Kentucky Trustee

For Kentucky Hospital Governing Board Members Spring 2016

BOARDROOM BASICS

Enhancing the Patient Experience: Engaging Patients and Families

Since October 2012, patient experience has been part of Medicare's Value-Based Purchasing program, which financially rewards hospitals with the most favorable patient satisfaction scores, as measured on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Improving the patient experience is also one component of the Institute for Healthcare Improvement's Triple Aim. With greater portions of health care costs shifting to patients, patients are acting more like true consumers—seeking value, convenience and choice for their money.

Responses to these driving factors are many and varied as hospitals race to understand what drives a positive patient experience and improves satisfaction, and what the implications are for the way care is delivered.

Patient Engagement or Customer Satisfaction?

Is the route to patient satisfaction at your hospital best described as "customer service" and making people happy, or is it the deeper and perhaps more serious business of engaging patients and families as partners in health care decisions and the delivery of high quality care? Are the two mutually exclusive? Some people view hospital valet parking as an unnecessary customer service luxury and cost; but for others, it's a patient-centered service that makes it easier for individuals with medical conditions to traverse what can be a long and difficult distance from parking to the front door.

At its best, patient-centered care and patient engagement is about partnership, about involving a patient and his or her family as an integral part of the patient care team. Patient-centered care offers the support, counseling and shared decision making that makes a difference to the way patients receive and experience care. Joan Kelly, Chief Patient Experience Officer at NYU Langone Medical Center, has explained that truly engaging patients requires:[1]

- Discussing with patients why prescribed tests and courses of treatment are necessary;
- Listening to patient and family questions and objections, understanding the source of those questions and concerns, and being open to alternatives in the delivery of care;
- Recognizing how patients receive and process information, and adjusting to provide important information in a way that the patient will best understand it; and
- Including the patient's advocate or family at the bedside to ensure clear communication and understanding among all.

Why it's Important to Get it Right

As board and executive team members strive to enhance patient satisfaction, a critical question to ask is "how can the hospital, physicians and staff adjust to meet the patient and his or her needs, rather than expecting the patient to adjust to the provider's processes and priorities?" As hospitals and health systems seek to become more efficient and cost-effective, leadership teams will encounter decisions and alternatives that require recognizing implications for the patient. They must weigh cost-effectiveness initiatives against those of patient engagement, experience and satisfaction.

Understanding and striving for effective patient engagement is critical to hospitals and their boards of trustees.

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Kentucky Hospital Association

2501 Nelson Miller Parkway Louisville, Kentucky 40223 TEL: 502-426-6220 FAX: 502-426-6226 www.kyha.com

PRESIDENT'S NOTEBOOK

Michael T. Rust
President

Though the 2016 Session of the Kentucky General Assembly is over, the job of trustees and hospital leaders in educating elected officials on the current state of health care and the effects of health care policy on hospitals is never done.

We are grateful for your action and participation in the 2016 session. Your advocacy ensured the passage of legislation that is important to Kentucky's hospital community, and helped defeat bills that would have harmed hospitals' ability to provide quality care.

Governor Matt Bevin signed into law KHA's top priority during this legislative session, SB 20. Introduced by Senator Ralph Alvarado, M.D., SB 20 affords a new opportunity for health care providers to have an independent external review of claims denied by Medicaid Managed Care Organizations (MCOs) after the MCO's internal appeals process has been exhausted.

Also passed into law was SB 18, also introduced by Senator Alvarado, M.D., which requires insurers and MCOs to follow a new and fairer set of procedures before they can change an existing agreement with a provider. Providers must be provided with a 90-day notice of a material change, the proposed effective date of the change and a statement that the provider has the option to either accept or reject the change, with acceptance of the change evidenced by a written signature.

The Executive Budget, HB 303, received final passage on April 15, the final day of the Legislature. Governor Bevin vetoed some 30 provisions of the budget on April 27th after the Legislature was adjourned, so the General Assembly had no recourse to override vetoes of the budget or other legislation that was passed on the final day. The budget contains full funding for Medicaid and the Disproportionate Share Hospital (DSH) program. Poison Control program funding will remain at the current level. Important priorities were protected and maintained – certificate of need – and there was no increase in the hospital provider tax.

All legislation passed during the 2016 Session becomes effective on July 15, except for legislation that contains an emergency clause (such as in SB 20) or legislation that includes a special effective date.

