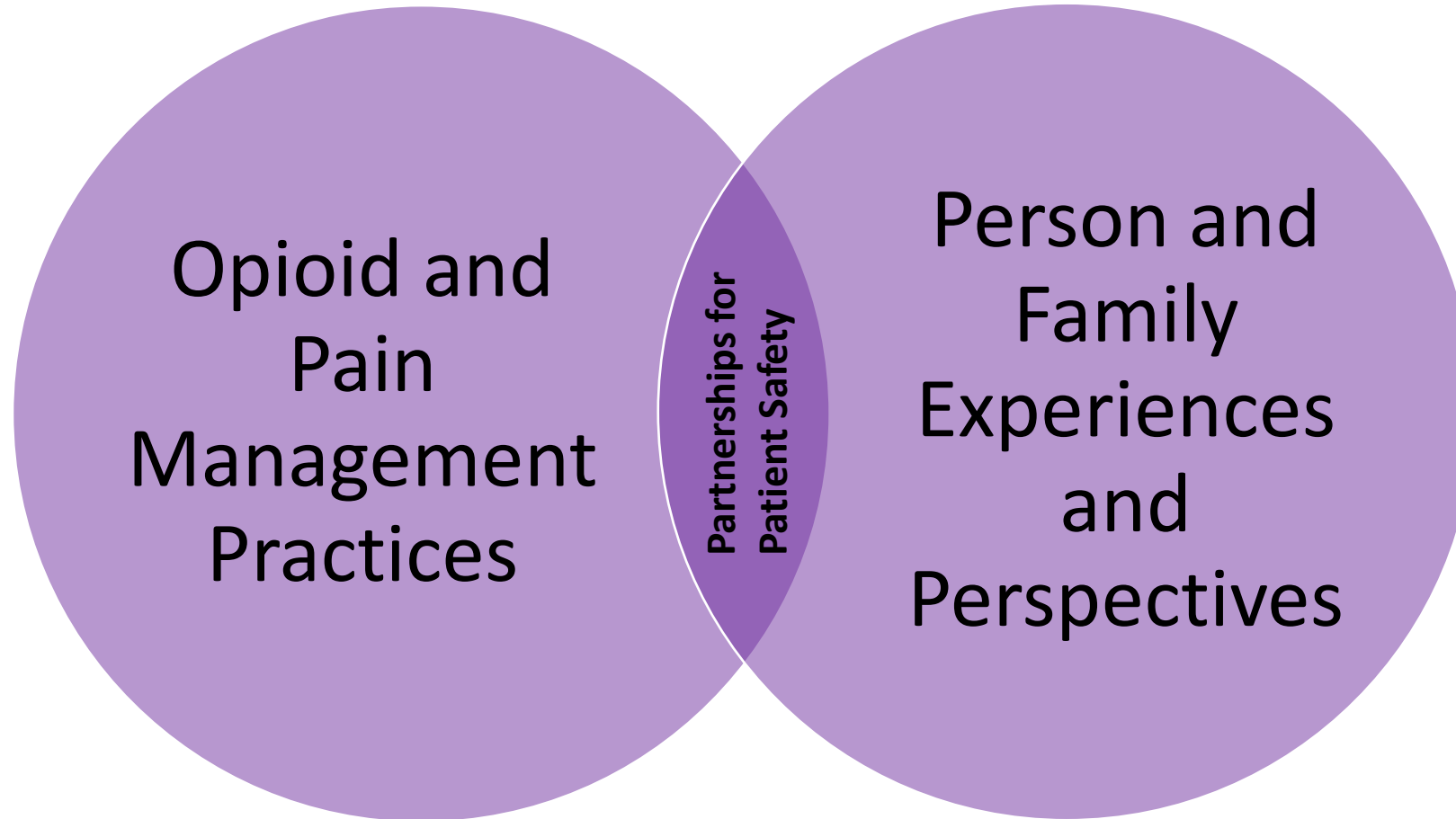


Person and Family Engagement—A Quality Improvement Strategy



Three critical partnership activities between **clinicians, patients, and families** can reduce opioid-related harms: (1) establishing **shared treatment goals** related to pain; (2) making **shared decisions** about opioid use based on the benefits and risks; and (3) determining and utilizing agreed upon **opioid management strategies**.

What does a patient- and family-centered approach look like?

- Create opportunities to partner with patients and families
 - **Invite** patient perspectives on pain management and opioid use and misuse
 - **Educate** patients about opioids and alternatives to opioids
 - **Discuss** patient's preferences for pain management and make decisions together
 - **Co-create** materials, practices, policies about pain management and opioid safety
- Use respectful language that does not reinforce stigma or stereotypes
 - *Examples:* **drug misuse** v. drug abuse, **person with a substance use disorder** v. drug-user
- Use positive and empowering language that can increase engagement in care
 - *Examples:* **support** v. require, **offer** v. allow

How to apply the PFE best practices to promote opioid stewardship?

- **PFE Practice 1: Preadmission Planning Checklist**
 - Educate patients and families about “what to expect” with regards to pain and encourage them to think about – and communicate – how they want to manage their pain
- **PFE Practice 2: Discharge Planning Checklist**
 - Talk with patients about how they will manage their pain after being discharged
- **PFE Metric 3: Shift Changes Huddles or Bedside Reporting**
 - Train staff to use positive and empowering language at the bedside
 - Include patients and families in discussions about pain management
- **PFE Practice 4: Designated PFE Leader**
 - Expand patient and family engagement efforts to include those in recovery
- **PFE Metric 5: Patient and Family Advisory Council (PFAC) or Representatives on Committee**
 - Partner with PFACs to co-create strategies and education campaigns

“We don’t call people with diabetes ‘sugar abusers’.”

