



THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Partnerships For Better Health Care

POSSE PROGRAM UPDATES

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PATIENT-CENTERED DOMAIN



PATIENT-CENTERED DOMAIN

PROGRAM GOALS

- Promote health literacy in patient-provider communication related to opioid use and pain management
- Increase the number of health literate patient educational materials
- Improve provider perceptions of patients with opioid use disorder and the surgeon's role in prevention and treatment of OUD



PATIENT-CENTERED DOMAIN

KEY ACTIVITIES

- Recruit and train Patient and Family Advisory Council (PFAC) members
- Collect educational materials from participating hospitals
- Convene PFAC to review materials and provide tailored recommendations
- Build a shared library of educational materials for POSSE member hospitals

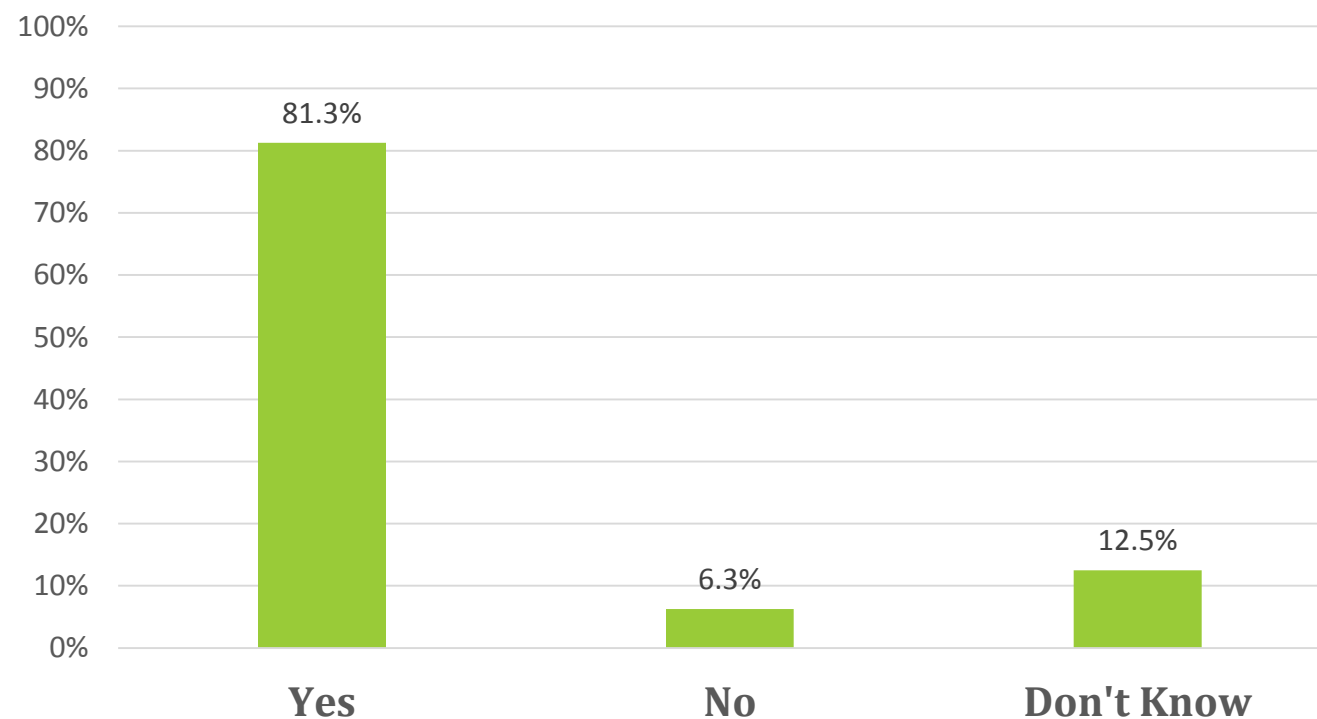


PATIENT-CENTERED DOMAIN

BASELINE SURVEY RESULTS

Does your hospital have a patient and family advisory committee?

Patient & Family Advisory Committee (n=16)





PATIENT-CENTERED DOMAIN

POSSE PATIENT & FAMILY ADVISORY COMMITTEE

Ideal PFAC members have one or more of the following qualities:

- Experience as a patient or family member of a patient that has had surgery in the past five years
- Empathy and understanding for issues related to substance use disorders
- Ability to participate in trainings & meetings (virtually and in-person), and time to independently review patient education materials
- Ability to listen, respect the perspectives of others, share your own experiences, interact with many different kinds of people, and work collaboratively
- Passion for improving health care for others



PATIENT-CENTERED DOMAIN

POSSE PATIENT & FAMILY ADVISORY COMMITTEE

PFAC members will be expected to:

- Participate in three virtual training sessions, lasting one hour each. These sessions will be scheduled for early this summer, and be recorded and available to watch anytime.
- Participate in at least one in-person session. The first in-person session will be scheduled in September 2019. A second in-person session is tentatively planned for March 2020.
- Review patient education materials and provide feedback on their look, feel, relevance, and clarity.

PATIENT-CENTERED DOMAIN



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POSSE PATIENT & FAMILY ADVISORY COMMITTEE - APPLICATION



PENNSYLVANIA
NSQIP
CONSORTIUM
Dedicated to Improving Surgical Quality



POSSE



THE HEALTH CARE IMPROVEMENT FOUNDATION
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POSSE Patient and Family Advisory Council Application Form

Name (First and Last): _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Preferred contact (circle one): Home phone Cell phone Email

What language(s) do you speak? _____

- Are you a...
- Patient
 - Family member of a patient

- Have you or a family member been a hospital patient in the past year?
- Yes
 - No

- Have you or a family member had surgery in the past five years?
- Yes
 - No

- Have you, a family member, or friend been affected by the opioid crisis?
- Yes
 - No

- We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor?
- Less than 1 hour per month
 - 1 to 2 hours per month
 - 3 to 4 hours per month
 - More than 4 hours per month

(over) →



PENNSYLVANIA
NSQIP
CONSORTIUM
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POSSE



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Do you currently serve on a PFAC?

- Yes
- No

If yes, please describe your current PFAC involvement. Include the name of the hospital/health system you are affiliated with.

Why do you want to become a POSSE patient and family advisor?

Our patient and family advisors reflect the diversity of patients and families we serve. Please share anything about yourself that you think would add to the diversity of our Patient and Family Advisory Council.

How did you find out about POSSE?

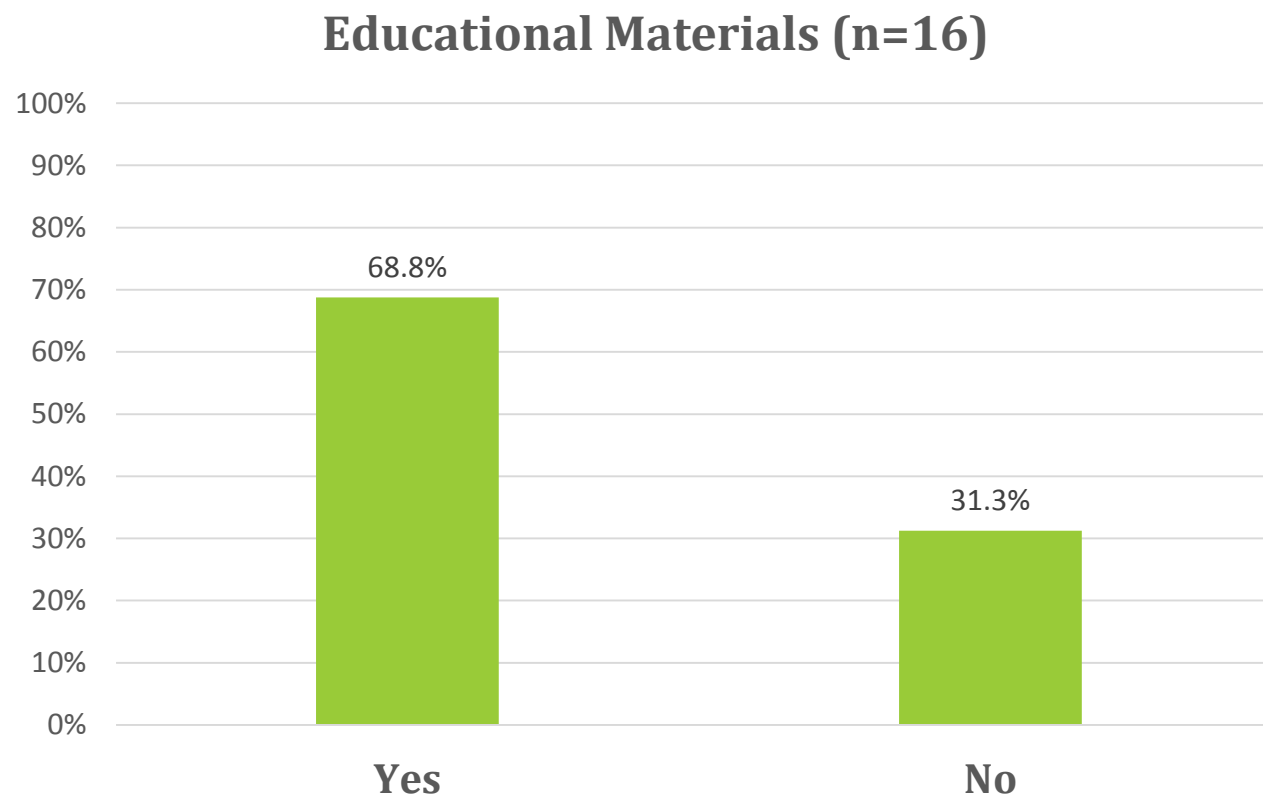
Thank you for your interest in serving as a POSSE Patient and Family Advisor. Please return this completed form to Susan Cosgrove, scosgrove@hcifonline.org. Once we review your application, we will reach out to you via your preferred contact to schedule a 30-minute phone interview. Please reach out if you have any questions—I look forward to speaking with you!