If you would like a copy of the Final Kentucky General Assembly Report, or for any questions or comments, please feel free to contact me at KHA (502-426-6220 or 800-945-4542 or via e-mail at mrust@kyha.com).

Thank you for your important advocacy assistance throughout the 2016 Session. Your input and support from contacting your legislators is essential for success.

Sincerely,

Michael T. Rust, FACHE
President
Kentucky Hospital Association

Governance Notebook

Learn More How Legislative Issues will Affect Your Hospital by Attending the KHA Health Care Leadership Conference on November 11, 2016

Please join us at the Marriott Louisville East on Friday, November 11 for the annual KHA Health Care Leadership Conference. This program is a great way for hospital chief executive officers, board chairmen, trustees, other hospital administrators, government relations staff and medical staff members to stay informed of legislation that may affect their hospital, facilities and community.

The conference will present the latest in state and federal legislative issues and regulatory concerns from the Kentucky General Assembly. Please talk with your hospital CEO about attending.

Heading Kentucky Hospitals' Circle of Friends Political Action Committee

KHA's political action committee, Kentucky Hospitals' Circle of Friends, is important to every hospital in the state because it provides an opportunity to educate officials about health care legislation that impacts hospitals. We ask all Kentucky hospitals' board members to make a personal contribution to help move Kentucky hospitals' legislative agenda forward. If your hospital does not have a Circle of Friends Campaign, please consider starting one. Every hospital has a fundraising goal and KHA will provide you with the forms you need to get started.

To learn more, please contact Sharon Perkins of KHA at 502-426-6220 or sperkins@kyha.com.

Do you have ideas for future issues of the *Kentucky Trustee*?

Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you would like to see in future issues of the *Kentucky Trustee*.

Write or call:
Pam Kirchem
Kentucky Hospital Association
2501 Nelson Miller Parkway
Louisville, KY 40223

502-426-6220 or 800-945-4542
pkirchem@kyha.com

LEADERSHIP PERSPECTIVES

Elevating Community Partnerships to Make a Lasting Impact

In a value-based health care system, success is defined not only by financial viability, but by the organization's ability to fulfill its promised mission to improve the health of its community. Part of the challenge is that health is determined by many disparate factors, such as housing and housing location, employment, income, food, education, access to transportation, family support and more. These are factors outside the hospital's control, but they impact an individual's access to care or ability to comply with treatment plans.

Individual health care organizations cannot independently do everything that is needed to fulfill their mission commitment to the community. Eighty-five percent of hospitals responding to a recent survey conducted by the American Hospital Association's (AHA) Center for Health Care Governance indicated their commitment to a population health plan. While a strong majority agreed that population health aligns with their mission, far fewer indicated that they have the financial resources for population health initiatives or programs to address social determinants of health. Furthermore, thinking and operating independently fails to leverage and maximize the opportunities that come with joint efforts and shared resources. These realities are prompting health care organizations to develop partnerships with a wide range of other agencies and hospitals in their communities.

Accountable Communities for Health

Working together to achieve the greater good is what Stephen M. Shortell, Ph.D., Director of the Center for Healthcare Organizational and Innovation Research at the University of California, calls "accountable communities for health." The process involves uniting boards with common interests and common missions to collectively think, plan and do in a model of partnership or collaboration. It holds the potential to significantly accelerate the transformation of health care, which is currently a system comprised of organizations working in silos of care, with different and sometimes conflicting agendas.

According to Shortell, accountable communities for health are "cross-sector organizations that come together to form a governance body or 'integrator' entity with the skills and resources to accept responsibility for allocating resources to maintain and improve the health of an entire identified population of community residents." His definition of an "integrator entity" is similar in scope to a definition of collaborative governance put forth by Jim Rice, Ph.D., a noted international health care expert. Rice defines collaborative governance as "a structured process in which boards with a common interest engage in joint needs analysis, planning and implementation in service of the collective good, and then share accountability for outcomes."

Developing and governing successful community partnerships requires high levels of trust and engagement among community agencies and organizations, coupled with the ability to envision a future where health and health care looks different and is better than it is today.

