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Working Group on HPH and Patient and Family Engaged Health Care



Working Group Purpose

Develop a systematic strategy to involve patients, families and citizens in health promoting healthcare for the International Network of Health Promoting Hospitals and Health Services (HPH Network) by using both:

- the *New Haven Recommendations*, a 2016 publication of the HPH Network, and
- the National Academy of Medicine 2017 publication: *Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care*

- **GOAL 1:** Crosswalk the two in order to create a comprehensive set of concepts, practices, tools and indicators adapted to different health care contexts, that have been demonstrated to improve performance and organizational engagement of patients, families and citizens in creating better access, better health, and better culture;
- **GOAL 2:** Develop an internationally applicable framework on PFEC;
- *Deliverable: Crosswalk results will be translated and adapted to local contexts.*

Working Group Goals & Deliverables

New Haven Recommendations

Structure and Priorities:

The recommended actions are structured following three priority levels:

- **enable patient and family involvement within direct service provision (micro-level)**
- **enable patient, family and citizen involvement among hospitals and health services (meso-level)**
- **enable patient, family and citizen involvement in planning healthcare delivery systems and policy (macro-level)**

HPH Working Group Definition of Patient and Family-Centered Care

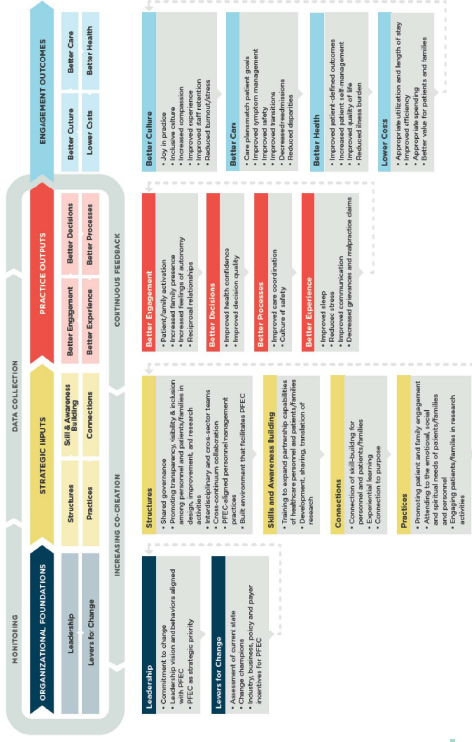
(**HOMEWORK:** Additional language to address policy and organizational levels)

2017: Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, to the extent possible and desired by the patient, and it requires ongoing assessment of the care match with patient goals.***

*Institute of Medicine, *Crossing the Quality Chasm, 2001*
**Institute of Medicine, *Transforming Health Care Scheduling and Access: Getting to Now, 2015*
***National Academy of Medicine, *Harnessing Evidence and Experience to Change Culture, 2017*

Patient and Family Engaged Care

A Guiding Framework

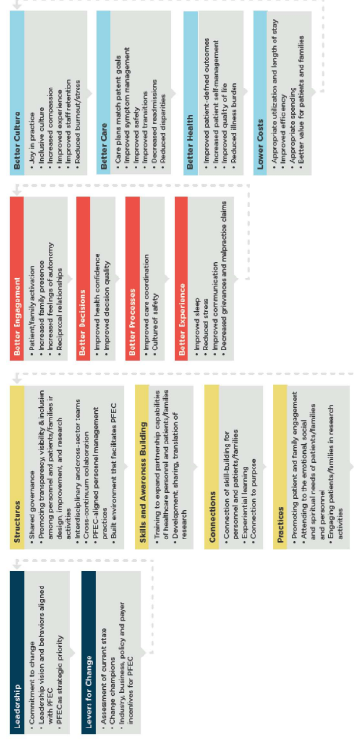


Deinition of core elements of each transformational stage



NATIONAL ACADEMY OF MEDICINE

To a more detailed implementation plan



NOTE: Near placement of each bucket and arrow to suggest order of priority

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Working Group Next Steps

Group members to review both publications in detail

- the New Haven Recommendations, and
- the National Academy of Medicine Guiding Framework for Patient and Family Engaged Care (PFEC)

Meet at the HPH Annual Conference in April to complete the crosswalk between the publications in order to develop an internationally applicable framework on PFEC, using for guidance these questions:

- How do the recommended actions of the NHRs connect to elements of the NAM framework?
- Where is there overlap and agreement?
- Where are there gaps?
- What might an integrated framework look like?