PATIENT-CENTERED DOMAIN

BASELINE SURVEY RESULTS

Does your hospital have opioid-specific educational materials for patients and families?





PATIENT-CENTERED DOMAIN

PATIENT EDUCATION MATERIALS

PFAC members will review patient and family education materials related to post-surgical pain management and opioid use. Materials may include:

- Written materials of any length (e.g., one-pagers, pamphlets, brochures, booklets)
- Forms or charts (e.g., medication schedules)
- Videos
- Post-surgical follow-up call scripts



PATIENT-CENTERED DOMAIN

SPRING/SUMMER TIMELINE

- Outreach to PFAC coordinators – April-May
- Collection of educational materials – April-June
- Webinar series for PFAC members – June-July
- First PFAC meeting - September



PATIENT-CENTERED DOMAIN

CURRENT REQUESTS

- Call for Patient and Family Advisory Council (PFAC) information and point of contact, if applicable - **submit by April 24, 2019**
- Call for patient educational materials for review and/or revision – **submit by June 30, 2019**



BASELINE SURVEY



BASELINE SURVEY

DESIGN AND DATA COLLECTION

- A baseline organizational assessment for opioid-related work
- Staggered fielding approach
- Further opportunities for data collection will follow
- Developed in coordination with HCIF and the POSSE Steering Committee
- Piloted by Temple University Hospital and Jefferson Health representatives



BASELINE SURVEY

SURVEY ANALYSIS:

- Presented at aggregate level
- subset of different items for PANC versus non-PANC
- Individual versus organizational item analyses
- Accounting for discrepancies (disagreement): yes versus “other”

RESPONSES

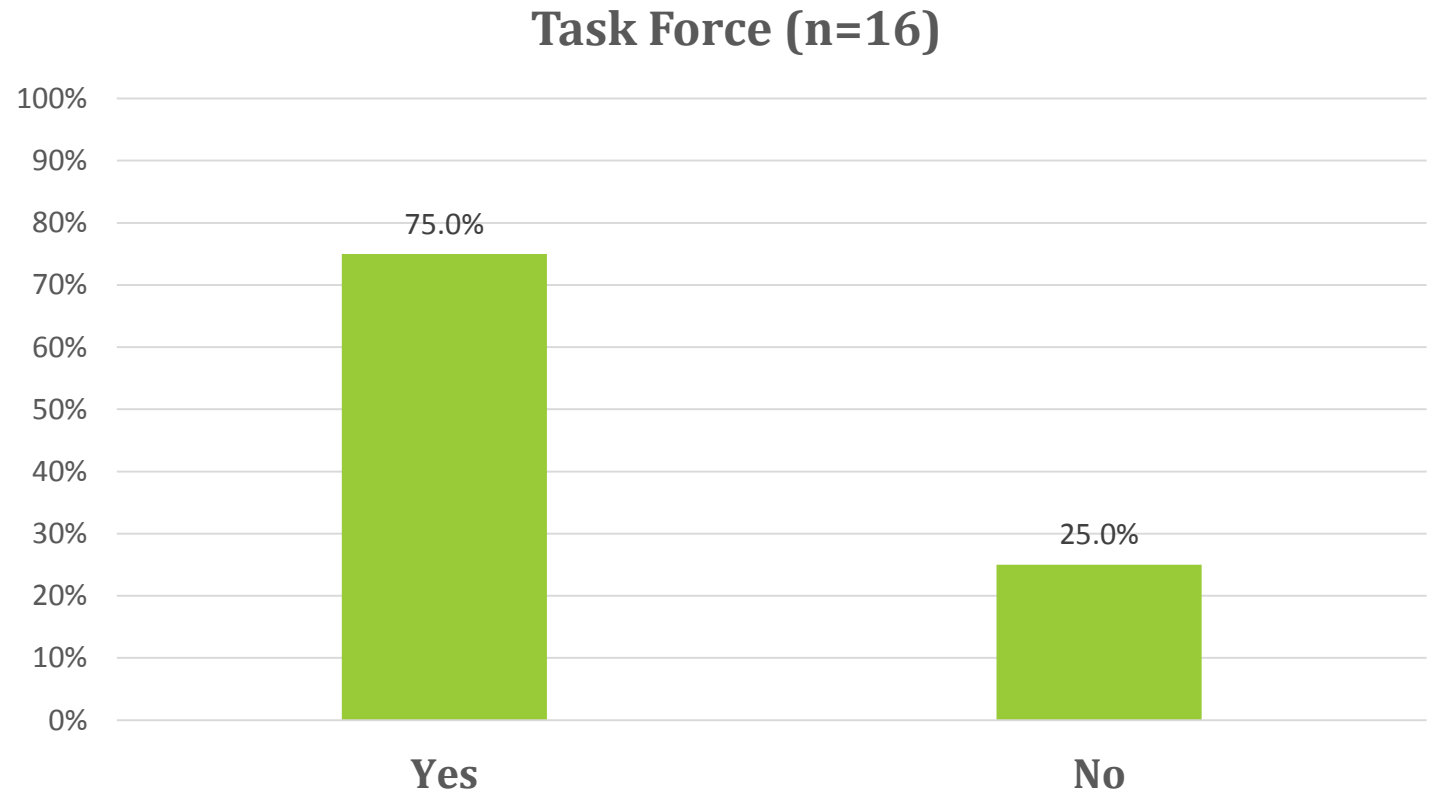
- 31 unique responses from 16 health systems (12 PANC, 4 non-PANC)
- 80 percent response rate across health systems
- 17 surgeons, 14 non-surgeons



BASELINE SURVEY

Does your hospital have a multidisciplinary opioid task force or workgroup?

For all 12 hospitals with a task force, surgery was represented.

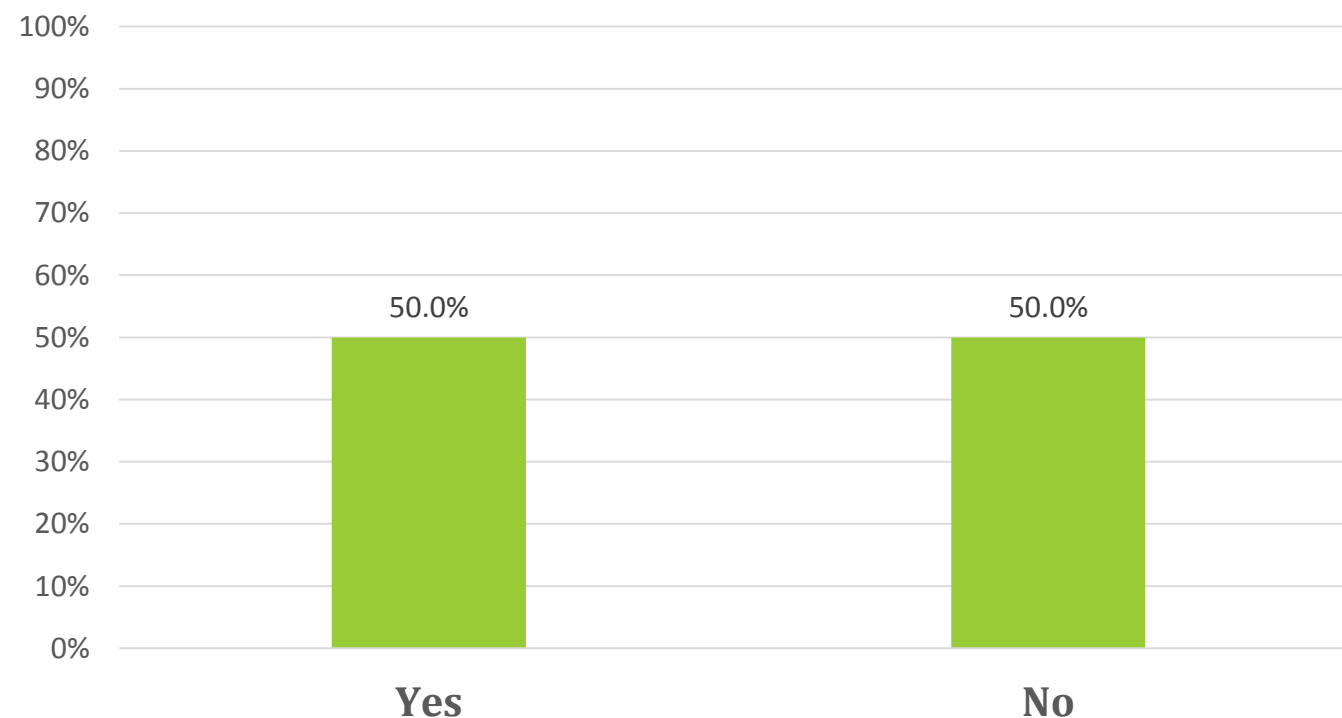




BASELINE SURVEY

Does your surgery department have a multidisciplinary opioid task force or workgroup?

Department Task Force (n=16)

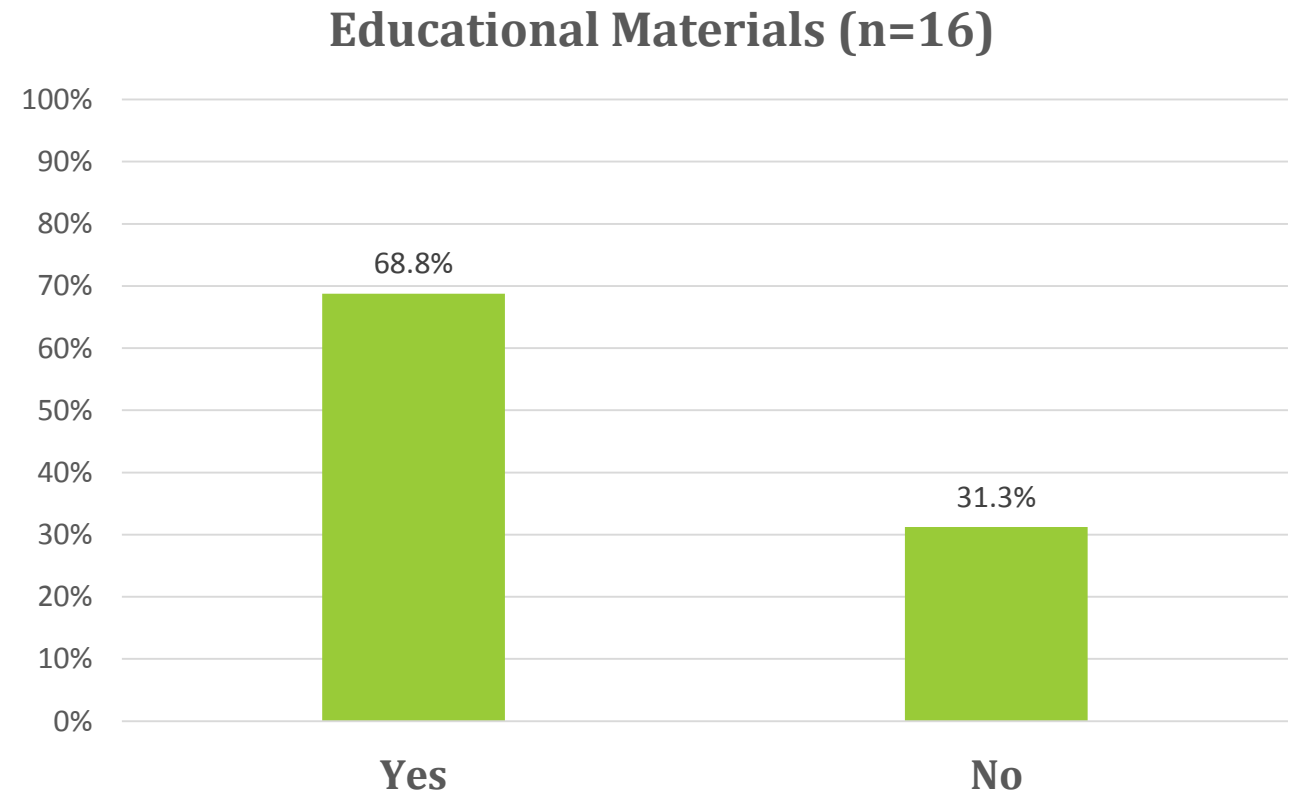




BASELINE SURVEY

Does your hospital have opioid-specific educational materials for patients and families?

5 out of 12 PANC hospitals showed disagreement.



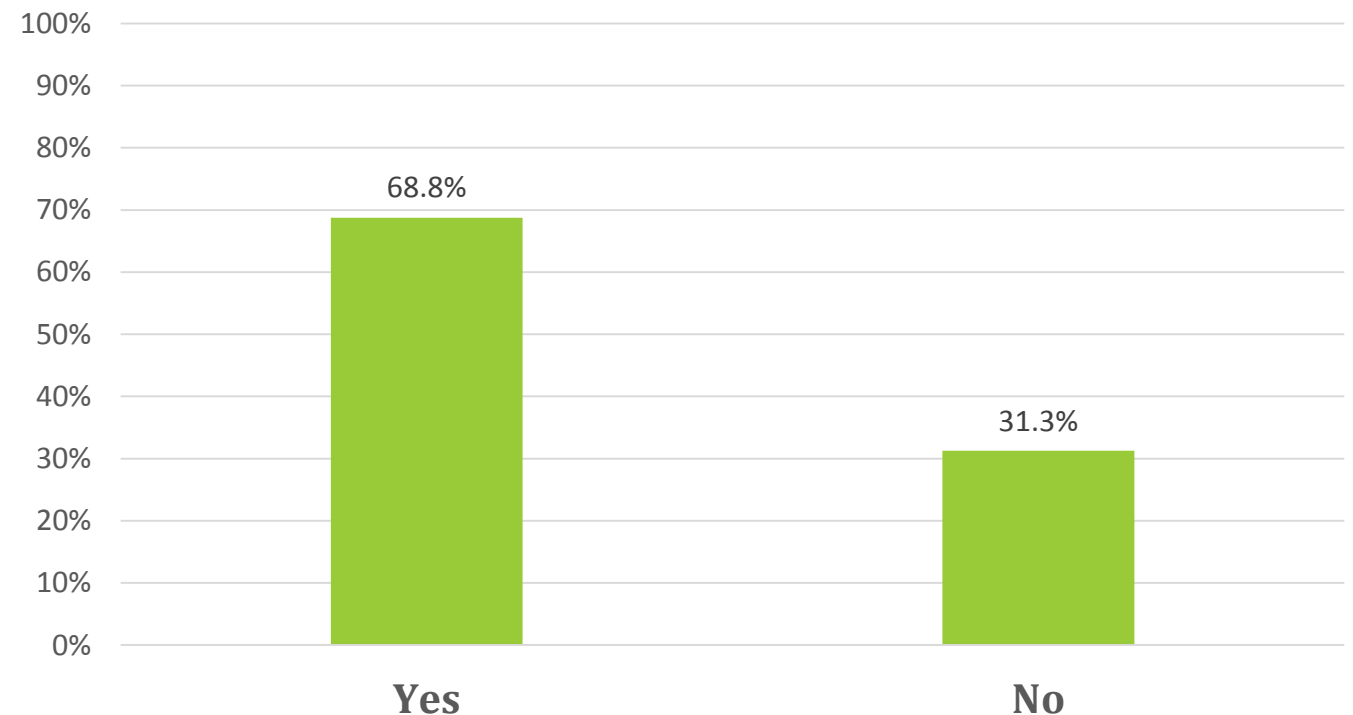


BASELINE SURVEY

Does your hospital have opioid-specific educational materials for surgeons and advanced providers?

5 out of 12 PANC hospitals showed disagreement.