The Principles of Successful Collaboration

The AHA's Center for Healthcare Governance conducted a 2015 Blue Ribbon Panel Study of select Foster G. McGaw Prize Winners, recognized for their exceptional commitment to improving the health and well-being of the communities they serve. The study's purpose was to examine how these winning organizations work with their community partners to develop community service initiatives and how the partnerships are being governed. Nine common principles of successful collaborative partnerships were identified in the study report *Learnings on Governance from Partnerships that Improve Community Health*:

1. ***Partnerships Must be Community-Driven.*** Collaborative partnerships for community health are comprised of diverse organizations and individuals passionately striving to address problems common to all. Partnerships and their governance structures require flexibility and will vary to meet the needs, resources and characteristics of each community.

2. ***All Stakeholders Must be Meaningfully Engaged.*** Plans cannot be made based on what some "think" the community needs. All community stakeholders must be identified and represented in determining, planning and executing on governing priorities. This engagement ensures well-informed, data-driven decisions regarding the purpose, vision, strategies and implementation of the partnership's work, and also ensures interest, investment and trust in the partnership and its work.

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GOVERNANCE INSIGHTS

New Complexities to Risk Exposure Require Increased Board Vigilance

Fulfilling the hospital's charitable, community-based mission is critical to maintaining the hospital's tax-exempt status and building community trust, confidence and support. But that trust can be shattered by poor risk management. Hospital trustees, senior leaders, and employees serve the community with the best of intentions, but in today's high-scrutiny environment, the best intentions are not enough.

Hospitals are responsible for growing areas of compliance and risk, from billing and coding, referral relationships, and quality and patient safety to privacy breaches and natural disasters. As hospitals and health systems merge, affiliate, innovate and grow in today's population-health environment, they are experiencing new complexities to their risk exposure.

Most organizations and caregivers are just beginning to navigate population health and increased clinical care coordination, collaboration and communication. This requires a steep learning curve in both clinical competencies as well as coordination. Understanding risk and having a clear compliance plan in place is essential. Organizations without a robust risk management plan will likely face noncompliance and unintended lack of adherence to rules and regulations.

In April 2015, the Office of Inspector General (OIG), U.S. Department of Health and Human Services (HHS), American Health Lawyers Association (AHLA), Association of Healthcare Internal Auditors, and the Health Care Compliance Association issued the publication *Practical Guidance for Health Care Governing Boards on Compliance Oversight*. The publication was developed to provide boards with practical tips and guidance as they carry out their responsibilities for oversight of the organization's compliance with the laws and regulations governing health care.

According to the OIG report, a critical component of oversight is the process of asking the right questions of management. The introduction to the OIG guidance states that boards must 1) determine the adequacy and effectiveness of the hospital or health system's compliance program, 2) understand the performance of those who develop and execute that program, and 3) make compliance a responsibility for all levels of management.

Key Board Responsibilities

Boards of trustees must act in good faith in their oversight of the organization's compliance program. The OIG explains this basic board responsibility as ensuring that: 1) a corporate information and reporting system exists, and 2) the reporting system is adequate to assure the board of the organization's compliance.[1]

Benchmarks for Evaluating Compliance Plans. The OIG encourages boards to use Federal Sentencing Guidelines, OIG voluntary compliance program guidance documents and OIG Corporate Integrity Agreements (CIAs) as "baseline assessment tools" in developing and evaluating compliance programs. The OIG report states that "boards are expected to put forth a meaningful effort to review the adequacy of existing compliance systems and functions. Ensuring that management is aware of the guidelines, compliance program guidance, and relevant CIAs is a good first step."

The OIG recognizes that every organization's compliance program will be different, due in part to size, resources and complexity of the organization. Larger, more complex hospitals and health systems may need to have more extensive plans and

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Key Areas of Risk in Today's Value-Based Environment

While the board is not responsible for the daily ins-and-outs of risk management, the board is responsible for ensuring that the hospital or health system has a sound risk management plan in place, and is addressing the most critical areas of risk. The American Society for Healthcare Risk Management (ASHRM) has identified the following eight categories of risk as hospitals transition from volume to value:[2]

