Organizational-Level Consumer Engagement: What It Takes

Case Study: *Trinity Health*

Community Catalyst
Because we all should have a say
in decisions that affect our health

Health Care Transformation Task Force

Center for Consumer Engagement in health innovation

Robert Wood Johnson Foundation

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Introduction

Person-centered, value-driven health care delivery includes patients and families as partners in all aspects of decision-making about their health care. In practice, however, most health care delivery falls far short of achieving this goal. Yet health care systems are increasingly seeing the value in engaging patients not only in direct patient care, but to guide organizational decisions about that care. And while there is growing interest among health care organizations in taking meaningful steps to improve patient engagement, there is a knowledge gap and activation barrier to achieving this change and making sure the voice of the patient is incorporated at all levels of organizational decision-making.

The purpose of this project was to learn from organizations that have made a commitment to engaging patients and families at the organizational and system levels, recognizing that even highly committed health care organizations are at varying stages of maturity when it comes to implementing structures to actualize their goals in this area. In particular, we were interested in learning with more specificity about the engagement structures organizations have employed, what it takes for organizations to operate those structures, and what has been the impact of these structures both on the organizations and on the people and communities they serve.

Interviews were conducted with staff, patients and families at three health care organizations that have undertaken concerted efforts to meaningfully engage consumers at the system level:

- Children's Mercy Kansas City
- Hudson River Health Care
- Trinity Health

The resulting case studies describe the patient and family engagement strategies adopted (or in the process of being adopted) by these organizations and estimate the resources that are needed to initiate and sustain these strategies. By sharing this level of detail, the intent is to help spur broader adoption of meaningful consumer engagement strategies by other health care providers.

To learn more about the project's methodology and findings or to read the other case studies, please visit the project webpage.

Terminology

This document preferentially uses the following terms as they are defined below. Where the health care organizations studied used specific terminology to describe their objectives, activities and programs, their preferred terminology is used within their respective case studies.

Patient is used as an umbrella term to represent an individual or their authorized representative – such as a parent of a minor or an adult child of an aging parent – who interacts with the health care system. A patient may also be referred to as an individual, person, consumer, member, beneficiary, caregiver or resident.

The terms **family** and **caregivers** are used in certain contexts to refer to patient-authorized individuals involved in providing care or decision-making support for a patient. Caregivers may include family members, friends, authorized representatives, community-based supporters or others authorized by the patient to support them in their care.

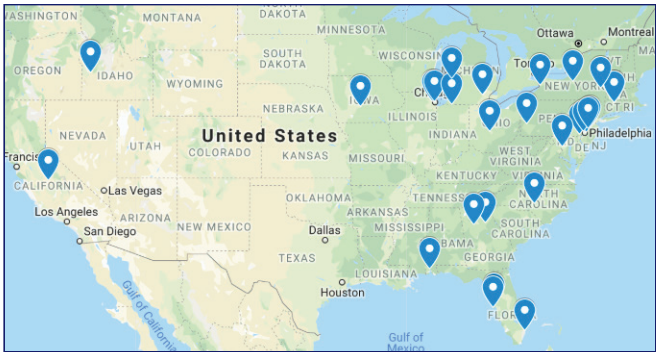
Patient and family engagement is the act of partnering with patients and families in defining, designing, participating in and assessing the care practices and systems that serve them to assure they are respectful of and responsive to individual patient preferences, needs and values.

Person-centered and family-centered care refer to health care planning, delivery and evaluation that sees patients, families and caregivers as equal partners in making sure care meets their goals, needs and preferences. This can also be referred to as people-centered or patient-centered care.

Patient experience is a component of health care quality that encompasses the interactions that patients have with the health care system.

Sources: CMS, Institute for Patient- and Family-Centered Care, AHRQ, National Academy of Medicine, Center for Consumer Engagement in Health Innovation, Health Care Transformation Task Force

Background



Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states.[1] Trinity Health includes 92 hospitals, as well as 106 continuing care locations that include PACE programs, senior living facilities and home care and hospice services. Its continuing care programs provide nearly 2.5 million visits annually. Based in Livonia, Michigan, and with annual operating revenues of $19.3 billion and assets of $27 billion, the organization returns $1.2 billion to its communities annually in the form of charity care and other community benefit programs. Trinity Health employs about 129,000 colleagues, including about 7,500 employed physicians and clinicians.

Its stated mission is to "serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities."

Trinity Health's history can be traced back to the mission work of Catholic congregations of religious sisters serving their communities starting as early as 1831. Today, Trinity Health upholds core values that include reverence, commitment to those who are poor, justice, stewardship and integrity. It works to connect these core values to the daily work of its employees through mission integration initiatives that ultimately result in the delivery of compassionate and people-centered care – for one's self, their colleagues, communities and patients.

Trinity Health was selected for this analysis because it offered an opportunity to understand how a complex, multi-institution, multi-state health system manages the implementation and scale of engagement efforts.

Data Collection Methods

To understand Trinity Health's engagement strategy, the research team studied two Trinity Health member hospitals: Saint Joseph Mercy - Ann Arbor, in Ann Arbor, Michigan, and Saint Alphonsus Regional Medical Center (SARMC) in Boise, Idaho. The research team conducted a series of in-person and phone interviews with leaders from the two hospitals, as well as patients and family members involved in engagement activities. The St. Joseph Mercy interview involved eight participants including leadership representatives working on patient and family engagement efforts and patient quality/safety, as well as several patients who participated in patient and family advisory councils (PFACs), focus groups, and other engagement structures across the hospital. The SARMC interview included four senior staff members with expertise in patient engagement, patient experience, marketing and clinical care delivery.

