

## Engaging Patients and Families: Beyond Surveys

By Tami Merryman, RN, MSN, FACHE

---

UPMC Shadyside Hospital was one of three pilot TCAB hospitals selected by IHI/RWJF in 2003 to develop and rapidly test ideas to validate a process for transforming and improving inpatient care in hospital medical-surgical units. Having achieved measurable success in the areas of patient/family satisfaction and staff vitality/retention with TCAB, UPMC Shadyside has spread the TCAB model to the majority of UPMC hospitals as well as to other patient populations (intensive care units, step-down units, and even ambulatory settings).

UPMC's TCAB initiatives bring patients and families into the quality care delivery improvement process in unique and substantive ways, as evidenced by the following examples.

### **Patient-Controlled Liberalized Diet**

Dietary concerns are often voiced by patients and family members in hospitals, and special, restrictive diets are a big part of the problem. Patients on restrictive diets often do not get the food that goes with the diet order, sometimes the wrong diets are ordered, it takes too long for diet change orders to be implemented, and patients often do not enjoy the diet food and, therefore, do not eat. The TCAB team at UPMC Shadyside created a plan to eliminate special diets. Although there are numerous examples of patient-centered approaches to improving dietary services, the idea of eliminating adherence to physician-prescribed specialized diets was unique, and took the idea of patient-centeredness to a new level.

The goal of the Patient-Controlled Liberalized Diet Program is to improve the nutritional status and satisfaction among patients during their hospital stay by empowering them to make menu selections and providing individualized nutrition education, which is made more effective by starting at a realistic point. Outcomes have been promising: patient satisfaction, patient intake, patient compliance, educational interventions, and food service efficiencies have all shown significant increases, with no adverse events.

For more information on the Patient-Controlled Liberalized Diet, please see [Patient-Controlled Liberalized Diet](#), *Journal for Interprofessional Care*, April, 2007. Joyce Scott-Smith and Pamela Greenhouse.

### **Condition H**

Condition H(elp), a patient- and family-initiated rapid response team was launched as a TCAB initiative at UPMC Shadyside in 2005 in response to the story of Josie King, a toddler who died at a major medical center in the northeastern United States. Josie died as a result of medical errors and a breakdown in communications. Condition H was created to increase patient empowerment and improve quality of care by taking advantage of patients' and family members' intimate knowledge of their own condition. Josie King's story was a tragic illustration that patients and families may recognize that a patient is deteriorating before physicians and nurses do. Moreover, family members may not be able to reach the nurse or physician quickly, delaying a call by a health professional to the rapid response team. Condition H offers patients and families a way to initiate the call themselves.

Promising outcomes have led to the spread of Condition H to all UPMC hospitals. In 62 percent of the cases, Condition H calls have averted a medical error. Monitoring and analyzing Condition H calls continues, and a system-wide team is working on program refinements.

To learn more about Condition H, visit <http://www.upmc.com/ConditionH> or see: Condition H (Help): A Patient-Family Initiated Rapid Response Team, *American Journal of Nursing*, November, 2006. Pamela Greenhouse, Beth Kuzminsky, Susan Martin, and Tamra Merryman.

### **Patient and Family Advisory Boards**

UPMC's Hillman Cancer Center (HCC) initiated a Patient/Family Advisory Board in early 2006 as part of a TCAB initiative, to bring patients and families into the process of improving the patient experience. Hearing directly from patients and families provides an opportunity for the health care team to understand what truly matters to them, as opposed to what health care providers believe matters.

HCC Patient/Family Advisory Board dinners are held quarterly, and many of the improvements suggested by this group have been implemented. A recent example is the Patient Journey Card, which tells patients what to expect during their visit and includes photographs of their care team, along with each care provider's name, role, and phone number. Those who have participated in these groups have responded very positively to the opportunity to connect with members of the health care team, who can translate their suggestions into care delivery redesign.

### **Time 2 Turn**

Prevention of pressure ulcers hinges on identifying patients at risk and implementing prevention strategies. The Time 2 Turn TCAB initiative was designed as a simple visual cue that alerts the care team when patients who are at risk for skin breakdown need to be repositioned. Patients with a Braden score of 9 or more or who are not able to independently reposition are targeted for the initiative.

The visual cue is a sign mounted on the door of patients at risk for pressure ulcers. Titled "Time 2 Turn," the sign has a magnetic bar that moves along two hour intervals mounted on the sign. Each time a care team member repositions the patient, the bar is moved to the hour the patient was turned. Family members are invited to participate, as well, which puts some control in patients' families' hands. One family asked if they could take a Time 2 Turn sign home to use for the patient's home care nurses after discharge.

Prior to the initiative, a staff survey revealed that no staff members knew which patients were at risk for skin breakdown nor when they were last turned. Post-initiative, 100% of staff members surveyed were able to identify patients at risk and when they were last repositioned, supporting UPMC's zero-tolerance goal for hospital-acquired pressure ulcers and skin breakdown.

### **Pain Posters**

The TCAB team on UPMC Shadyside's Orthopaedics Unit has implemented a low-tech, patient-friendly solution to addressing patients' pain and keeping the entire care team updated on each patient's pain regimen. An 11"x14" poster has been placed in patient rooms identifying the name and dose of the pain medication the patient is receiving and the time of the next dose.



The poster is a great communication tool for the patient, family and staff. Its benefits include an enhanced care partnership between nurses and patients, lead in for additional patient education on pain management, a decrease in calls to find nurses, more effective information and less worry for patients' family members, an up-to-date method for informing other members of the care team (e.g., physical therapist) about the timing of pain medication, increased patient satisfaction with pain medication administration, and increased staff satisfaction related to meeting patient and family needs.

Patient-centered care delivery has been defined by the IOM as "health care that establishes a partnership among practitioners, patients and their families (when appropriate) to ensure that decisions respect patients' wants, needs and preferences and solicit patients' input on the education and support they need to make decisions and participate in their own care." Patients and families are at the heart of care delivery redesign through TCAB at UPMC, where we are building the health care system of the future to help ensure that our patients receive the right care, at the right time, in the right way, every time.

*Tami Merryman, RN, MSN, FACHE, is the Chief Quality Officer at the University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania*