



Patient Engagement as a Quality Improvement Strategy

Clinical Excellence Alone is Not Enough

In the decade since the Institute of Medicine's influential reports, "To Err Is Human" and "Crossing the Quality Chasm," much of the healthcare landscape has been remade in their image. Regulators and private insurers have created more transparency in quality improvement through public reporting on core measures and an array of Pay-for-Performance (P4P) programs. In the past two years alone, the Centers for Medicare and Medicaid Services (CMS) has both launched the country's biggest medical quality website (www.hospitalcompare.hhs.gov) and doubled its number of P4P criteria.

Likewise, healthcare organizations have adopted quality improvement as an ongoing process. Many organizations have even added a new position, the Chief Quality Officer (CQO), to bring executive-level experience and influence to institution-wide quality initiatives.

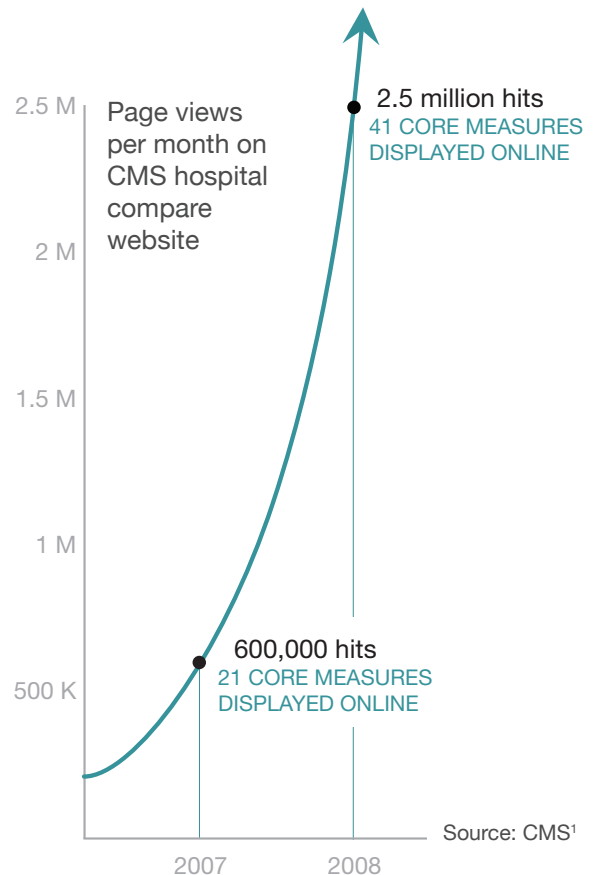
This picture of progress, however, ignores two difficult realities. First, most quality initiatives are reactive. They are the result of an adverse event at a hospital rather than the result of influential reports or new regulations.³ Second, best practices are only followed at hospitals 50% – 60% of the time.⁴ Healthcare organizations are learning that employing excellent caregivers is only part of the solution to ensure consistent medical quality. In order to meet rising quality and patient safety goals, CQOs and their staffs must create process-based solutions that make quality improvement the daily routine. Moreover, as more quality metrics become publicly available, quick adoption of quality improvement processes is becoming a competitive advantage.

A new focus on communication

To meet this challenge, healthcare organizations must focus on improving communication. More than 70% of adverse events are caused by breakdowns in communication among caregivers and between caregivers and patients.⁵ Yet most quality and safety solutions focus on aligning physicians and nurses—not patients. Solutions vary from expensive, labor-intensive implementations of electronic medical records, to cheaper, process-based approaches like nurse "read backs" and operating room "time outs." By omitting patient-focused communication initiatives, healthcare organizations face adverse clinical, financial and even legal outcomes. Patients are uninformed, unprepared and uninvolved in their treatment.

To achieve greater quality improvement, healthcare organizations need to engage patients to take an active role in their own care.