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[1] Alabama, California, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Michigan, Nebraska, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, and South Dakota.

The research team also held interviews with leadership from the Trinity Health corporate headquarters in Livonia, Michigan to gather insights on how a multi-state organization approaches expanding their engagement strategy across a network of health systems. The Trinity Health interview involved six participants including leadership representatives working on system-level strategy, marketing, patient experience, nursing, and diversity and inclusion.

In addition to the interviews, St. Joseph Mercy, SARMC and Trinity Health completed short surveys detailing key aspects of their patient engagement strategies and structures and provided background materials related to this work such as educational resources, charters, job descriptions, meeting reports and organizational charts.

As a large multi-state health system, much of the patient-centered engagement work at Trinity Health occurs within local member health systems. Consequently, this case study analysis looks first at the range of engagement strategies and structures and their resource requirements at the two regional health systems studied (St. Joseph Mercy and SARMC). The second part of the analysis focuses on the role of Trinity Health corporate headquarters in facilitating the implementation of engagement efforts across its system. Finally, the analysis covers the impacts, challenges and lessons learned from these efforts that would be informative to other organizations interested in advancing their own engagement efforts.

Local Hospital Findings

Saint Joseph Mercy Health System

Background

Saint Joseph Mercy Health System (SJMHS) was founded as a single hospital in Ann Arbor, Michigan, in 1911. In 2019, the health system included five hospitals and over 14,000 employees serving six counties across southeast Michigan. The interviews for this case study focused on the engagement work at Saint Joseph Mercy Health System's Ann Arbor and Livingston locations which consist of a 537-bed teaching hospital and a 136-bed hospital, respectively. Combined, the two locations had almost 34,000 patient discharges and an operating revenue of over $1 billion in 2018.

SJMHS's patient engagement work can be traced back to 2007. The engagement work was born out of the efforts of a group of parents with children receiving care in the St. Joseph Mercy - Ann Arbor neonatal intensive care unit (NICU). Initially this group of parents focused on organizing fundraising campaigns for the NICU and planning supportive activities for children and their parents. Their efforts caught the attention of hospital leadership from the Women and Children's Services and the NICU staff. These leaders began working directly with this parent group to develop a Family Advisory Board and create a formal structure for patients and family members to identify and communicate actions the health system could take to improve the care experience for children in the NICU.

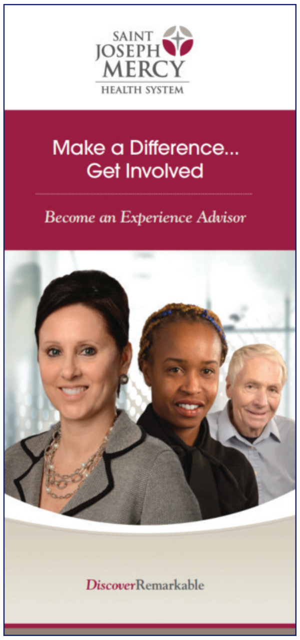
In 2009, inspired by the successes achieved via the NICU's Family Advisory Board, the hospital board's Quality Committee recommended the creation of a task force charged with developing a "Roadmap for Patient and Family Engagement." The task force included both health system staff and patient and family representatives with care experiences at the hospital. This work focused on four areas for fostering engagement: (1) changing culture and infrastructure; (2) developing patient and family advisors; (3) strategic deployment; and (4) measurement and evaluation. This process also generated a work plan and initial charter for the first hospital-wide Patient and Family Advisory Council and served as a template for the creation of other engagement structures around the hospital, as detailed below. This strategic roadmap was endorsed by the hospital board and implementation began in 2010.

Engagement Strategies

In developing the Roadmap for Patient and Family Engagement, the task force identified four key methods of capturing and engaging the voice of patients and their families: (1) committee/council representation; (2) focus groups; (3) electronic advisors; and (4) experience sharing. Using a combination of home-grown and Trinity Health resources, SJMHS implemented engagement strategies covering each of these four areas as well as some additional strategies designed to inform improvement projects and employee education efforts.

Family Mentoring and Support

Experience Advisor Program: The Experience Advisor Program serves as the first step for volunteers interested in participating in one or more of the four engagement methods detailed in the Roadmap. This program gives all advisors a baseline orientation to the health system and training to support their role as advisors. Experience Advisors must first apply and participate in an interview with a program staff member to discuss their interest areas and identify opportunities that will best fit their goals and schedule. The advisors then complete a volunteer screening, orientation program, and training process that covers expectations for the range of advisor opportunities (committees/councils, focus groups, electronic advisors, and experience sharing). Experience Advisors are also encouraged to read a Commonwealth Fund article titled "[Quality Matters: Healthcare Institutions are Slowly Learning to Listen to Customers]," which serves as a foundational piece informing the group. This program began in 2010 and currently comprises about eighty-five active advisors participating in various roles and activities.



SAINT JOSEPH MERCY
HEALTH SYSTEM

Make a Difference...
Get Involved

Become an Experience Advisor

DiscoverRemarkable

SJMHS dedicates the following resources to support the Experience Advisor Program. These include dedicated staff time to develop materials, manage and interview applicants, and oversee trainings. Additionally, resources are required for printing materials, refreshments, recognition gifts, and room/teleconference resources for trainings.