1. **Operational:** Today's health care strives to be safe, timely, effective, efficient and patient-centered. Risks can result from inadequate or failed internal processes, people or systems, such as adverse events, physician credentialing and staffing, lack of documentation, and more.
2. **Clinical and Patient Safety**: Risks in this category include failure to follow evidence-based practices, medication errors, hospital acquired conditions and serious safety events.
3. **Strategic**: Because of the rapid pace of change and associated unpredictability, strategic risks are associated with brand, reputation, competition, and failure to adapt to changing times, health reform or customer priorities. This also includes potential mergers, acquisitions, affiliations, etc.
4. **Financial**: Financial risks may include malpractice, litigation, insurance, capital structure, credit and interest rate fluctuations, growth in programs and facilities, capital equipment, fraud and abuse, billing and collections, and more.
5. **Human Capital**: Particularly in a tight labor market, workforce risks include retention, turnover, staffing, injuries, fatigue, productivity and compensation.
6. **Legal/Regulatory**: Risks are associated with a failure to identify, manage and monitor legal, regulatory and statutory mandates on a local, state and federal level.
7. **Technology**: As reliance on medical and information technology grows, technology risks include electronic health records, meaningful use, social networking, cyber liability and more.
8. **Hazard**: Hazard risks typically relate to natural exposure and business interruption. Specific risks may include facility management, construction, earthquakes, tornadoes, floods, fires, etc.

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resources. While smaller organizations may be able to meet compliance requirements with existing staff and greater reliance on board involvement, they are still required to demonstrate the same high level of commitment to ethics and compliance.

Ongoing Education. Ongoing education is important for all boards of trustees, particularly in today's evolving health care environment; however, outside education, articles, resources and a consistent relationship with a regulatory expert are essential for boards of smaller hospitals that may be more closely involved in compliance and ethics.

Defining Roles and Responsibilities. The OIG report describes typical compliance functions, including compliance, legal, internal audit, human resources, and quality improvement. Organizational functions must be executed independently, but the board must ensure management has a plan for functions to communicate and work together to identify, address and correct risks.

Maximizing Board Reports and Executive Sessions. The board should regularly receive compliance and risk-related reports, and must understand management's approach to resolving compliance concerns. Dashboards and standardized processes help boards to more easily monitor key metrics and identify areas that might need investigating.

The OIG recommends that boards hold regular executive sessions without senior management, in order to hear from experts in compliance, legal, audit and quality, and to promote open communication. Regular executive sessions are healthy and can help avoid any confusion or suspicion that may arise if an executive session is called unexpectedly.

Cybersecurity at Risk

While billing problems, referral relationships, and quality and patient safety are more well-known challenges in health care, cybersecurity cannot be overlooked and must be well understood by the board.

Many have argued that health care's technology implementation has lagged behind other industries. As hospitals and health systems try to catch up, the risk for cyber attacks is increasing. The most notable increase has been in the last year. According to IM Managed Security Services, health care accounted for less than one percent of records compromised across all industries from January 2011 to December 2014. But in 2015, health care security breaches skyrocketed. Thirty three percent of records compromised across all industries came from health care between January and October of 2015.[3]

Ongoing education is important for all boards of trustees, but is essential for boards of smaller hospitals that may be more closely involved in compliance and ethics.

According to the American Hospital Association's report *Cybersecurity and Hospitals*, risks include loss of personal data, destruction or corruption of records, disruption to the revenue cycle, and theft of financial and intellectual property. Hospitals and health systems also face potential vulnerabilities related to functional interference with medical devices and attacks on critical infrastructure.

Boards of trustees must ensure that the hospital has a cybersecurity plan in place, and identify the executive with responsibility for it. The board should also review the hospital's insurance policy to ensure coverage for cybersecurity incidents. In addition, trustees need to have confidence in the hospital's planned response and resources, including a plan for notifying the board of a breach, consistent with the hospital's escalation policy. *More resources on this topic are available at www.aha.org/cybersecurity.*

The Board Sets the Tone

Compliance is not a plan that sits on a shelf. It is an organization-wide responsibility that requires accountability from all leaders and employees to be successful. The board's job is to set expectations for full compliance.

Trustees should continually ask management about compliance issues, and self-disclosure of those issues. The OIG report recommends that boards evaluate whether internal processes encourage communication across the hospital or health system, including encouraging employees to raise compliance concerns or questions without fear of retaliation.

Boards should be committed to their own ongoing education about regulatory and compliance issues, and should ensure a trustee succession plan that includes access to risk and compliance expertise.

Making a commitment to understanding, identifying, and minimizing risk is at the core of trustees' fiduciary responsibility. An effective compliance plan, led by the board, will be rewarded with an ethically centered organization, strong employee and community trust, and ultimately successful fulfillment of the hospital's community-centered mission.

Sources and More Information

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2. Healthcare Risk Management: The Path Forward. American Society for Healthcare Risk Management. August 2014. http://www.ashrm.org.
3. Aston, Geri. Can You Beat the Data Thieves? *H&HN Magazine.* February 2016.
4. American Hospital Association. Cybersecurity and Hospitals: What Hospital Trustees Need to Know About Managing Cybersecurity Risk and Response. www.aha.org/cybersecurity.

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3. ***More Can be Achieved Together Than Alone.*** Stakeholders must be committed to working together in partnership, leveraging each partner's resources and complementary talents to create a synergy among partners that enables greater accomplishment than can be achieved by working alone.

4. ***Partner Equity Ensures Sustainability.*** Regardless of size, financial or in-kind contribution to the partnership, stakeholders are considered equal. The success of a partnership may be dependent on backbone or anchor institutions assuming the role of conveners, facilitators or integrators, and relinquishing leadership or control of the agenda.

5. ***Community Health and Well-Being Improvement is a Shared Core Purpose.*** Members of the governance structure are stewards of the community's resources, its health and well-being, and of the trust placed in them by the community. As such, members of the governance structure must be committed to working together in partnership for the benefit of the community. The shared purpose, vision and common priorities for the health and well-being of the community are adhered to as the crucial focal point of community partnerships, meeting agendas, discussions, deliberations and decisions.

6. ***Creative Approaches are Needed to Tackle All-Encompassing Problems.*** Improving community health is an all-encompassing concern that includes multiple socio-economic issues and requires: long-term perspectives and commitments; data-driven decisions; seeking out best practices; willingness to take well-calculated risks; and willingness to embrace bold, innovative approaches.

7. ***A "Systems Approach" Ensures Continuity.*** A systems-oriented approach creates solid foundations for building and aligning integrated delivery systems for community health improvement and maintenance.

8. ***Goals and Progress Reporting Ensure Accountability.*** Change requires an intense focus on results. Clear measures or indicators of progress provide direction and create inspiration and motivation. Consistent monitoring of balanced scorecards or dashboards, and communicating progress to the broader community, are essential to demonstrating accountability, earning community trust and building hope for the future.

9. ***Governance Must be Structured to Ensure Sustainability.*** Sustainability of the governance structure and collaborative partnerships is critical to the health of the community and is dependent on a clear purpose or intention, the commitment of partners, a plan of action, adequate funding, effective implementation and demonstrated progress.

To download the complete *2016 Blue Ribbon Panel Report: Learnings on Governance from Partnerships that Improve Community Health*, go to www.americangovernance.com/resources/reports/brp/2016.

Community Collaboration and Partnerships: Questions for Boards

By virtue of their size, resources, mission, and commitment to community health, hospitals and health systems often find themselves as leaders in community partnerships. As your board evaluates and prioritizes the needs of your community, the depth of your organization's resources and its commitment to fulfilling its mission, consider the following questions for discussion:

- What community partnerships do we lead or participate in now? Do we know what efforts others in the community are pursuing? Could joining forces create a more successful outcome for the community?
- Is there an opportunity for greater collaboration, including shared governance to grow the impact of community partnerships?
- Do we have a strategy for community partnerships based on community needs?
- What partnership opportunities should or could we pursue to improve the health of our community that we aren't currently?
- What role should the hospital or health system play in a partnership (the "backbone," facilitator, primary funder, or an equal partner without a prominent role, etc.)?
- How can our hospital or health system best use its resources to address community health, and what can we contribute to a partnership that others in the community cannot?

The Collaborative Benefits of Entrepreneurial Governance

As health care continues to evolve, boards of trustees will need to govern with an "entrepreneurial culture." Entrepreneurial governance is nimble, flexible and innovative. It is able to clearly define health care needs and match those needs with the most valuable resources.

Entrepreneurial governance determines multiple avenues through which to achieve the mission and objectives of its diverse partners. It capitalizes on developing and nurturing organic relationships in which partners who know and respect one another share a common view of needs and opportunities, and are committed to common objectives and to achieving extraordinary health improvement outcomes for those they serve. Entrepreneurial governance calls for broadening the range of skills, knowledge and experience of its partners to encompass the expertise needed to address the many social determinants of health.

No One Model Fits All

There is no single model of partnership or governance that will meet each community's unique needs. As boards evaluate and prioritize the community's health needs and the depth of the organization's resources, trustees must ask how the power and potential of leveraging community partnerships can help to fulfill the organization's mission and commitment to improving the community's health.

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Improving patient satisfaction can result in: [2]

- Fewer adverse events;
- Better patient self-management;
- Fewer diagnostic tests;
- Decreased use of health care services; and
- Shorter lengths of stay.

Evidence also demonstrates that family members who are involved in patient care are able to give providers new information when they are present during rounds. Patient families frequently provide care coordination and can help to assess care practices for consistency, accuracy, and safety. Family members are also called upon to make decisions when patients aren't able to act on their own behalf. Their presence can positively influence a patient's recovery.

The Many Ways Hospitals and Health Systems are Engaging Patients

The ways and means of engaging patients and their families are as varied as the patients themselves, and rightly so. No one method or approach will work for every patient. That patient uniqueness is really the crux of achieving success – it's found by asking, listening, and genuinely caring about what is most important to each patient and their health. It is engaging patients and their families in a partnership of care, which requires more than just a single means to achieve. Some of the many ways hospitals are seeking to not only engage patients and families in their own care, but to give hospitals a better understanding of how they can improve patient care, are described below. [1, 3, 4]

Delegating a Leadership Position. Organizations are appointing a Chief of Patient Experience, or other senior executive, responsible for leading and overseeing the hospital's pursuit of patient-centered care and its efforts to engage patients and families. Establishing a prominent leadership role is also a visible representation of the value and importance the organization places on patient-centered care.

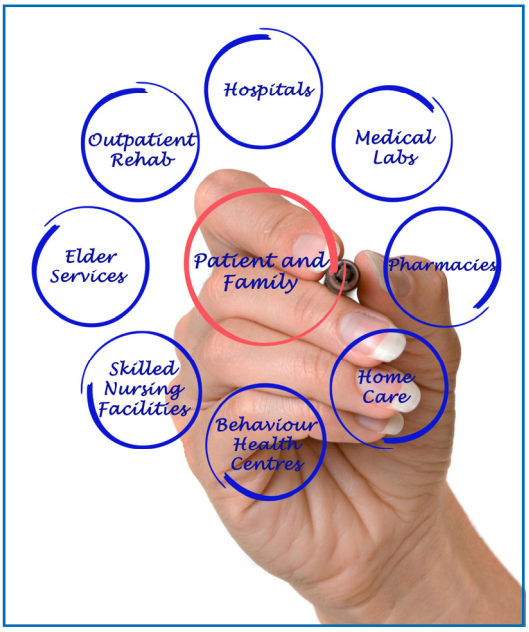
Utilizing a Council or Committee. Some hospitals are appointing a patient and family advisory council or committee. Smaller hospitals, which may not have the depth of resources to appoint a separate council or committee, may expand the responsibilities of their quality and patient safety committee to encompass patient and family advisory responsibilities.

Listening to Patients. Listening and hearing first-hand the stories and experiences, both negative and positive, at board and committee meetings is a powerful message that brings faces, reality and purpose to the work of hospital or health systems' leadership.

Patient-Centered Training. Training clinical and non-clinical staff is another avenue some hospitals are pursuing to enhance and ensure a patient-centered culture. One focus of training is to move past "not my job" or "that's not how we've always done it" thinking, transitioning to engaging staff in understanding their contribution to the organization's mission and to patients' experiences.

Focusing on More Than Technical Skills. Training may extend as far as ensuring an awareness of one's demeanor. For example, does clinician or staff professionalism make room for attentiveness, warmth and empathy towards patients? Do clinicians and staff drop their defensiveness to accept accountability and even apologize when appropriate?

Shared Decision-Making with Patients. Recognizing the patient as a member of his or her own care team and sharing decision-making between the hospital, physician(s), patients and their families is becoming a high-value component of patient-centered care. Hospitals are exploring various ways to help patients navigate the health care system, effectively engage in decision-making, and better manage their health. Many of these methods not only provide benefit and value for the patient, but also help to enhance the hospital's efficiency and prevent readmission:



- Patient navigators help patients access needed care and services across the continuum of care and help to ensure they can and do follow treatment plans.
- Staff or volunteers can help patients with decision support. Through the Patient Support Corps Service Learning Program at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, volunteers help patients identify and articulate their questions and concerns in advance of medical appointments, organizing them into a concise document for both the patient and physician to refer to during appointments. The volunteer also accompanies patients to appointments, recording the session for later reference and recall. In addition, the program provides patients with decision aides and support counseling. [1]
- Many organizations are exploring the use of technology to involve patients in managing their health and to also enable physicians to understand if and how patients are adhering to treatment plans.