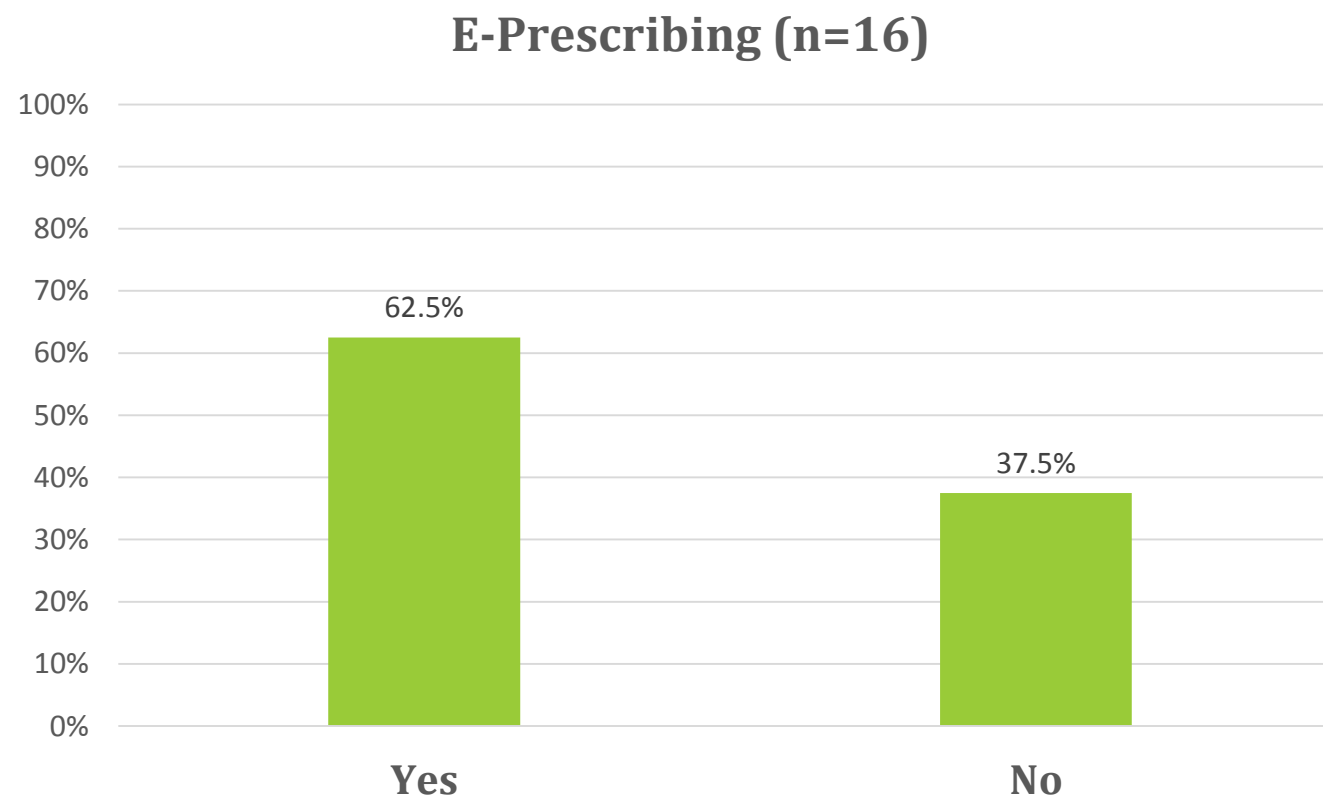
Educational Materials (n=16)





BASELINE SURVEY

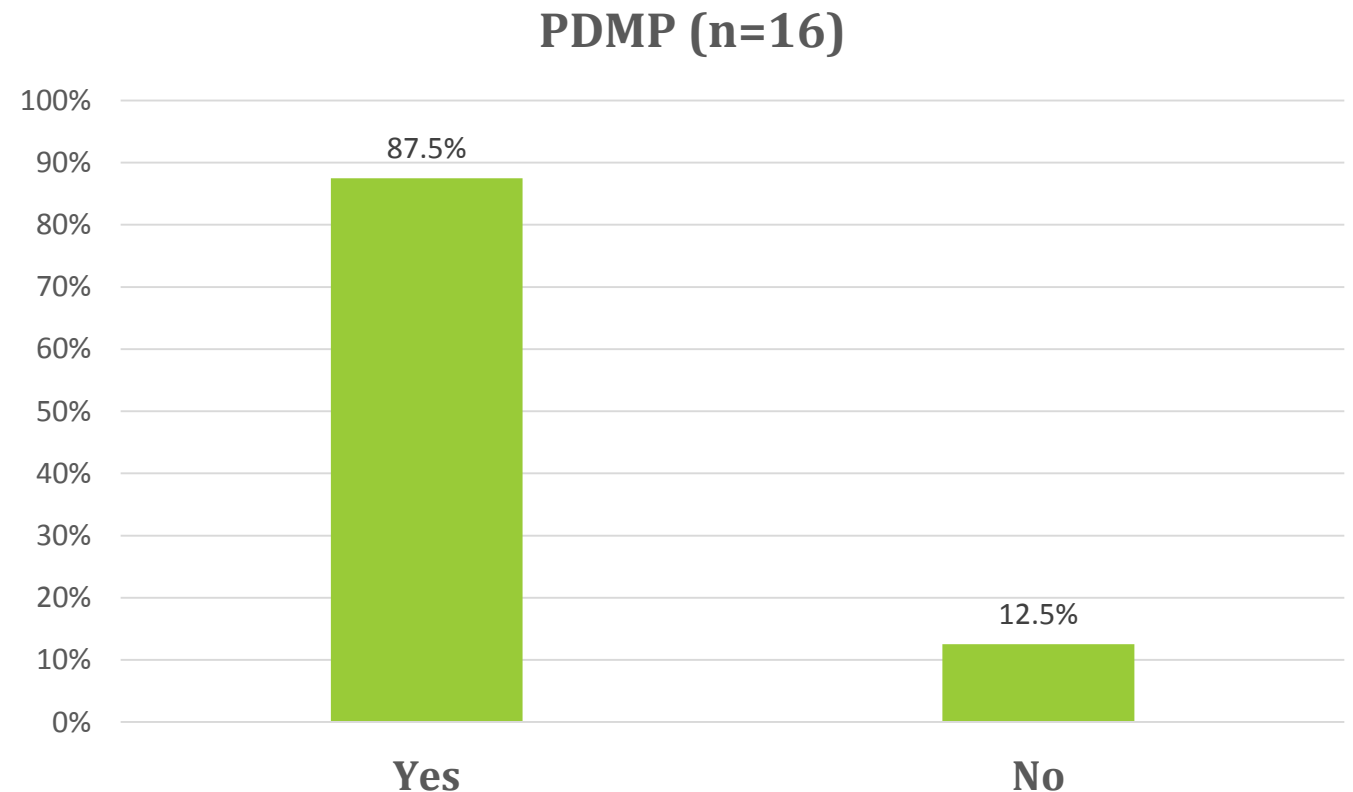
Does your hospital use e-prescribing for controlled substances?





BASELINE SURVEY

Is the Prescription Drug Monitoring Program (PDMP) integrated into your hospital's EHR?



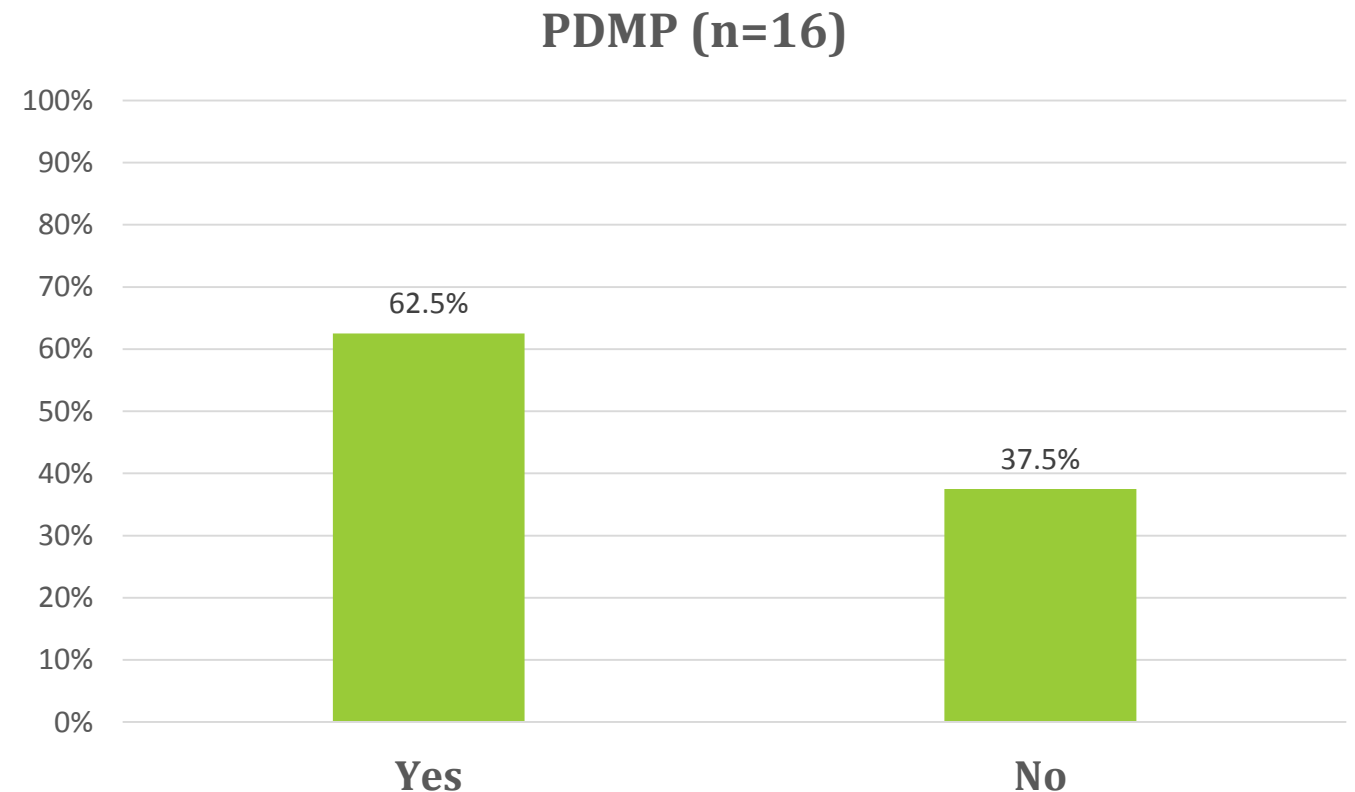


BASELINE SURVEY

Does the EHR prompt providers to check the PDMP?