Informing Projects and Improvement

Engagement Councils, PFACs, and Population-Specific Councils: In its Ann Arbor and Livingston locations, SJMHS operates a hospital-wide Patient and Community Engagement Council (PCEC), multiple service-line-level PFACs, as well as Population-Specific Councils which are similar in structure to PFACs but focused on specific condition areas or patient populations (examples include pain-management, a pregnancy loss, medical oncology, quality and safety, NICU Family Advisory Board, and patient experience). The PCEC includes representatives from the individual PFACs and serves as a vehicle for coordinating across PFACs and identifying and prioritizing key hospital-wide issues. The PCEC also provides ad hoc feedback for service lines and departments that do not have their own PFACs.

SJMHS assisted in the creation of the standard Trinity Health PFAC toolkit to support the implementation and operation of PFACs across the health system and enterprise. The toolkit includes standardized application forms for patients/family interested in joining a PFAC, as well as resources to support the development of a charter, tips for member training, and guidelines for running meetings that all members of Trinity Health can use as jumping off points for establishing PFACs.

Patients and family members are recruited in a variety of ways including staff recommendations, word of mouth from current PFAC members, direct recruitment of patients with negative experiences, and advertisements added to the health system hold message. Applicants are asked to include their name, demographic information, contact information, types of services received at the hospital/health system, background on their experiences, meeting availability, and level of interest in participation in committees, focus groups, material reviews, and willingness to present directly to staff about their experiences.

PFACs typically meet monthly or quarterly. The timing of the meeting is established by the PFAC members to enable maximum participation. Meetings are primarily comprised of patients (termed “health consumer advisors” in the Trinity Health PFAC toolkit) along with volunteer staff members interested in the specific PFAC areas of focus. Staff participation is limited to ensure that health system staff do not outnumber patients. PFACs are typically co-chaired by a patient and a health system staff member and are facilitated by either a staff person or a patient trained in facilitation.

Each council and PFAC reports feedback internally through the co-chairs and facilitators up to leadership in their respective department. SJMHS also uses a tiered system where the population-specific councils have representatives participate in the PCEC. Feedback from the PFACs and PCEC is communicated to the health system leadership responsible for the people-centered engagement work and relayed to Trinity Health leadership through regional meetings. PCEC and PFAC chairs are generally in charge of communicating about the impacts of the feedback with their respective groups during meetings or via email.

To support these councils, SJMHS dedicates staff time to manage meeting preparation and facilitation (or to train an advisor to facilitate the meetings). It also pays for travel reimbursement for participants, printing of materials, refreshments, recognition gifts, and room/teleconference resources to host the meeting.

Focus Groups: St. Joseph Mercy – Ann Arbor and Livingston use focus groups to gather targeted feedback on specific projects or issues as they arise. Participants are typically recruited from PFACs, service recovery calls, patient discharge data, and general advertising posted within the health system requesting participants. The focus groups are typically facilitated by a representative from the health system and feedback from the group is aggregated and communicated to the relevant health system leaders working on a specific project or issue via a written report. Focus group conveners are responsible for reaching out to participants to update them on the status of projects and how their feedback was used.

SJMHS dedicates staff time to prepare focus group materials and conduct interviews. Similar to its other engagement strategies, SJMHS also pays for travel reimbursement for participants, printing materials, refreshments, recognition gifts, and room/teleconference resources required to host the meeting.

Electronic Advisors: Like a focus group, electronic advisors (or "e-advisors") are called on to provide feedback on specific issues on an as-needed basis. The e-advisor program allows people to provide feedback on specific issues electronically. This approach offers people the flexibility to serve as an advisor from their homes and on their schedule. E-advisors are added to an email distribution list and are contacted by health system staff with requests for feedback on a range of topics including patient education material, website designs, reactions to messaging for public signage on topics like anti-violence and harassment policies, and recommendations for changes to clinic policies and procedures.

Specific SJMHS resources used to support the e-advisor strategy include: staff time to create and manage a database of advisor contact information (estimated to be less than 1 FTE) and recognition gifts for participants.

Gemba Walks/Patient Tracers: Gemba walks and tracers are continuous quality improvement techniques designed to help a hospital or clinic analyze workflows and the experience of care from the perspective of staff and patients. Gemba walks are a concept that originated with Japanese manufacturing quality improvement philosophies like LEAN (Gemba is a Japanese term that roughly translates to "the real/actual place"). It involves managers, patients, and family members physically going to the place where a task is being done and engaging with front line staff to understand workflows and identify opportunities to improve processes.

Patient tracers are similar in concept to Gemba walks but use an observer to "trace" a patient's experience of care while moving through the health system. The patient tracer methodology involves pairing a patient with an observer who accompanies them during a health care visit. This observer uses what they see, along with the feedback from the patient, to identify areas for improvement.

In interviews, SJMHS staff cited the value of Gemba Walks and tracers in orienting staff to the experience of care from a patient perspective and revealing issues that could be overlooked, such as clarifying signage to guide patients from the parking lot to the clinic door, or opportunities to streamline patient discharge through improved coordination with the pharmacy.

Patient and family member feedback is reported directly to the relevant project leadership after the walk or tracer is completed. The project leadership determines the best process to follow-up with patients and families regarding their recommendations.

