The Road to Wellness in Northwest Kansas

SHERIDAN COUNTY HEALTH COMPLEX

February 1, 2017

TO: House Health and Human Services Committee

FROM: Hannah Schoendaler, Registered Nurse, Chief Nursing Officer

RE: Senate Bill 68

I greatly appreciate the opportunity to provide testimony in opposition to Senate Bill 68 which would require hospitals to perform certain functions related to lay caregivers.

The goal of this testimony is not to decrease the workload for healthcare workers at the expense of the patient, to imply that our current discharge process is adequate, or to discredit the patient experiences that were less than desirable. Instead, it is to encourage everyone to put their efforts into a cause that has a more successful outcome for our discharged patients.

This proposed legislation is occurring simultaneously with The Centers for Medicare and Medicaid Services (CMS) regulations as well as The Joint Commission regulations. Due to the amount of duplicative expectations in the proposed Bill 68 and the current governing regulations, the goal of better patient outcomes at discharge is difficult to attain and will remain unchanged after implementation of this bill alone. To achieve our mutual goal, we must put efforts into projects that empower patients to use their voice to make a change, encourage and assist facilities in creating programs that take the patient and family concerns and implement a change, and help with the sustainability and management of that facility program.

For example, after years of unsuccessful patient experiences and outcomes, CMS partnered with the Agency for Healthcare Research and Quality (AHRQ) to develop the first standardized, publicly reported survey of patients' perspectives of hospital care, ultimately giving the patients a voice. HCAHPS was developed with three broad goals in mind. First, it is intended to produce data about patients' perspectives based on what is important to consumers and make meaningful comparisons of different hospitals. Second, publicly reporting and broadcasting results creates a new desire to improve the quality of care provided at the facility. Third, publicly reporting and broadcasting the results leads to an enhanced level of transparency and allows the patient to see the direct link between their investment of time and effort and the increased quality of care delivered. Participating in this program is not optional if you wish to receive CMS funding, and the amount of money reimbursed to the facility is based off of the HCAHPS results.

The next step is to implement a facility program or process that integrates the patient and family into their care, and that takes the information received from patients or surveys and improves outcomes. In Kansas, we are fortunate to have the Kansas Healthcare Collaborative (KHC) to assist facilities in developing this practice. The KHC is a nonprofit organization dedicated to transforming health care through patient centered initiatives that improve quality, safety, and value. Hospitals nationwide have recognized how crucial patient and family engagement (PFE) is to successful patient outcomes and have begun incorporating this model into their facilities. Even after the realization of necessity, facilities struggled with the implementation of the concept. KHC piloted a program that included national expertise, a roadmap and support designed to help organizations learn about key PFE concepts and practices, and

Senate Public Health and Welfare

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helped navigate the process of establishing a Patient and Family Advisory Council (PFAC) or other quality committees where patients were represented. These programs take the Patient and Family Engagement model and put it into action. Included in the PFE model is the CMS 5 Metric system integration. It is in these five metrics, that the patient can designate a caregiver and actively participate in their care. Metric 1 is a planning checklist for scheduled admissions. In this metric, we developed an admission flow sheet in our EHR to determine possible areas of concern at discharge, an admission packet that would include all pertinent information during their stay and discharge instructions, and a nursing checklist to ensure all tasks were completed. Metric 2 is shift change huddles/bedside reporting with patients and families. In this metric, we developed a methodical system of sharing information at the bedside while incorporating the patients input. In this model, we also ask the patient if they would like any family present in the process. Metric 3 is establishing a PFE Leader or Function Area. Metric 4 is to have a PFAC or Representative sit on a hospital committee. In doing this, the patient and their family have a formal relationship with the facility and become familiar with the policies, procedures, and quality improvement efforts. Metric 5 includes a patient and/or family member holding a position on a governing and/or leadership board of the hospital. In doing this, it ensures that at least one Board member with full voting rights and privileges provides the patient and family perspective on all matters that arise.

As shown above, the process of implementing change involves more than the simple task of passing a bill. Though this way of thinking and approach may not be suitable for every bill that presents itself, the principle of empowerment is crucial in this debate. When discussing changes to an entire medical community, where all tasks require a vast array of people all thinking alike and all aiming for a common goal, we must educate and empower the people and patients so they want to achieve the common goal. As a nurse leader, I have found that implementing or mandating a certain action has not proven to be successful. Education, leadership, teamwork and collaboration of resources create positive experiences and outcomes.

In Summary, I understand the position of those supporting SB 68, but strongly assert that the requirements of the bill are already part of the standards and regulations currently used by hospitals along with consequences for non-compliance. There are other ways to meet AARP's goal, and for the reasons herein, I request that you oppose this legislation.

Thank you for your consideration of our comments.