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Engaging Patients and Families: Questions for Boards

1. How well-informed do you believe your board is about patient-centered care and patient and family engagement?
2. Do you believe that patient-centered care at your hospital is best described as "customer service" and making people happy, or as engaging patients and families in decisions and the delivery of high quality care?
3. In what ways does your hospital genuinely include patients and their families in decisions about their care?
4. If you were a sitting on a patient and family engagement committee at your hospital, what one improvement to patient engagement would you want to see the committee advocate for?
5. Does your hospital or health system have a Chief Experience Officer or other senior executive responsible for the patient experience?
6. Does your board or hospital have an established patient and family engagement "venue" (such as a patient and family engagement committee or council, or as the responsibility of a committee, such as the Quality and Patient Safety Committee)?
7. Do you provide or require clinician training on patient engagement and shared decision-making?

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The Downside of Patient Satisfaction

Despite the potential for improving patient outcomes, lowering utilization, and improving value-based reimbursement, there are still challenges that are keeping hospitals from doing more to engage patients and families in health care.

Patient satisfaction isn't without its critics, including those who question whether HCAHPS and even hospitals and physicians themselves mislead patients into confusing satisfaction and "making patients happy" with making them healthy. Critics cite examples of room service meals, the latest in media technology, VIP lounges and "loyalty" programs, along with training that includes scripting and play-acting for nurses' interactions with patients.

One concern is whether physicians and hospitals might fail to look out for the patients' best interests if it means risking their sense of satisfaction. In an era where physician and hospital reimbursement is dependent, at least in part, upon patient satisfaction, some critics argue that providers may be influenced by these forces, even if a patient's expectations are unrealistic or perhaps detrimental to their health.[5]

Barriers to Hospitals' Patient Engagement Efforts

Researchers studying the practices hospitals have employed to engage patients have identified several barriers keeping hospitals from doing more to engage patients in their care. The barriers cited most often include:[2]

- Competing priorities;
- Lack of time to develop and implement patient and family engagement programs;
- The additional time needed for appointments, rounds, and shift changes; and
- Lack of financial resources.

Comparing Patient Engagement and Satisfaction

As hospitals seek to improve their patient satisfaction and patient engagement scores, a readily available source of performance comparison (and one that is promoted to patients) is HCAHPS. Until CMS adopted HCAHPS, there were no standard measures for patients' views of the care they received. However, whether HCAHPS measures the right things is still a source of conversation.

Patient and family engagement has been recognized by many experts as a critical component of better health outcomes and lower utilization of services. Despite this, there is generally a lack of information about the patient and family engagement practices being used by hospitals.

In one 2015 survey of U.S. hospital practices, researchers found that the most used organizational practice for engaging patients and families was the adoption of policies. These included policies on patients' right to identify the personal contacts they want to have actively involved in their care, allowing unrestricted visitor access in selected units, and disclosing and apologizing for medical errors. [2]

In the same study, researchers identified the following least used organizational practices: the inclusion of patients and families as educators or content developers in training clinical staff; convening patient and family advisory councils; and inviting patients and families to sit on advisory councils.

The use of whiteboards in patient rooms and employing "teach-back" with patients were the most widely used bedside practices, but multi-disciplinary rounds with patients and families were found to be least used.

While many hospitals addressed health literacy and language issues, and allowed patient access to their medical records anytime or by appointment, they were least likely to give patients 24 hour online access to their personal health information.

Hospitals have been encouraged to look beyond the health care industry for best practices in consumer satisfaction. As retail delivery of health care continues its competitive rise, this may prove to be important advice. However, boards must keep their mission objective in mind – are they offering patient satisfaction, patient experience, patient engagement, or patient-centered care? How are they different, where is the balance among these efforts, how are outcomes emphasized, and is it being clearly articulated and carried out at all levels throughout the organization?

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