SJMHS dedicates staff and/or volunteer time to make the observations and summarize findings. The time investment for tracers can be significant depending on the type of service a patient is receiving since the person doing the tracing is observing the full patient experience from start to finish.

Employee and Trainee Education

Experience Sharing: The experience sharing program offers patient and family advisors the opportunity to share their health care story at health system events, trainings and meetings. This engagement strategy is intended to put a human face on the work of health care and to inspire and motivate the health system staff working on improving care. Advisors are encouraged to highlight both the positive and negative experiences they have had with the health system. To support this strategy, SJMHS dedicates staff time for the creation and maintenance of a database with contact information for individuals willing to share their health care experiences. Additionally, health system staff are asked to support the program by identifying opportunities for 'storytelling' around the health system, coaching those sharing their experience on effective approaches to story delivery, and coordinating logistics.

Shadowing: Shadowing is a pilot program at St. Joseph Mercy – Ann Arbor and Livingston where a provider visit with a patient is observed by a staff member or patient advisor trained to give constructive feedback on the encounter from the patient's perspective. After the interaction the provider being observed is asked to assess their performance in terms of interacting in a people-centered manner on a scale from 1-10 (1 being worst and 10 best). The observer will then share their score with the provider, discuss the difference between their score and self-assessed score, provide constructive feedback on the interaction and, if needed, offer advice on how to improve in future interactions.

Patients and family members are recruited from the active Experience Advisor pool and provided training on how to effectively shadow the providers and give constructive feedback based on their experiences and observations. The shadowing program is voluntary, available to all providers, and is scheduled on a 1-to-1 basis. Patient engagement teams monitor the program using a data collection tool that shares the results with the individual provider and their department chair. Data is also aggregated and shared with the broader departments around the health system. The overall themes from the shadowing sessions are shared with medical leadership, department chairs and section heads and the information on the gaps identified is used to inform additional training opportunities and health system focus areas.

The strategy requires SJMHS to dedicate extensive staff time (estimated at 1 FTE system-wide) to manage scheduling and data collection. To address some of the issues with staffing demands, the health system has modified the program to use simulated, rather than actual, patient interactions and have implemented a peer-to-peer mentoring strategy that is less resource intensive.

Key Resources Required to Implement and Operate Strategies

The engagement work at the St. Joseph Mercy – Ann Arbor and Livingston locations are overseen by one senior level employee (1 FTE) who reports to the Chief Quality Officer. This senior level employee also reported being supported by a dedicated staffer (0.5–1.0 FTE), depending on budget availability and workloads. Overall, the health system reported as many as eight total FTEs that play some role in their engagement work in some capacity. These staff are responsible for managing patient recruitment and onboarding, the development of resources and guidance to support the development and operation of PFACs and Population Specific Councils, as well as the facilitation of the PCEC.

The Population Specific Councils typically have two co-chairs, a volunteer provider/staff member and a patient representative. Each PFAC selects their own officers from among their membership. The PFACs and Population Specific Councils establish a budget that is generally used for food/refreshments, travel reimbursement and small recognition gifts. Other costs include printing for materials, and the reservation of space (if space is not freely available at the hospital).

Examples of Key Staff Titles Involved in Engagement work

- *Health System President*
- *Chief Experience Officer*
- *Chief Quality Officer*
- *Executive Director of Engagement*
- *Chief Nursing Officer*
- *Nurse Managers*
- *Patient Access Manager*

Saint Alphonsus Regional Medical Center

Background

Saint Alphonsus is a five-hospital regional health system employing about 7,000 and serving 700,000 people in southwestern Idaho, eastern Oregon, and northern Nevada. Its network includes 170 clinic locations, three acute care hospitals, one critical access hospital, and one rehabilitation hospital.

Saint Alphonsus interviewees discussed the health systems' long-standing focus on holding the patient at the center of care and their work over the past ten years. Interview participants emphasized the importance of understanding the perspectives of the people receiving care coupled with culture change that ensures providers and staff are open to the feedback they receive.

> *"We are trying to get rid of the old mentality that we [providers] don't need to seek outside input since we have all been patients, too. We forget that working in health care gives us a special window into the health care system that profoundly changes how we experience health care. We need the perspective that only patients and family members can provide."*
>
> *– Health System Representative*

Saint Alphonsus has focused on ensuring that the perspectives of patients, their family members, and the community are reflected in the decisions being made about organizational design and operations. To accomplish this, the health system has implemented several strategies to support engagement.

Engagement Strategies

Health system leaders interviewed at Saint Alphonsus emphasized that their view of patient engagement extended beyond current patients and into the broader community, including those individuals who have not had any interaction with their health care system. The health system uses PFACs as a primary engagement strategy but also implements several other engagement approaches to monitor quality efforts, identify improvement opportunities and address the needs of patients with complex or challenging care needs.

Family Mentoring and Support

High-Impact Families: Saint Alphonsus' High-Impact Families Program was set up to engage the most resource-intensive families of hospitalized patients to better address the unmet needs of those families and the staff who care for them. Interview participants reported that these families often did not feel heard through the normal channels of communication and staff members felt under-resourced and unequipped to respond to their needs. Under the High-Impact Family Program, staff identify families that would benefit from the engagement effort. Once identified, a multi-disciplinary team of leaders are convened to work with staff to develop a plan of action. These Leaders meet with the patient and family to hear their needs, and then follow up with the patient and family on regular intervals to check if any adjustments need to be made to the plan. This leadership engagement provides families with the additional attention they need, while easing the demands on the staff.