5 of 12 PANC hospitals showed disagreement.

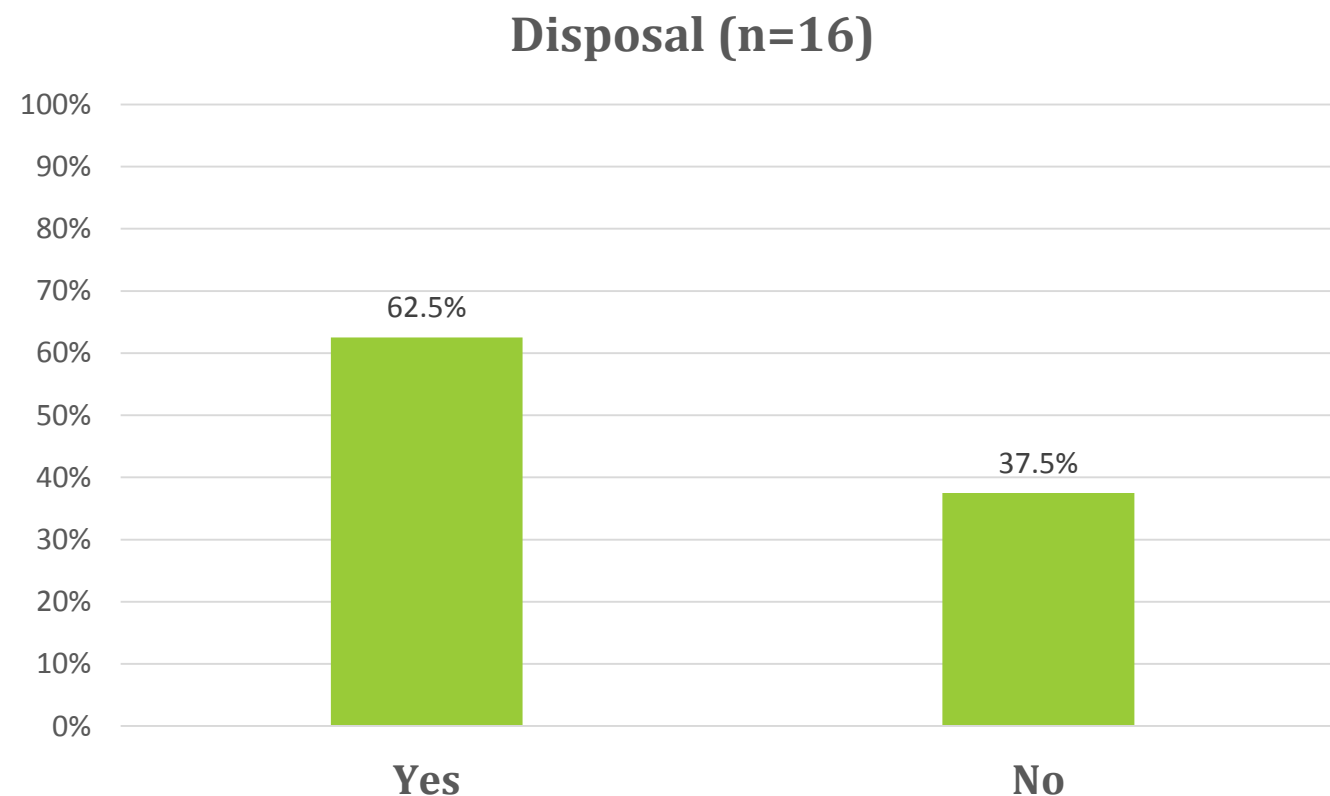
Among PANC hospitals, 81 percent of respondents said they would support the SCR checking the PDMP, and 5% said they don't know (n=27).





BASELINE SURVEY

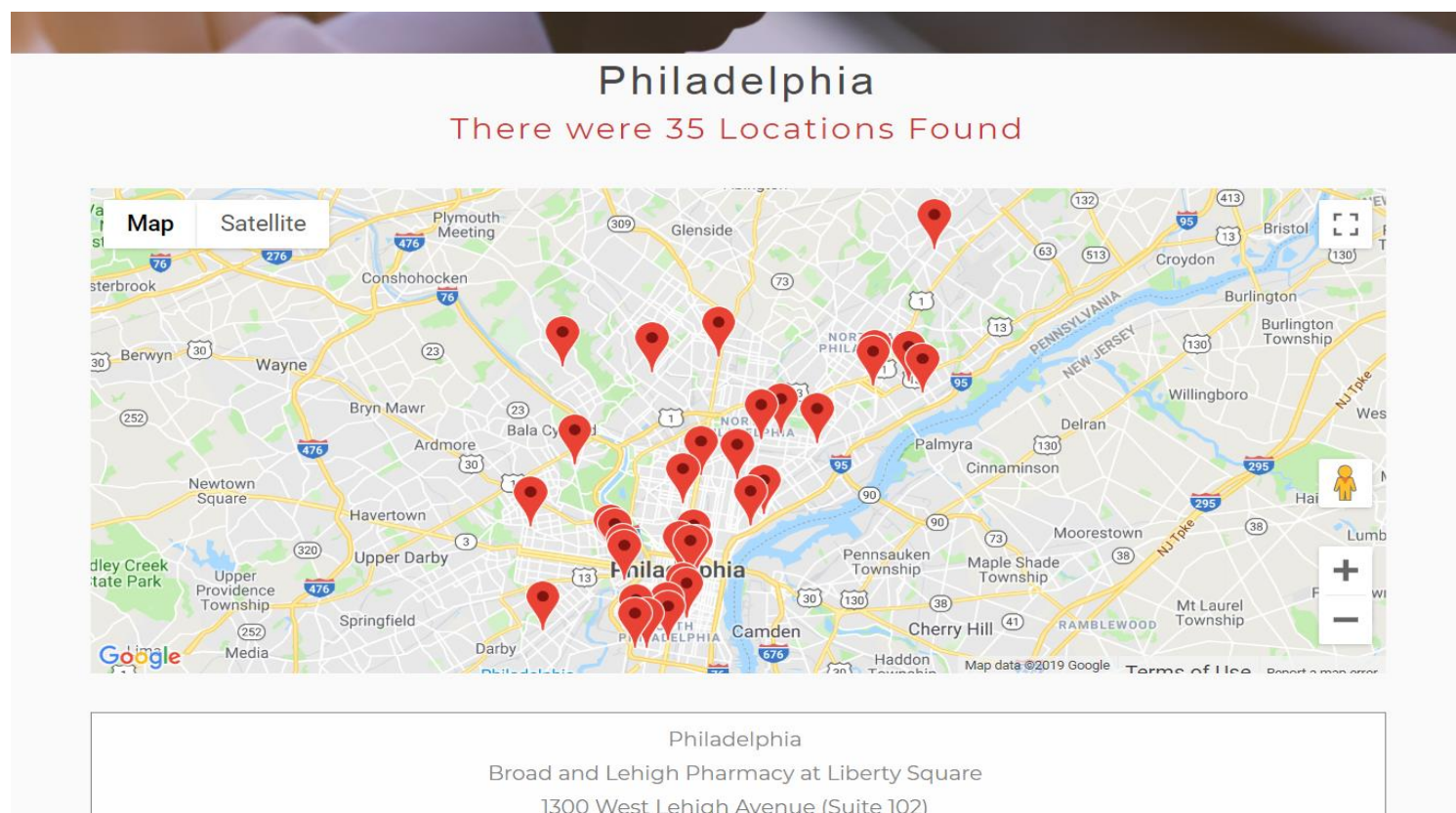
Does your hospital have a disposal site (Prescription Drug Takeback Program) onsite?





