing patient engagement practices in your department. Last, system support. This can include things like policies or protocols or checklists or teamwork activities. It's important to ask, "What can the system do to promote patient engagement?" Examples of how leading performers have answered this question include having huddles that are focused on safety issues and engaging patient advisors in those conversations, using checklists and sharing those checklists with patients and families either formally through patient councils or informally as you're rounding in the emergency department, and then demonstrating that family presence is something that your department supports within whatever limitations you may have due to space or resources. The key message is with all of these elements is that patients and their family members can effectively impact outcomes when they understand and can support evidence-based practices and they feel that they are being engaged as a team member to adopt these practices.

 The specific application of the CAUDI best practices is talk to patients and families about what these practices are. Educate patients and families on how they can be actively involved in making sure that decisions around whether you have a catheter or whether a catheter needs to be removed, they understand that you, as a leader in your department, are using evidence-based practices in order to advance the patient safety agenda in your organization.

 To give a few quick tips for success as you think about patient engagement in the emergency department, and I hope that you will have an opportunity on your coaching call to be able to share some of the examples of how you have advanced patient engagement in your organization. It's important that leadership is not only visible but they're supportive of the steps that you may need to take in order to spread or sustain patient engagement work in your emergency department. It's very important to identify upfront what concerns the staff may have and what barrier may be in place, whether it be physical barriers, barriers relative to policy, or possibly just staff attitude. Also, allocating resources to support the work. This can be sometimes challenging work because it involves changing the status quo or it could involve spending some additional time educating staff and educating patients and families. It's important to utilize some of your existing resources or request additional resources to support really advancing patient engagement in your department.

 I believe it's essential that as you are thinking about this as a journey that you stop and recognize any accomplishments and progress you've already made in this area. This is not about identifying only the weaknesses or the opportunities for improvement. It's about celebrating any accomplishments and progress that's already been made in this area. As I've mentioned before, educating staff and patients and families, not only a, "What is patient-family engagement," but what are some very practical things that they can do in their department to really begin to see patients as an active team member. This may be having whiteboards in the patients' areas and the patient rooms or just implementing some small test of change as it relates to expanding family presence policy.

 Sometimes it's easier to just select one or two best practices to begin to expand your efforts in this area as opposed to trying to tackle multiple strategies at one time. It's typically easier to say we're just going to, for the next few months, really expand how we're using communication tools in the emergency department so that we're conveying to patients and families we see them as partners in care and that we want them to be engaged in all of this care decision-making. Last but not least, a tip that you've heard in some of your previous webinars on different topics, it's very important to foster an open and non-punitive culture, one in which not only do patients and families see that you are sincere in engaging them as partners, but one in which staff and physicians can truly test some limits and can begin to express what are some of the ideas and innovations that truly bring patients to the table as active team members.

 In the interest of time, we've provided you with a lot of tips and ideas, but I also want to give you some selective resources. These resources have detailed instructions and checklists that walk you through different ways for you to begin to address some of those best practices in engaging patients as partners in the emergency department. The CUSP Toolkit, as well as the Institute for Patient and Family Centered Care and also the Guide to Patient and Family Engagement in Hospital Quality and Safety, these all provide very specific examples of how you can engage patients actively at the bedside as well as at the department level. Even though it is a complex and multifaceted issue, there are numerous resources that can help you tailor this work to your particular department.

 We thank you for your interest in this area as well as your commitment to improving safety and quality of care that patients receive in our emergency departments. We encourage you to engage your staff, other leaders, and think about how you might use some of these resources to truly advance patient and family engagement in the emergency department.

Sarah: Thank you, Sue, and thank you for taking the time to view this mini-presentation today. Please remember to fill out an evaluation of the presentation at the link that is shown on this slide and was also distributed with the recording via email. We hope that you will join us for the upcoming July 7th ED coaching call at 2:00 PM Eastern time, 1:00 PM Central. Thank you again for listening today.