To support this strategy, Saint Alphonsus leadership and staff dedicate time to meet with patients and their families to form the action plan and to do ongoing follow-ups with the family and staff across departments.

Informing Projects and Improvement

PFACs: Saint Alphonsus manages condition-specific PFACs including a geriatric/palliative care/chronic disease PFAC and orthopedic PFAC, as well as PFACs for the facilities in Boise, and Ontario. Nampa, and Baker City's PFCS are forming in 2020. Most participants are recruited from an inpatient stay; however, staff also bring in the medical group to undertake outreach to community members who are not established patients. Generally, PFACs meet monthly.

Staff hold one-on-one meetings, in-person or by phone, leading up to the first PFAC meeting to answer questions for new members and to share information. PFAC members are also invited to "new colleague orientation," a day of general orientation for all new staff including physicians, nurses, food service staff, administrators, volunteers, etc. The orientation focuses on the organization's mission, core values, and the importance of patient experience. The orientation day includes activities in emotional intelligence, communication styles, empathy, cultural expectations and norms, and the communication model used throughout the system. Finally, PFAC members receive guidance on the type of information that is helpful for the organization, and strategies for effectively communicating their perspectives to drive change.

Feedback from the PFACs is provided directly to the relevant leadership for the project or issue being discussed. The PFAC organizers and leadership presenters are responsible for providing information on the impact of the patient feedback back to the PFAC members. The PFACs have played an active role in improving patient engagement training materials for providers, patient rights and responsibilities brochures, materials for the foundation giving campaign, workplace violence strategies, and patient fall prevention education.

Saint Alphonsus invests in supporting this strategy by dedicating staff time to meeting preparation and facilitation (or to training an advisor to facilitate the meetings) and by paying for travel reimbursement for participants, printing of materials, refreshments, recognition gifts, and room/teleconference resources to host the meeting.

Customer Journey Mapping: Saint Alphonsus implemented the customer journey mapping program in 2018 and 2019 with the goal of mapping the way patients move through different parts of the Saint Alphonsus Health System, and to use the patient perspective to inform improvements in care. The project was implemented in coordination with Trinity Health leadership, the Customer Experience Liaison for the Saint Alphonsus Region, and the assistance of two vendors who helped with research and analysis. Over a 6-month period Saint Alphonsus completed interviews with 26 stakeholders, 34 qualitative in-person interviews, over 1,000 local quantitative research surveys, and conducted internal human-centered design sessions and hypothesis mapping.

The information gained from this effort was used to inform cross-departmental quality improvement workshops and the development of a "consumer priority roadmap" designed to guide ongoing health system efforts. Specific action steps that resulted from this work include the development of an online self-scheduling system and a provider-to-patient matching resource to assist patients in identifying providers that best match their needs and preferences.

To support its customer journey mapping strategy, Saint Alphonsus dedicates staff time to develop, conduct, and analyze surveys and interviews. It also pays for printing for interview and survey materials, meeting refreshments, and room/teleconference resources required to host the meeting.

Monitoring and Improving Quality

Patient Experience Monthly Operating Review (PX MOR): The PX MOR is a one to two-hour monthly meeting that brings together health system staff and patients to review patient experience survey data. Health system staff invite patients and family members to the review meetings to share their experiences and recommend changes for the organization to implement. Attendees include all manager-level leaders who have direct interaction with patients (e.g., nurse managers, food service managers, registration managers). Patients are invited to present during PX MOR meetings to share their stories and recommendations for improving the care experience. Staff have an opportunity to ask patients clarifying questions, discuss the feasibility of recommendations, and formulate plans to act on recommendations. Saint Alphonsus invests in this strategy by dedicating staff time during and after the meeting to discuss recommendations and develop implementation plans, when applicable.

Key Resources Required to Implement and Operate Strategies

The engagement work at Saint Alphonsus is overseen by various leaders across different departments. The health system has a Patient Experience Director, a Vice President of Patient Access, and a Manager of Patient Relations. Other resource requirements include expenses for food/refreshments, travel reimbursement to participants, small recognition gifts, printing for materials, and the reservation of meeting space if space is not freely available at the hospital.

System-wide Findings: Expanding Engagement

Trinity Health

Trinity Health interview participants stated that the organization's major focus was to make people feel safe, cared about, and cared for no matter where they encountered the system. They identified engagement as a key aspect of the organization's system-wide effort to deliver high-quality health care and described the role of Trinity Health corporate leadership as supporting its member health systems and individual hospitals in achieving consistency around person-centered engagement and the delivery of high-quality care. Interviewees also stressed the importance of promoting engagement efforts that extended outside of clinical settings, specifically noting the need to engage with people in the communities Trinity Health serves before they become patients of the health system. An important consideration for Trinity Health was balancing consistency in the approach across member hospitals and health systems with flexibility for local level health systems to be responsive to the needs in their communities.

Expanding Engagement Strategies System-wide

Trinity Health uses a range of strategies to engage with their local hospitals and identify opportunities for improvement at the organization wide and local levels. These include:

1. Developing common sets of resources to support engagement efforts;
2. Connecting leaders across hospitals and health systems to promote shared learning opportunities;
3. Setting goals for the implementation of engagement strategies and holding regular meetings with local and system-wide leadership to review performance towards those goals; and
4. Convening health system leaders across regions to identify opportunities to improve and develop action plans to respond to those opportunities.