PRESCRIPTION DRUG TAKE BACK PROGRAM

<https://apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx>

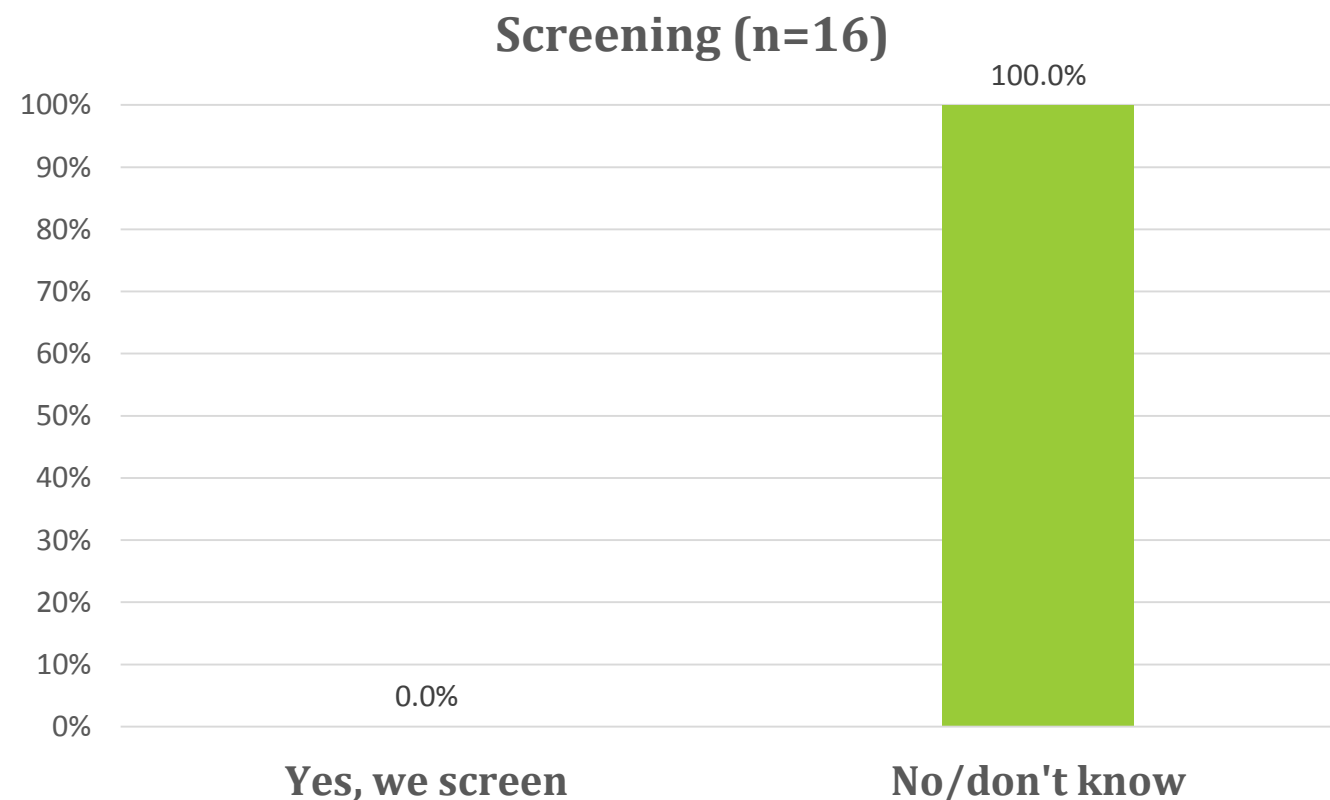




BASELINE SURVEY

Has your department adopted a standardized screening tool or risk assessment to screen for **Fibromyalgia**?

14 hospitals reported they do not screen for this condition, while 2 reported they do not know if screening is taking place.

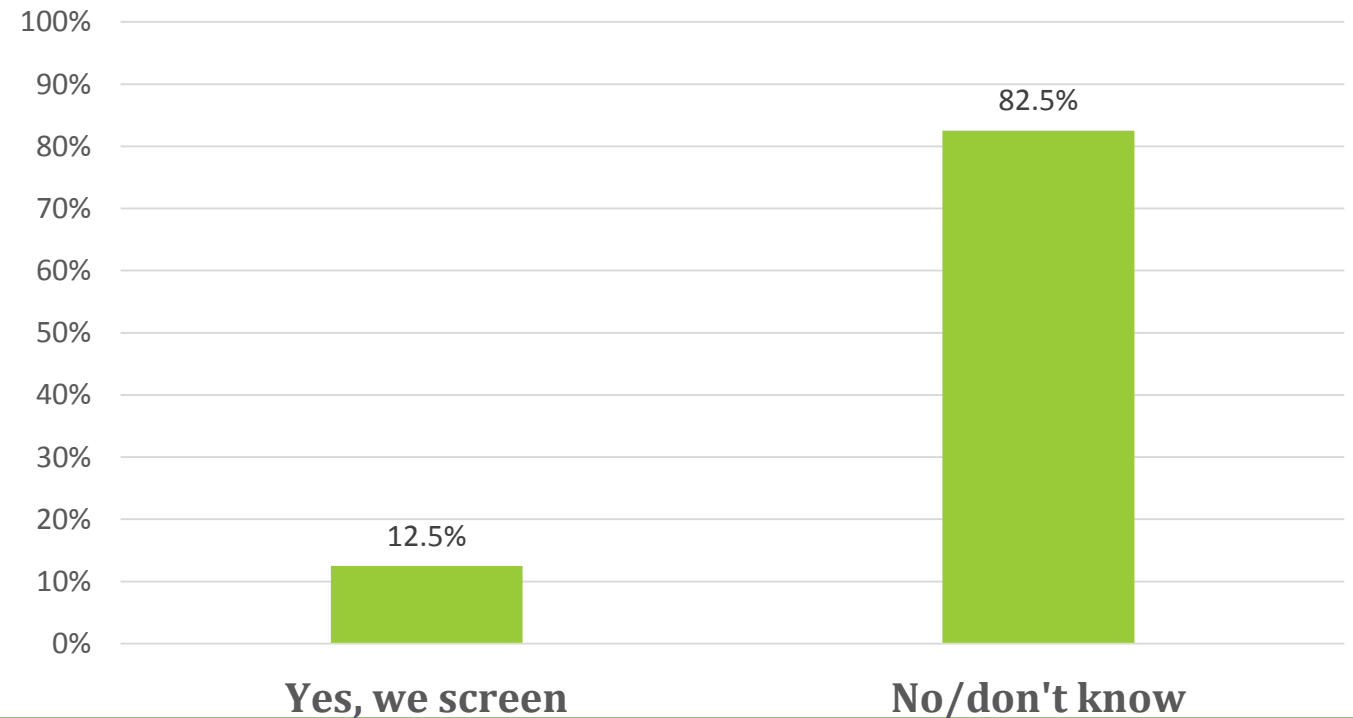




BASELINE SURVEY

Has your department adopted a standardized screening tool or risk assessment to screen for **chronic pain syndrome**?

Screening (n=16)



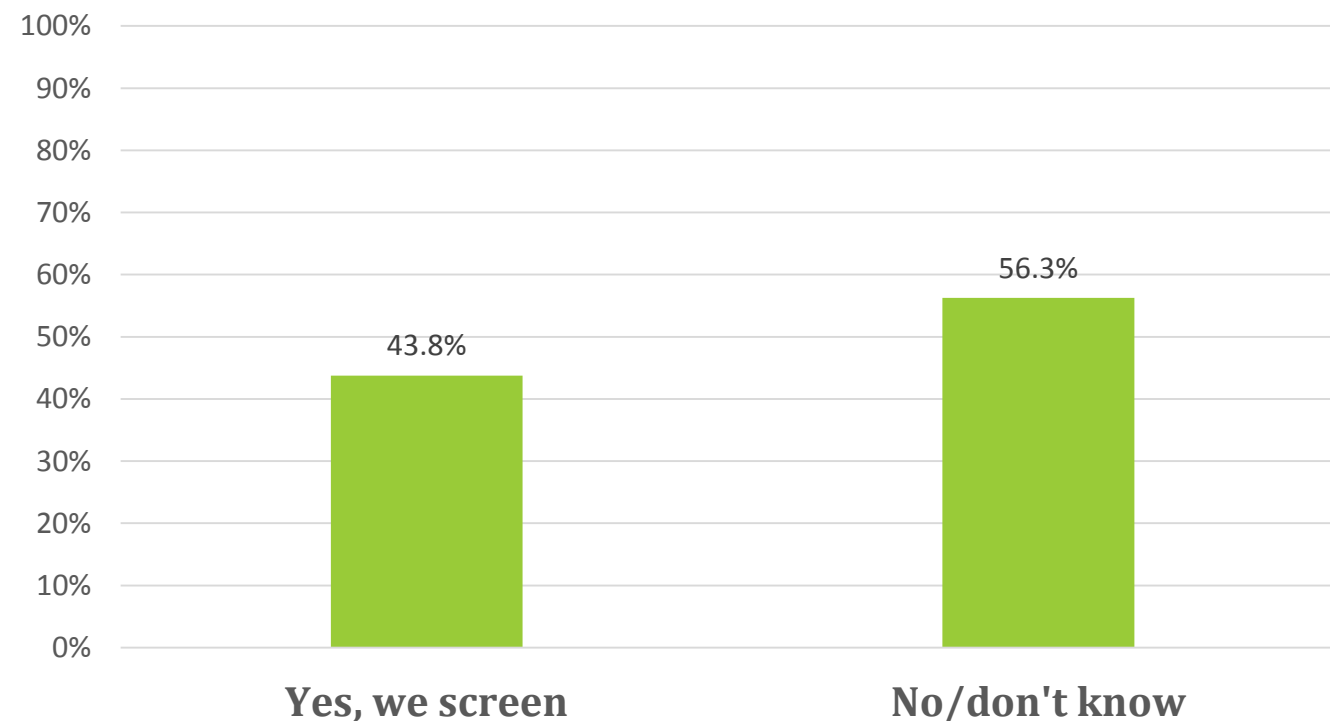
The two hospitals that screen for this condition use an internally developed screening tool.