Sarah Wakeman, MD,
Medical Director,
Massachusetts General
Hospital Substance Use
Disorder Initiative

Example: AMITA Health St. Alexius and Alexian Brothers Medical Centers (Illinois)

- *Problem:* Identified pain management as a top priority (HCAHPS scores)
- *Approach:* Developed a PFAC to address pain management
 - Gathered the patient perspective on “help with pain” to develop strategies for a pilot
 - Redesigned the pain management assessment form
 - Developed a “Menu of Pain Control and Comfort Options”
 - Partnered with hospital volunteers to offer items on the Menu through a “Comfort Cart”
 - Developed a pre-surgery guidebook to educate orthopedic patients about “what to expect” (<https://www.amitahealth.org/assets/documents/ortho/hip-replacement-guide-south.pdf>)
- *Impact:* Pain management score and overall HCAHPS rating improved within three months

Source: M. Bookout, B. Staffileno, and C. Budzinsky (2016). Partnering with a Patient and Family Advisory Council to Improve Patient Care Experiences with Pain Management. *Journal of Nursing Administration*, Volume 46, Number 4, pp 181-186.

Example: Beaumont Hospital (Michigan)

- Patient and Family Advisors (PFAs) helped develop a letter to educate patients about the state's new law to promote opioid safety
- The letter emphasizes patient safety and includes supportive language (e.g., “we are here to help”)

Source: P. Dardess, D. Dokken, M. Abraham, B. Johnson, L. Hoy, S. Hoy (2018). *Partnering with Patients and Families to Strengthen Approaches to the Opioid Epidemic*. Institute for Patient- and Family-Centered Care; 2018.

IT'S A MICHIGAN LAW

Because of the rising deaths from the use of Opioids and to improve the safety of patients taking these medications, the State of Michigan in a new law now requires us to:

- To prescribe a lesser number of opioid pills following injuries or surgeries
- To check the state database for all the opioid medications that you are taking

At Beaumont Health your safety is our number one priority. If you are prescribed an opioid, and to comply with the new law, and before you are given your prescription, you should:

- Receive an education about the risks and safety when taking opioids
- Sign a consent that the education was provided to you
- If you are prescribed more than 3 days' worth of opioids, your name will be checked with the state database to see what other pain medications, sleeping pills, anxiety medications you are taking.
- If you had an injury or surgery, you will be prescribed no more than 7 days' worth of opioids, additional prescriptions beyond the 7 days will depend on the complexity of your injury or surgery.
- You will receive education about the treatment and community resources available to patients hospitalized due to opioid misuse and abuse.

We at Beaumont are here to help. Please feel free to reach out to your care giver with your questions and concerns about these new requirements.

We encourage you to visit a website that Beaumont Health has established (www.beaumont.org/pain). It contains a variety of resources and strategies for coping with and self-managing pain.

Leaving unused controlled substances at home without security present a risk to other family members or individuals visiting the home. It is important to keep your prescribed opioids and controlled substances secure at all times.

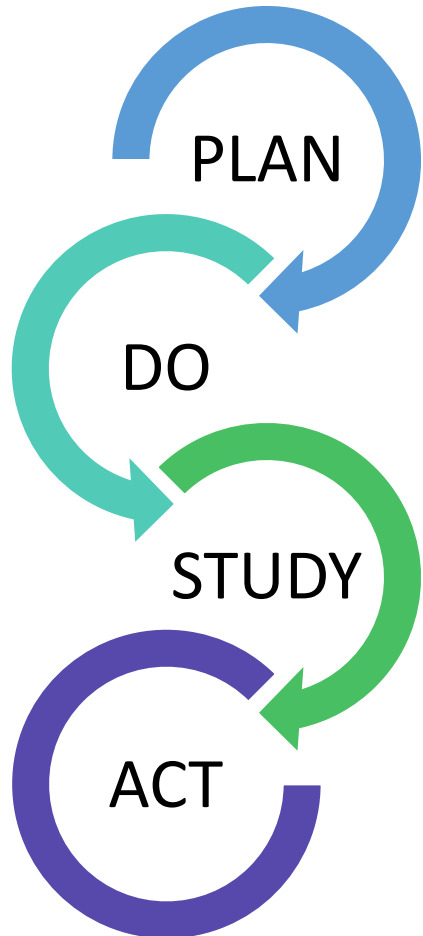
When you stop taking these medications, it is equally important to properly dispose them to ensure the safety of those around you. For more information on how to dispose these substances please visit www.beaumont.org/drug-disposal.

Sincerely
Your Beaumont Health Team

Opioid Stewardship and Patient & Family Engagement (PFE): Getting Started Using the PDSA Cycle



Example: PFE Practice 1 (Preadmission Planning Checklist)



- **Plan:** Get buy-in to pilot the checklist in one unit with an emphasis on pain management; identify measures; develop/refine checklist and processes to share and discuss with patients and families
- **Do:** Conduct a 2-month pilot; train and support staff to engage in conversations with patients and families about pain management and alternatives to opioids
- **Study:** Collect feedback – from staff, patients, and families – through surveys and interviews; collect pre- and post-HCAHPS scores and opioid measures (e.g., prescribing, adverse events)
- **Act:** Discuss results with leaders, staff, and patient and family advisors and adjust the checklist and/or process as needed; expand to other units