The research team categorized these strategies into two broad buckets: 1) strategies to standardize and spread best practices, and 2) strategies to gather feedback and inform system-wide operations.

Standardizing and Spreading Best Practices

Patient and Family Advisory Council Implementation: The Patient and Family Advisory Councils (PFAC) strategy is the most comprehensive engagement strategy implemented by members of Trinity Health. As each local entity establishes their PFAC, the primary role of Trinity Health corporate leadership is to set goals for PFAC adoption and provide support to individual hospitals by providing standardized tools and creating cross-organization connections to support shared learning.

To support efforts to implement PFACs, Trinity Health has worked with the most experienced of their member hospitals to develop a PFAC toolkit. The toolkit provides background on the value and benefits of PFACs and provides guidelines and templates for participant recruitment and application processes, orientation and training materials, and recommendations for rewards and recognition gifts. In recognition of the need for flexibility at the local level, the specific approach to implementing the PFACs are ultimately determined by each local member health system.

Trinity Health also acts as a convener to help connect member hospitals that are early on in PFAC implementation or experiencing specific challenges with operating their PFACs to hospitals with more mature PFACs to aid in the sharing of best practices. This is accomplished using Regional Patient Experience Teams in some Trinity Health regions. These teams are comprised of patient experience leaders and the chief nursing officer from multiple Trinity Health entities in a given region. These teams meet monthly to discuss local or regional progress on the establishment and operation of PFACs and to develop workplans for improving patient experience. Patients do not participate in these teams. Decisions are summarized and communicated to system leadership as part of broader updates on the progress in implementing PFACs at each hospital.

Nurse Leader Rounding: Trinity Health emphasized the importance of nurse leader rounding as a system-wide strategy for engaging with people during inpatient visits and proactively working to identify opportunities to improve care. In nurse leader rounding a nurse leader visits a patient to discuss the quality of care they have received and gather feedback on their overall experience. The nurse leader asks the patient for feedback on staff communication, responsiveness, experience with hourly rounding, pain control, and any other feedback that would improve their stay.

Trinity Health has set goals for the implementation of nurse leader rounding programs throughout its network of health systems. Ideally, every patient with an inpatient stay at a Trinity Health member hospital will experience a nurse leader rounding session. To balance this ambitious Trinity Health goal and optimize local health system patient care and operations, individual hospitals determine how to best prioritize specific patients for rounding. Trinity Health recommends that nurse leaders round on every patient every day, and many Trinity Health hospitals have adopted "protected time" for nurse leaders to complete rounding. At some hospitals, the results of rounding sessions are recorded in an electronic format and aggregated for review at the hospital unit during regular meetings/huddles, and they may be reviewed by others all the way up to Trinity Health corporate leadership.

Trinity Health evaluates the high-level patient experience with nurse leader rounding encounters via a question on their acute care patient experience survey. This question is standard throughout the system and is tracked and reported on monthly. There is no specific feedback mechanism to communicate the impacts or results of the rounding back to patients; rather, the focus of this effort is to engage patients on an ongoing basis to identify and address potential issues in real time and use overall trend data to inform broader continuous quality improvement efforts.

Informing System-wide Operations

Focus Groups: Trinity Health uses focus groups to engage people and gather targeted feedback to inform projects. At the system level, focus groups are convened as needed to provide input on specific topics or projects. Generally, focus group participants are recruited from local PFACs with a focus on identifying people who have an interest in or patient experience with the specific topic areas being covered in each focus group. Focus group feedback is aggregated and communicated to the Trinity Health staff leading the specific project area on an ongoing basis. The specific staff person leading the focus group can vary by project area as does the exact process for aggregating feedback. Focus group conveners generally try to reach out to participants and update them on the status of projects.

People-Centered Care Experience Cabinet (PCCEC): The PCCEC is a monthly meeting comprised of hospital-level patient experience leaders from the various regions Trinity Health serves. At these meetings cabinet members discuss the potential impacts of enterprise-level changes on patient experience and develop strategies to improve patient experience and promote consistency across Trinity Health. Findings from this group are relayed to leadership through operating meetings with C-suite leadership described below.

Integrated Clinical Leadership Meetings: Trinity Health leaders hold monthly meetings with the clinical services leadership teams from each hospital to review performance against a set priority strategies and goals. Meetings include clinical leaders from across the care continuum, such as the chief medical officer, chief nursing officer, pharmacy director, accountable care organization (ACO) leaders at each hospital and a Trinity Health system clinical executive. The implementation of a PFAC at the local level is an area of focus for these meetings. Participants may review the status of PFAC project rollouts and identify potential resource requirements and opportunities for shared learning that could aid in their successful PFAC rollout. Patients are not formal members of these meetings but have been invited to share experiences and perspectives with leadership.

Key Resources Needed to Implement and Operate Strategies

Trinity Health interview participants estimated that the patient engagement work at the Trinity Health corporate level engaged approximately 3.5 FTEs.[2] This staffing included dedicated time from a mix of senior level leaders including; the Director of People-Centered Care Experience (tasked with leading the system-wide effort to improve patient experience), the Senior Vice-President of Diversity and Inclusion and Chief Experience Officer (a position created in 2019 to manage system-level initiatives to promote diversity and create inclusive care experiences for patients and work environments for employees), and the Chief Nursing Officer (tasked with overseeing Trinity Health's nursing program and managing the nurse leader rounding program). Other engaged leaders from Integrated Clinical Services, Medical Groups and Provider Services and Clinical Analytics.