New Haven Recommendations		NAM Guiding Framework for Patient Engagement	
International Network of Health Promoting Hospitals & Health Services		NATIONAL ACADEMY OF MEDICINE	
Enable patient and family involvement within direct service provision:		Strategic inputs:	
i. raise awareness and capacity among patients and families to become active partners as co-producers in healthcare and in shared decision-making processes along the care pathway;		Training to expand partnership capabilities of healthcare personnel and patients/families;	
ii. offer patient-centered communication and shared decision-making as the main tools to implement an active role of patients and families in their care;		Practices promoting patient and family engagement, including shared decision-making;	
iii. promote the health of patients and families through individualized treatments / medicine, thus, considering that patients and families have different needs and expectations as well as diverging capabilities and conditions;		Practices that attend to the emotional, social and spiritual needs of patients/families and personnel;	

iv. offer patients and families with severe problems effective and comprehensive care and treatment options by inter-professional teams that respect personal needs, goals and capabilities;		Structures promoting transparency, visibility and inclusion among personnel and patients/families in design, improvement, and research;	
v. further targeted support and interventions to encourage the involvement of members of vulnerable groups, particularly of children and adolescents, migrants, refugees and minorities, frail and older people, as well as people with dementia;		Training to expand partnership capabilities of healthcare personnel and patients/families	
vi. apply best practices of health literate or health literacy sensitive healthcare organizations to ensure that patients' and families' needs are adequately met and to strengthen the effectiveness and efficacy of direct service provision, e.g. use plain language during communication with patients and families;		Structures supporting interdisciplinary and cross-sector teams;	
vii. use inter-professional and inter-organizational communication supported by information and communication technologies (ICT) to ensure that patients' and families' needs, goals and capabilities are met throughout the whole care process.		Structures supporting cross-continuum collaboration;	

<p>Enable patient, family and citizen involvement among hospitals and health services</p> <ul style="list-style-type: none"> i. make patient, family and citizen involvement as well as targeted communication an organizational core value and adapt care processes and incentives to promote patient-centered communication; ii. set up governance structures and develop a leadership culture that values and facilitates patient, family and citizen involvement at every level of the organization and in all patient-related processes and structures, e.g. through establishing patient and family councils within safety committees or hospital boards; iii. when recruiting and employing new staff, ensure that they are oriented and trained in how the organization facilitates patient, family and citizen involvement; 	<p>Organizational Foundations:</p> <p>Leadership vision and behaviors aligned with patient and family engaged care; PFEC as a strategic priority;</p> <p>Strategic Inputs:</p> <p>Structures including shared governance; Training to expand partnership capabilities of healthcare personnel and patients/families;</p> <p>Structures for PFEC-aligned personnel management practices;</p>	<ul style="list-style-type: none"> iv. partner with patients, families and citizens in the implementation and discussion of the results of quality and patient safety improvement / health promotion projects and thereby, develop a common definition of future priorities for resource allocation; v. involve patients, families and citizens in the assessment and decision-making related to health-related information and communication technologies; vi. build up the consciousness, capacities and abilities of health professionals as well as other staff, especially of those who are in direct contact with patients and families, to offer effective access, identification of needs and capabilities, adequate communication and shared decision-making as well as targeted treatments by providing education and specific training programs for staff; 	<p>Skills and awareness building that support development, sharing, translation of research; Practices engaging patients/families in research activities;</p> <p>Structures promoting transparency, visibility and inclusion among personnel and patients/families in design, improvement, and research;</p> <p>Training to expand connection of skill-building for personnel and patients/families;</p> <p>Connections strengthened through experiential learning;</p>
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<ul style="list-style-type: none"> vii. facilitate networking of staff with other organizational departments, also those responsible for specialized and non-medical care, including the social sector, volunteers and civic associations in the community; viii. invite patients and families to share their stories e.g. within team meetings, during training courses, as guest lecturers, during simulated learning, as a mentor etc.; ix. consider approaches that encourage the initiation and support of self-help initiatives to benefit patients, families, and citizens. 	<p>Structures that support interdisciplinary and cross-sector teams;</p> <p>Structures that support cross-continuum collaboration;</p> <p>Structures promoting transparency, visibility and inclusion among personnel and patients/families in design, improvement, and research;</p> <p>Connections strengthened through experiential learning;</p> <p>Skills that support development, sharing and translation of research;</p>
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Next Steps

TASKS:

Crosswalk

Integrated Framework

What should this look like?

Link best practices to elements of the framework, using international examples