More Patients Seek Information on Hospital Quality



“As an academic medical center, we have tended to focus on the brilliant, cutting-edge procedures, the medical innovations because we push those envelopes really well. This current movement is about looking at more routine care and being able to deliver it reliably for every patient every time.” ”

William Bornstein, CQO for Emory Healthcare²

Effective Communication is an Ongoing Challenge

There are serious challenges to providing quality provider-patient communication. Physicians, nurses and office administrators are often too busy to have meaningful conversations with their patients. Patients are stressed and unfamiliar with medical jargon and many are too nervous to ask questions at all. Clearly, providers wish they could spend more quality time with their patients, but often this is simply economically unfeasible. Thus, the average surgical consultation is less than 18 minutes.⁶ And less than two minutes of this time is spent on patient questions.⁷

Patients with poor health literacy complicate the matter further. Nearly half of all American adults (90 million people) have trouble understanding and acting upon basic health information given to them by a healthcare provider.⁸ This obstacle affects people of all ages, races, incomes and education levels.⁹

The combination of time constraints, patient stress and poor health literacy means that patients often do not understand their care. For example, in the emergency room, 78% of patients do not understand one or more critical elements of their treatment.¹⁰ At surgical consultations the story is similar. Depending on the topic, 40% – 80% of all medical information covered in a consultation is forgotten immediately.¹¹ And, of what is recalled, half is remembered incorrectly.¹²

Ultimately, poor communication between providers and patients causes breakdowns in care. Patients who have trouble understanding their physician have a longer average length-of-stay and a higher mortality rate.¹³⁻¹⁴ Miscommunication between patients and their caregivers contributes to preventable medical errors such as medication complications, patient falls and wrong-site surgeries.¹⁵ Across the healthcare enterprise, poor communication with patients leads to increased last-minute surgical cancellations, decreased patient satisfaction and higher medical malpractice risk.¹⁶⁻¹⁸ All of these consequences impact a healthcare organization's bottom line.

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University of Minnesota

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Annals of Emergency Medicine

“
I have 28 different anesthesiologists on my staff. [We] provide information to patients in 28 different ways. Through [online communication] programs, we can guarantee that the patient is being presented with information that is clear and consistent across the board.”

*Dr. Jonathan Waters
Chief of Anesthesia at Magee-Womens Hospital
of University of Pittsburgh Medical Center*

Improve Communication, Improve Outcomes

Informed patients are better at managing conditions

Effective communication is critical to the self-management of chronic diseases. And for these conditions, self-management is the key to improving one's health and reducing hospitalizations. For example, improving communication with diabetes patients leads to enhanced medication adherence, better diet, and more frequent exercise and blood-glucose monitoring.¹⁹ Likewise, improving provider-patient communication reduces both costs and hospitalization rates.²⁰ The quality of physician-patient communication alone predicted patient medication adherence and foot care.²¹

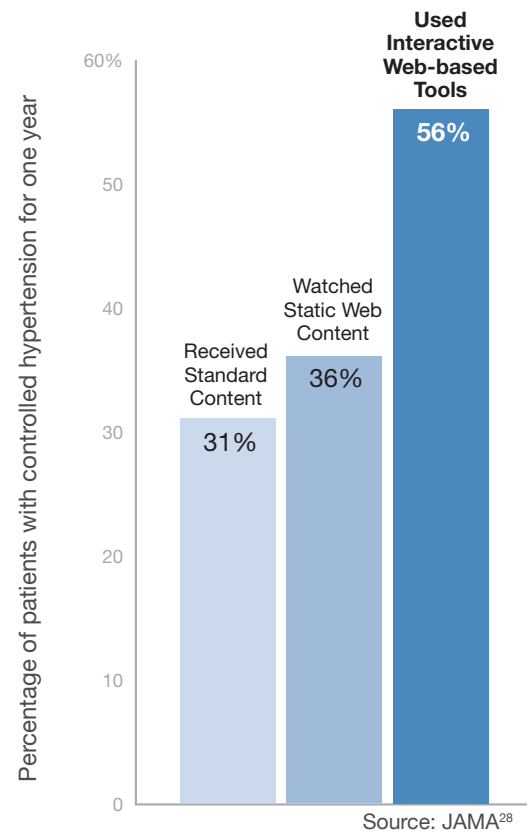
For asthma and hypertension patients, the power of communication is clear. Even small improvements in provider-patient communication can make a big difference. Specifically, asthma patients who are trained in proper inhaler technique experience significantly reduced asthma severity as compared to patients who are only given the package instructions.²² Similarly, hypertension patients with access to online educational tools control their blood pressure more than twice as well as patients without extra resources. And they do it with fewer doctor visits.²³