Examples of Impacts and Successes

Interview participants from SJMHS and SARMC stressed that their engagement efforts have had positive impacts on patients and families, providers and their overall health systems. Examples include:

- **Engaging Patients and Staff in a Common Mission:** Many of the patients and family members participating in PFACs and other engagement structures had a personal experience receiving care from the respective health systems. During interviews they frequently expressed a sense of duty, a desire to give back, and cited the personal satisfaction they felt having the ability to influence improvements to the health system for themselves and others. Hospital staff stated that the engagement efforts helped them to see the care delivery system from a patient's perspective and change practices to be responsive to patient needs.

- **Streamlining Discharge Processes:** Patient advisors played a lead role in the redesign of the hospital inpatient discharge process. Many of the patient advisors had first-hand experience navigating the patient discharge process and identified inefficiencies that were frustrating for both patients and staff. This inspired the health system to engage a group of patient advisors in a review of discharge procedures. The project identified pharmacy wait times and the short supply of commonly refilled maintenance medications provided at discharge as key issues resulting in the development of a new workflow to reduce wait times and changes to refill policies to reduce the frequency of return trips for common medication types.

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[2] Note that this estimate is independent of the staffing dedicated to patient engagement at the level of the individual hospital or regional hospital system.

- **Informing Building Design:** Patient advisors were consulted during the design phase of a new cancer center at one health system. They reviewed scale models and life-size mock-ups of entrances, waiting rooms, and other patient areas and provided feedback on a range of areas. Key impacts of this work included redesigns of the building to increase accessibility for those with limited mobility, changes to the layout of waiting areas to make them more comfortable for family members, and even changes to the artwork selected for display.

- **People-Centered/Culturally Competent Care:** Trinity Health is a Catholic health system that treats patients from all faiths and backgrounds. One of its hospitals engaged with a PFAC to review hospital policies and develop cultural competency staff training materials after a patient raised an issue with policies that conflicted with their faith tradition of remaining with the body of a loved one for a specified period of time after death.

- **Patient Experience Ratings:** Health system leaders interviewed at one hospital cited that the adoption of engagement efforts resulted in an increase in patient experience ratings on standard surveys such as the Hospital Consumer Assessment of Healthcare Providers and Systems and a measure of the willingness of patients to recommend the health system to others.

- **Patient Education:** Staff from both entities noted the impact that patient input has had on the educational materials published by their organization. Prior to utilizing patient engagement structures for material review, well-intentioned staff would create educational material that often didn't resonate with patients. Engaging focus groups and PFACs early in the development of educational materials has resulted in the creation of more reader friendly, concise, and impactful educational materials. A specific impact of this engagement was making updates to the design and language used in Trinity Health's system-wide resources on the safe use of opioids and warning signs of opioid misuse.

- **Staff Training:** One local entity cited the role of their PFAC in revising a 90-minute training focused on communication models providers can use with patients and families in outpatient and inpatient settings to improve patient experience. The training was delivered to over 6,000 staff members across the health system. Staff reported that the PFAC members changed approximately 40 percent of the content, adding real-world examples of provider and patient interactions that improved the quality and relatability of the training.

- **Morale and Job Satisfaction:** The health system staff interviewed for this project highlighted that their engagement efforts have improved staff morale and job satisfaction. The positive collaborative interactions between patient advisors and staff, and the emphasis from health system leadership on orienting care around people, helped staff to reconnect with the values that initially attracted them to a career in medicine.

- **Improved Communication and Reputation with Patients:** Re-centering around the patient and family experience also had broader benefits for the health system. These benefits included: 1) improving the ability of the health system to respond to patient and family needs and, if a need could not be addressed, engaged patients to identify productive ways to communicate about the issue; and 2) making the health system a more attractive and welcoming option for people deciding where to seek care.

Challenges

Participants from the Trinity Health, SJMHS, and SARMC interviews identified a range of challenges they faced in implementing their engagement strategies. Some of these challenges were unique to Trinity Health at the system level, though many were common across both Trinity Health and the local entities.

- **Culture Change:** Trinity Health and local-level interview participants stressed the importance of culture change to the success of engagement efforts. One interviewee specifically discussed how the health care system has historically been paternalistic regarding the provider and patient relationships and the need to shift that thinking to one that focuses on the "co-production of care."

- **Staffing and Resources:** Interviewees at the local level cited the importance of dedicated staffing and protected time to do engagement work. Engagement work is an investment and it can be difficult for health systems to budget for FTEs that do not do work directly connected to billable activities. Interviewees also highlighted the importance of recruiting staff with specific qualities to lead this work. Specifically, interviewees stated that leading engagement efforts requires empathy, good direct and indirect management skills, and the ability to communicate with and listen to a wide range of people.

