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## Four Ways Hospitals Can Foster Patient Engagement

To create a positive and safe patient engagement environment, healthcare providers must collaborate with patients and their families, according to a new [report](#) from the National Patient Safety Foundation's Lucian Leape Institute

Patients, who know their symptoms and their responses to treatment better than anyone else, are ideal partners in their own healthcare, according to the report, "Safety Is Personal: Partnering with Patients and Families for the Safest Care." Unfortunately, the report states, healthcare providers often create an environment where patients do not speak up about their own care for fear staff will consider them "difficult."

The report makes specific recommendations for healthcare leaders to create an environment that encourages patient engagement:

1. **Make engagement one of the organization's core goals and values:** Successful organizations create standards of dignity and respect for all and implement policies that facilitate patient engagement, such as providing open access to clinical records, establishing open visitation policies and asking patients and families to serve on improvement and safety committees.
2. **Involve patients and their families in the care design/improvement process:** Providers should also invite patients and families to serve on safety, quality and personnel review committees.
3. **Train all staff in patient/family engagement:** Patients and families have an important role in educating clinicians about the experience of illness, as well as working with them on developing communication skills that are specific to patient/family partnerships, shared decision-making and disclosure and apology.
4. **Raise public awareness by collaborating with community and patient advocacy groups:** This should not be seen simply as a new initiative or program; it is rather an effort to inspire a strategic alignment across the communities of healthcare consumers and advocates, policy makers, researchers and healthcare leaders and clinicians to commit to increasing patient engagement in order to reduce harm.

## **CMS Seeks Applicants to Participate in Medicare Hospice Care Model**

Hospices can apply through June 19 to participate in the [Medicare Care Choices Model](#), which will test whether Medicare beneficiaries who meet Medicare hospice eligibility requirements would elect hospice if they could continue to seek curative services.

The model will focus on Medicare patients and Medicare-eligible Medicaid patients with advanced cancers, chronic obstructive pulmonary disease, congestive heart failure and HIV/AIDS who meet hospice eligibility requirements.

Medicare beneficiaries are currently required to forgo curative care to receive palliative care offered by hospices. The project will examine whether access to such services improves quality of care and patient and family satisfaction and any effects on the use of curative services and the Medicare hospice benefit.

The hospices will provide services available under the Medicare hospice benefit for routine home care and inpatient respite levels of care that cannot be separately billed under Medicare Parts A, B and D.

### **Save the Date**

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

March 31	Statewide Perinatal Safety Learning Collaborative
April 4	Transforming Care at the Bedside
May 8	Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13	CUSP for ESRD in New Jersey
May 20	Reducing Healthcare-Acquired Infections Using a Collaborative Approach
Sept. 18	Adverse Drug Events
Sept. 29	Geriatric Emergency Department Guidelines

[Click here to register.](#)