Measuring Partnerships: Make It A Priority

“What gets measured gets done. What gets measured and fed back gets done well. What gets rewarded gets repeated.”

Jones & Bearley, 1996
360° Feedback: Strategies, Tactics, and Techniques for Developing Leaders
Patient- and Family-Centered Core Concepts

▼ People are treated with respect and dignity.

▼ Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.

▼ Patients and families are encouraged and supported for participation in care and decision-making at the level they choose.

▼ Collaboration among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.
Three Key Areas of Measurement

▼ Measure the effect of patient- and family-centered care on key outcomes.

▼ Document the efforts and impact of patient and family advisors.

▼ Share outcomes with leaders, clinicians, staff, patients, families, and community members.
Key Attributes to Selecting Measures to Monitor Progress and Outcomes

▼ Importance – Are we measuring something that is important and consistent with our goals?

▼ Valid – represent what it is intended to measure.

▼ Reliable – produce similar results when used repeatedly.

▼ Feasible – affordable to collect data.

▼ Usable/Interpretable – for staff/leadership expected to employ and understand the data to improve PFCC.

▼ Responsive – measure is sensitive to introduced change.

▼ Ultimately, has universal applicability within your organization.

What is the question we are trying to answer?
Beginning Measures: Use of Advisors

Summary Stats:
• How many patients and family advisors have been recruited and selected?
• Are they representative of population served?
• What are the assignments of the Advisors?
• What number of hours do they contribute? Monthly, Yearly?

Process measures:
• What is our largest recruitment source?
• What is the retention rate of advisors?
• What is the stated reason for leaving?

Qualitative Questions:
• Do our participants identify the experience as collaborative?
Quality Improvement Basics

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?
Assessment of PFCC Practices

- Web-based survey of 90+ primary care clinics and 7 health plans to assess level of patient- and family-centered practices
- 33% and 78% response rate from clinics and payors
- Less than 6% utilize patient and family advisors