Informed patients have a safer hospital experience

Improving communication is critical to preparing patients for procedures and hospitalizations. By improving patient participation in their care prior to their procedure, a healthcare organization can reduce the risk of medication errors.²⁴ In the hospital, engaging patients can have a dramatic effect on patient safety issues like hand washing and preventing patient falls.²⁵ And after procedures, improving discharge instructions has been proven to greatly reduce readmission rates.²⁶

Informed and involved patients experience better outcomes.²⁷ For this reason, regulators like the Joint Commission and CMS have created more detailed and direct guidelines concerning patient communication. It is no longer enough to educate patients after they leave the hospital. Healthcare organizations now must reach patients across the care continuum, from before they even step foot in the hospital or physician's office to weeks or months following their healthcare experience. More and more healthcare organizations are implementing strategies that include engaging patients to take an active role in their own care, informing patients and documenting patients' understanding of their treatment.

Interactive Content Improves Outcomes for Patients with Hypertension



“**Self-management is the cornerstone of modern diabetes care, and providing patients with the information, skills and support they need to manage the disease is a critical issue for healthcare providers and systems.**”

*Dr. Jessica M. Robbins
Philadelphia Department of Public Health
and the Urban Diabetes Study²⁹*

Technology-based Patient Engagement

Emmi Solutions, LLC is the leader in progressive patient education technologies. The company creates web-based multimedia programs that educate patients about their upcoming procedures and help them manage their chronic conditions. Emmi® programs are designed to take complex medical information and make it simple and easy to understand. Using interactive, audio and visual techniques, the programs engage patients to take an active role in their own health.

Emmi Solutions continually drives innovation by understanding that healthcare organizations cannot improve what they cannot measure. For this reason, Emmi programs are self-documenting—enabling healthcare organizations to establish benchmarks and measure the progress of patient communication initiatives. Likewise, healthcare organizations can use Emmi programs to meet regulatory requirements from organizations like the Joint Commission, CMS and the National Quality Forum. Emmi Solutions works with its clients to measure the impact of engaging patients on clinical and financial outcomes.

Quality and Safety Improvement Solutions		
Organization	Requirement	Solution
The Joint Commission National Patient Safety Goals (NPSG)	NPSG 3: Improve the safety of using medications	Emmi Taking Warfarin program
	NPSG 7: Reduce the risk of healthcare associated infections	Emmi Patient Safety programs
	NPSG 8: Accurately and completely reconcile medications across the continuum of care	Emmi Medication History programs
	NPSG 13: Encourage patients' active involvement in their own care as a patient safety strategy	Addressed by Emmi programs on more than 8,000 health topics
CMS Core Measures and Pay-for-Performance Metrics	Provide processed-based informed consent	Addressed by Emmi programs on more than 8,000 health topics
	Provide smoking cessation information to heart failure and heart attack patients	Emmi Heart Failure program and other cardiac programs
	Provide discharge instructions for heart failure and anti-thrombotic therapy patients	Emmi Taking Warfarin program Emmi Heart Failure program
	Improve the patient experience as measured by HCAHPS®	Addressed by Emmi programs on more than 8,000 health topics
National Quality Forum (NQF) Safe Practices	NQF Safe Practices 5: Ensure that care information is transmitted and documented in a timely and clearly understandable form to patients and patients' healthcare providers within and between healthcare settings	Addressed by Emmi programs on more than 8,000 health topics

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