- **Diversity:** Patients and health system representatives interviewed at both the Trinity Health corporate and local level identified promoting diversity in engagement efforts as a challenge in this work. Ideally, PFACs should be representative of the overall community and patient population a health system serves. Interviewees stated that participants in engagement efforts are generally retired or have flexible work schedules, are more likely to be women, and are often white. While there are several factors that contribute to this challenge, interviewees cited: 1) a lack of time and 2) historical/cultural barriers as two issues. While meeting scheduling is flexible, people with work or family commitments may find it hard to make time to participate. Additionally, historical and cultural factors such as mistrust of the health care system and language barriers can make participant recruitment from minority and immigrant communities difficult. This is an area where the hospital has started looking at community and patient data to determine where they need to invest time and effort to create more representative PFACs.

- **Balancing consistency and flexibility:** Trinity Health interviewees highlighted the need for large health systems to balance their instinct to create standard and consistent policies with the need for flexibility at the local level. Consistency is critical to the delivery of high-quality evidence-based care but patient-engagement work must be able to account for local variation in community needs, cultural norms, and the expectations people hold around health and health care.

- **Feedback:** Local-level interviewees, especially the patients interviewed, stressed the importance of receiving feedback from health system leadership on how their feedback was used to influence policies and projects. Providing this feedback was framed as a way to show those participating in engagement efforts that their feedback is being heard and to retain their involvement. Closing feedback loops was more challenging in engagement strategies that had an open-ended group of participants, such as surveys, or lacked a recurring meeting structure such as focus groups, as compared to those with defined participants and ongoing engagement like PFACs.

Considerations for Replicating and Scaling Work

Interviewees identified several important factors to consider when implementing engagement strategies:

1. **Leadership Support:** Successful engagement efforts start with support from leadership. Most of the engagement structures cited in interviews had some aspect of grassroots initiation and organization on the part of committed patients and staff, but leadership willingness to support these efforts was key to gaining wider organization level support and investment in change. Ongoing leadership support was also cited as a key element in sustaining engagement efforts.

> *"Most everyone here buys into and listens to what the patients have to say. I love that, it keeps me involved." "Leadership is Key. You must have a system that is ready to listen to patients. If the leadership is not ready to do this work don't bother starting."*
> *– Patient Advisor*

2. **Staffing the Engagement Effort:** Each of the sites interviewed had dedicated staff responsible for engagement and stressed the need for a strong point person to coordinate/oversee the development and operations of engagement work. In addition to dedicated staffing, interviewees also stressed the importance of employing people with specific skills and qualities complementary to this work including a high degree of emotional intelligence/empathy, the ability to manage and educate others, an interest in coaching and developing patients to become effective advisors, and the ability to be an active listener.

> *"We had a leader who set the tone for meetings about how to interact respectfully. I think you need a central leader to champion this."*
> *– Patient Advisor*

3. **Culture Change:** Organizational culture change was identified by staff and patients as a critical component to successfully implementing engagement strategies. The health systems invested time and resources into generating provider and staff buy-in to the importance of "co-production of care" through trainings and events focused on shared decision making. They also invited patients in to speak and present during staff meeting time and highlighted successes/quick wins that had already been achieved thanks to engagement with patient advisors. While the culture change efforts are challenging, interviewees noted that persistence was key. In the end constructive engagement between patients and staff reminded staff of why they originally went into medicine, and they reported it increased their morale.

4. **Consistency vs. Flexibility:** Interviewees identified the need to balance consistency and flexibility in the successful implementation and operation of engagement efforts because Trinity Health is a large system spanning multiple states. Consistency is considered critical to the delivery of high-quality evidence-based care, yet, flexibility in engagement approaches allows each local or regional entity to account for local variation in community needs and cultural norms. At the local level, uniform resources like the PFAC toolkit were important for helping people jumpstart new engagement efforts. While the toolkit provided a standard template, local and regional entities still had flexibility to tailor approaches to meet the needs of participants in their local settings.

5. **Providing Feedback:** Providing feedback to patients and showing them how their participation has resulted in change was identified as a key element in maintaining patient and family participation in engagement efforts. Approaches to providing feedback included protected time for updates on agendas for recurring meetings, distributing reports to participants, public newsletters, and targeted emails.

6. **Facilitation and Group Management:** Good screening and intake processes are necessary to identify where potential patient participants will best fit within the different PFACs, along with training and orientation to help people to understand their role and what to expect from their participation on a PFAC.

7. **Encouraging Diversity:** It can be challenging to obtain feedback that is representative of the overall community. Health systems interested in launching engagement efforts should analyze data to understand the patients and communities they serve, identify populations where they are lacking representation, and build in proactive outreach

"The health care system has historically been paternalistic regarding the provider and patient relationship. You have to shift this thinking to do this work."

– Health System Representative

"Most providers get it but some providers still don't see it as their job to talk to patients. They want to diagnose an issue and tell the patient what went wrong. That is very frustrating."

– Patient Advisor

"We recognize that there can be anxiety around doing this type of engagement, there are a lot of unknowns. Acknowledge that it is scary, but if an organization wants to improve the quality of care, they provide this is a necessary next step."

– Health System Representative

"[Members of the PFAC] do not all have to come to agreement [on every topic]. Sometimes the decision of the PFAC is that we can't all agree on one way to do things. We offer our thoughts and have a conversation with the staff to present our ideas. The staff takes the feedback and do what they can with it [to inform their work]."

– Patient Advisor

efforts. Health systems should also consider how they can structure meetings to allow for broad participation (including virtual participants) and identify what types of investments or supports would enable more people to participate.

> *"[As a facilitator] we don't tell people what to say but rather focus on helping them figure out how to say it, how to communicate effectively so they are heard."*
> *– Health System Representative*