BASELINE SURVEY

Has your department adopted a standardized screening tool or risk assessment to screen for **opioid use disorder**?

Screening (n=16)



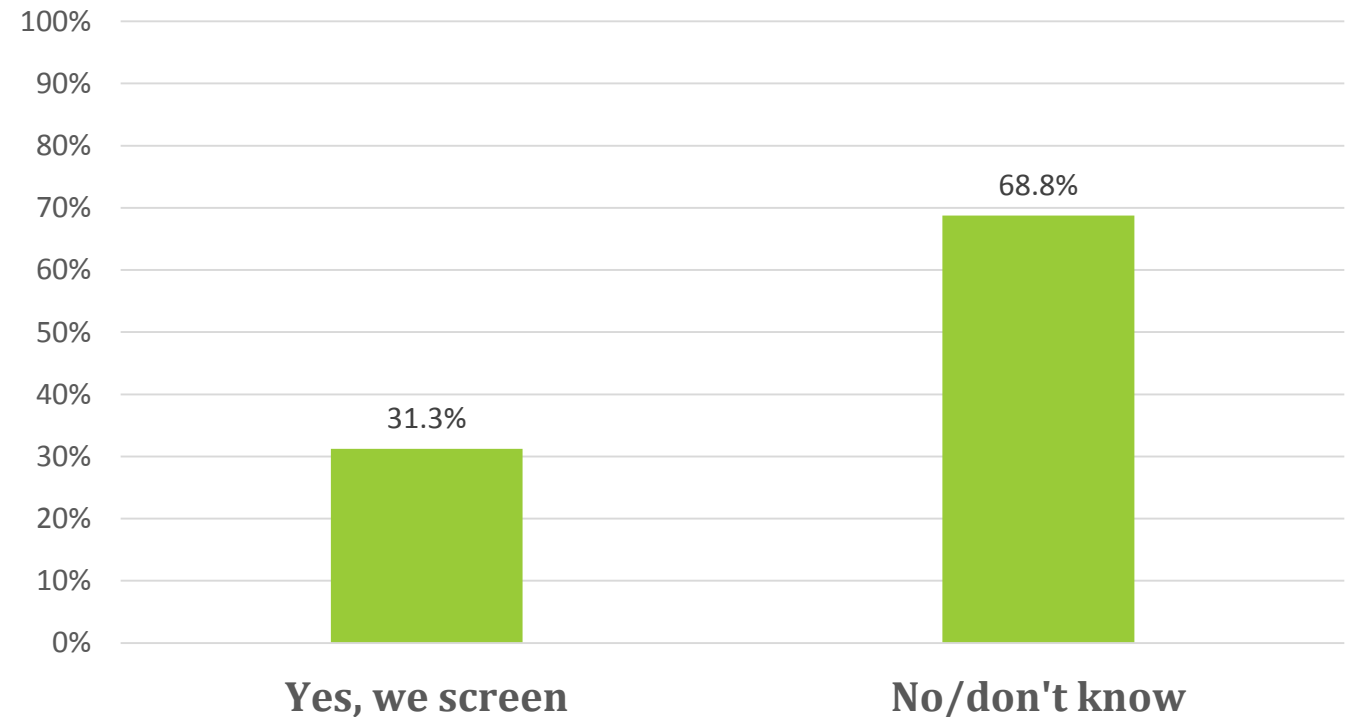
External tools included the state database, Clinical Opiate Withdrawal Scale (COWS), the Opioid Risk Tool, SBIRT, and the EMR/EPIC.



BASELINE SURVEY

Has your department adopted a standardized screening tool or risk assessment to screen for other **substance use disorders**?

Screening (n=16)



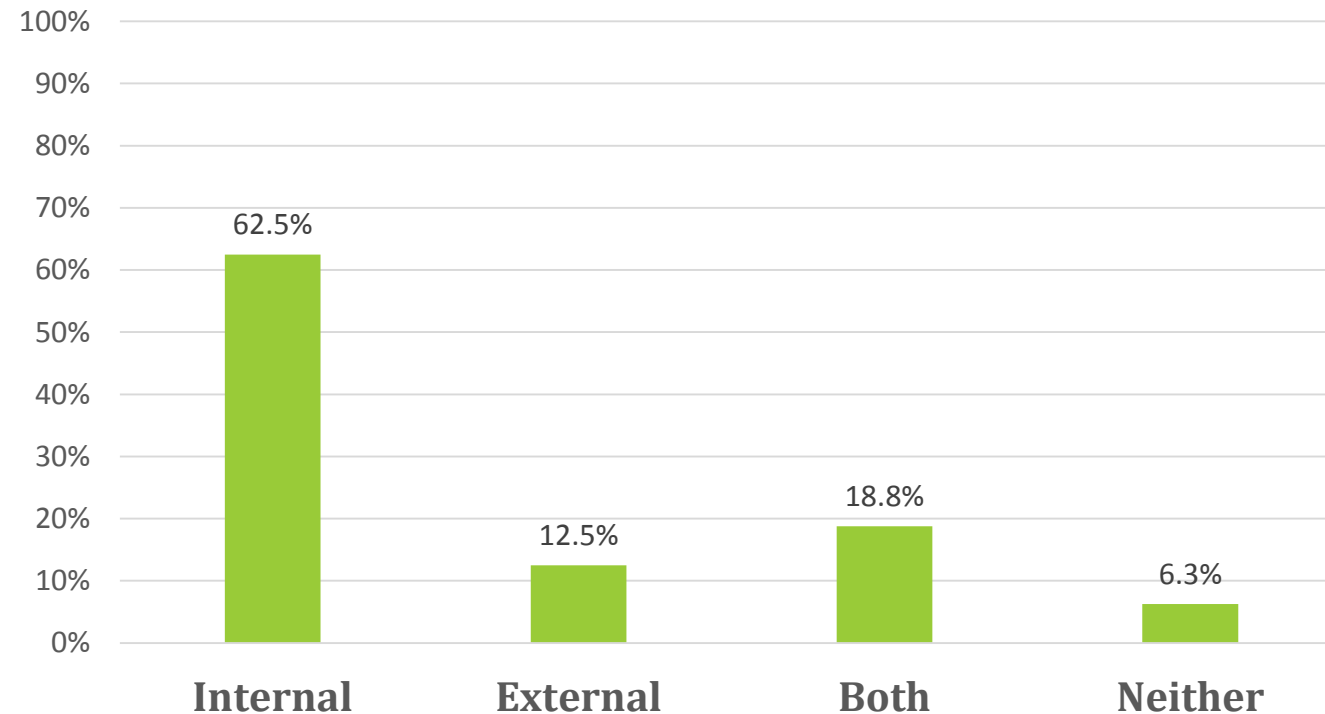
External tools included the state database, the CAGE tool, and SBIRT.



BASELINE SURVEY

My department has these established resources for providers to refer high-risk patients who use opioids to pain management:

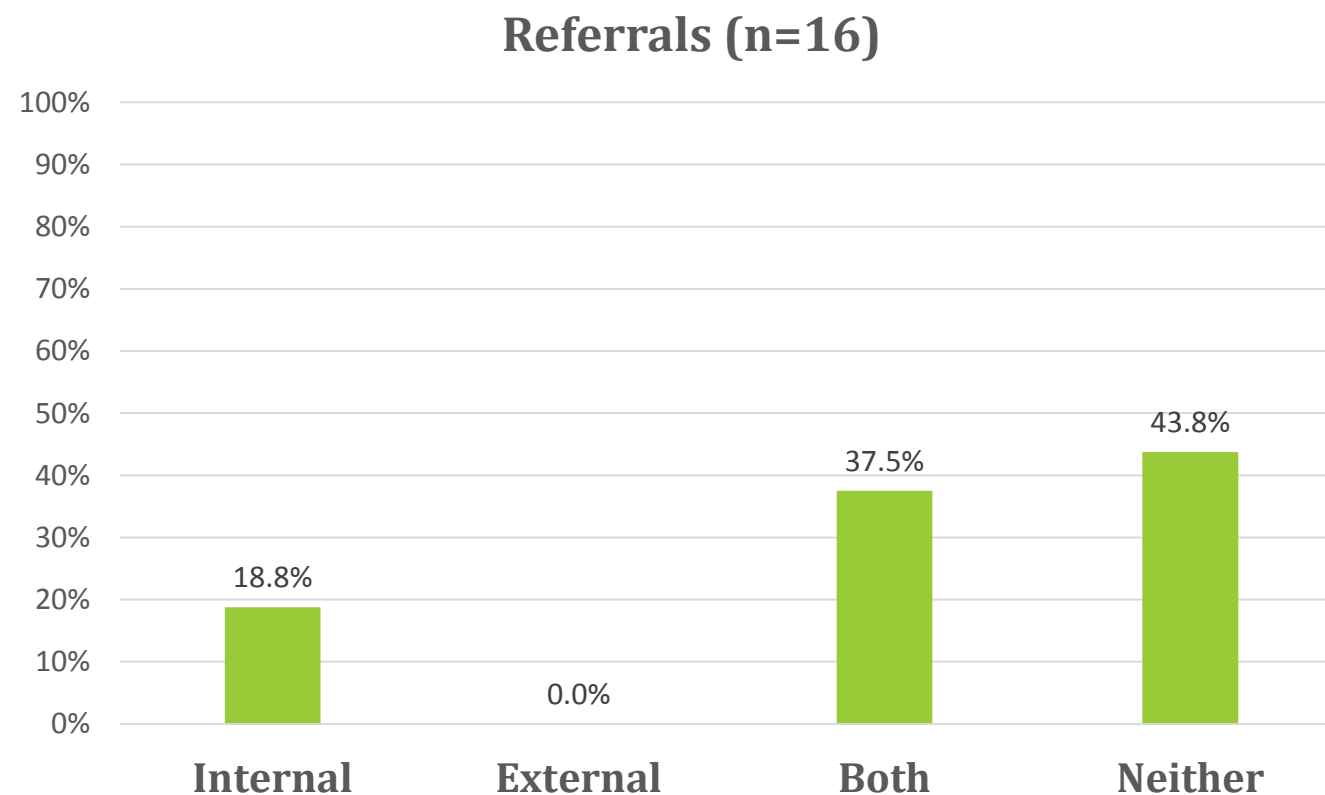
Referrals (n=16)





BASELINE SURVEY

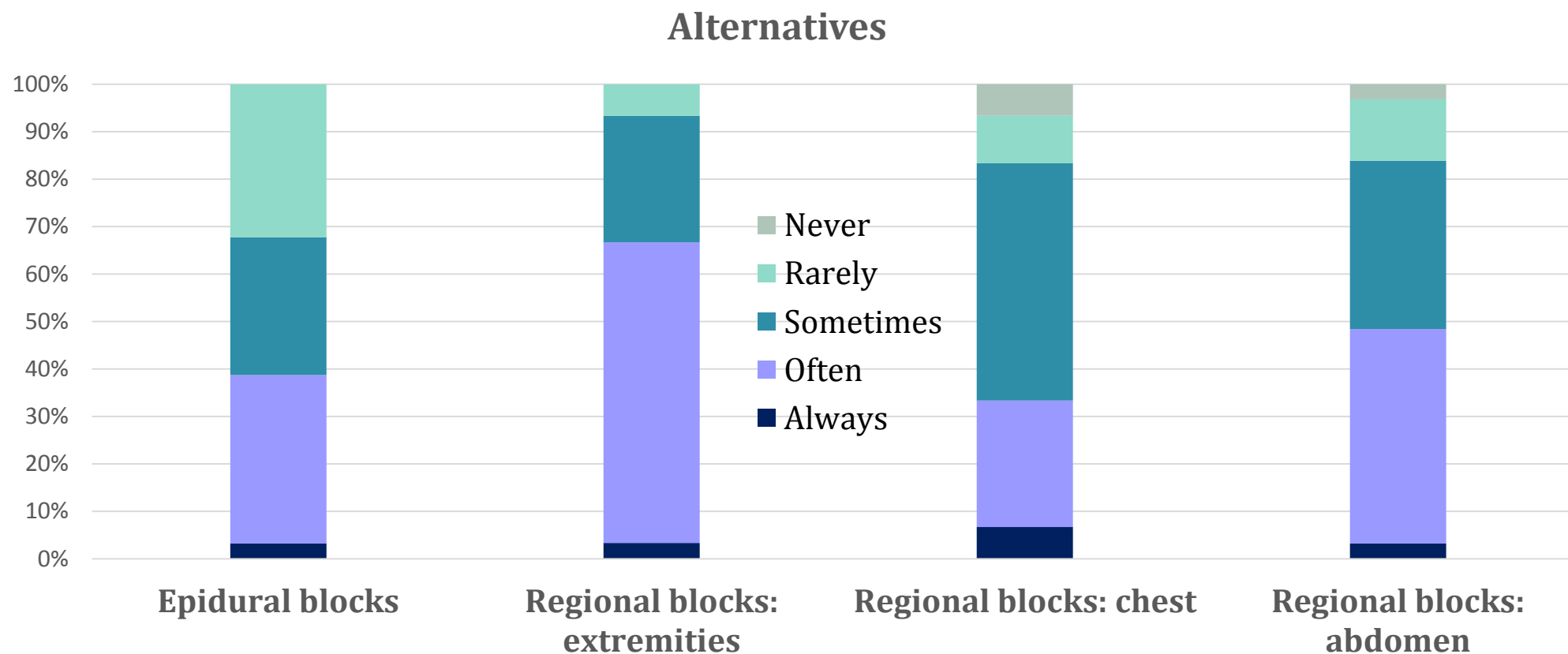
My department has these established resources for providers to refer high-risk patients who use opioids to behavioral health treatment and counseling:





BASELINE SURVEY

How often do members of your department use these alternatives:

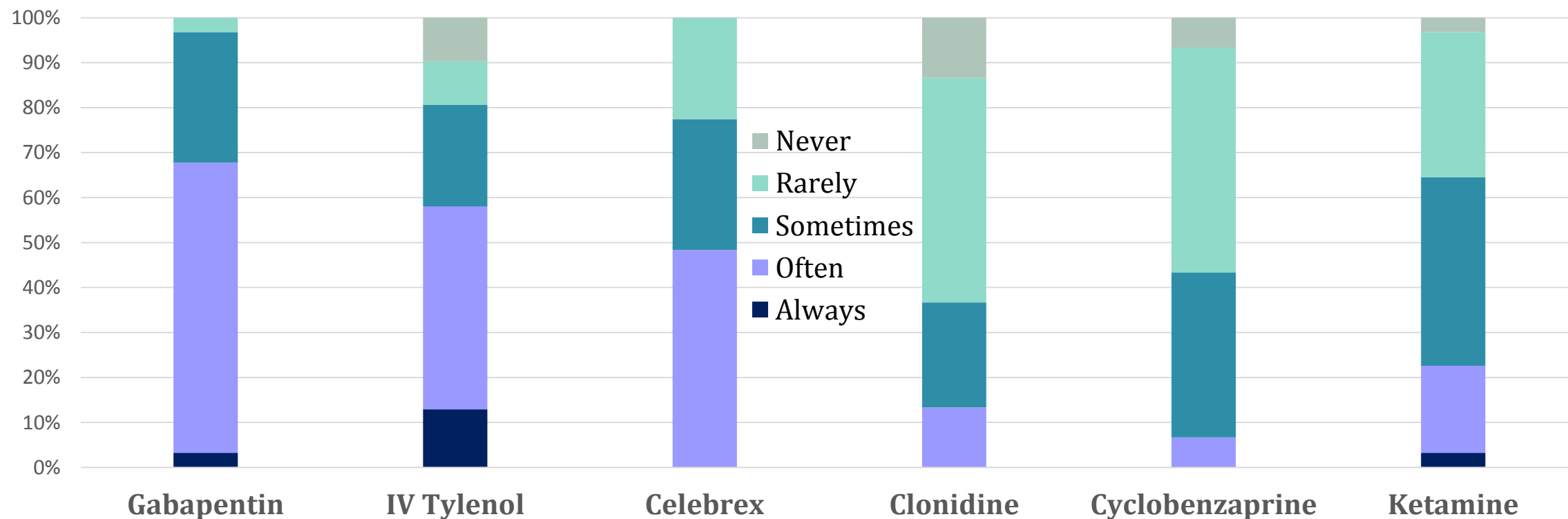




BASELINE SURVEY

How often do members of your department use these alternatives:

Alternatives



NEXT STEPS



COLLABORATIVE ACTIVITIES

- Training and convening PFAC
- POSSE NSQIP measure development (PANC hospitals)
- Educational webinar
- 1:1 phone calls with POSSE hospitals
- Next PANC meeting: October, 2019



ACTION ITEMS

- Send name and contact info for your PFAC Coordinator - **by April 24th**
- Collect and submit your patient educational materials - **by June 30th**
- Review survey results; identify opportunities for improvement
- Establish your improvement goals and strategies
- Respond to request for a 1:1 phone call with your improvement team
- Begin implementation
- Identify best practices to showcase at next PANC meeting in October



CONTACT INFORMATION

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Kelsey Salazar (ksalazar@hcfonline.org)