



New York State Health Foundation: Patients as Partners

Establishing a New York State Pathway to Person-centered Care Certification Outcome Report

Grant amount: \$249,897.94 | Dates: January 2019 – March 2022

Healthcare Educational and Research Fund, Inc.

Healthcare Association of New York State

May 2022

Executive Summary

With generous support from the New York State Health Foundation, the Healthcare Association of New York State convened a multi-year collaborative to support HANYS member hospitals in their transformational efforts to deliver more person-centered care. HANYS is the only statewide association for hospitals, health systems and providers across the continuum of care.

Over the course of nearly three years, HANYS engaged a cohort of 12 hospitals from across the state as they embarked upon their journey to earn Bronze Certification from Planetree International, a global leader in person-centered care with more than 40 years of experience working with healthcare organizations to focus on purpose, process and practice.

Healthcare providers earn Planetree Certification by demonstrating that they consistently deliver person-centered, also known as patient and family engaged care. PFEC is care that is planned, delivered, managed and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and healthcare goals, preferences and values. Evidence shows that organizations that consistently deliver PFEC are able to improve culture, provide better care, achieve better patient outcomes and lower overall healthcare costs.¹

To achieve the goal of Planetree Certification, HANYS and Planetree hosted in-person events, sponsored virtual education sessions, facilitated peer sharing and provided technical assistance and coaching.

Sites seeking Planetree Certification were required to submit an online application with extensive documentation of patient-centered care practices. The application was validated with a lived experience assessment through a series of virtual focus groups and one-on-one conversations with site leadership, staff, patients and families.

At the conclusion of this project, two hospitals in the cohort earned Planetree Certification:

- St. John's Episcopal Hospital (Silver Certification)
- Saint Barnabas Health (Bronze Certification).

A third site submitted an application (a significant milestone in itself), but was not successful in earning certification. HANYS and Planetree gave this third site a roadmap with additional steps, strategies and tools for satisfying the remaining designation criteria.

¹ Frampton, S. B., S. Guastello, L. Hoy, M. Naylor, S. Sheridan, and M. Johnston-Fleece. 2017. Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201701f>

This report provides an overview of the collaborative, the pandemic's impact on this initiative and lessons learned from our most successful sites, as well as the proven strategies for driving person-centered care in New York's healthcare organizations.

Collaborative Overview

HANYS launched this collaborative on Jan. 1, 2019, and it was initially approved as a 24-month project.

HANYS recruited participating sites from our statewide membership. An application was required, including a detailed self-assessment of current person-centered care practices. Many applicants had participated in a series of in-person workshops hosted by HANYS and Planetree in 2018 that focused on core elements of person-centered care:

- *Compassionate human interactions:* The organization promotes caring attitudes and compassionate communication to ensure that patients, families and staff are treated with dignity and respect, are listened to and have their concerns taken seriously.
- *Care partner programs:* The organization has processes in place for identifying and partnering with patients/residents and family/friend caregivers throughout the care encounter to participate in care activities and enhance their ability to manage healthcare needs outside of a specific care episode. These care activities include physical care, patient education and care coordination. The approach is tailored to the treatment plan, patient/resident preference and the family/friend caregivers' abilities.
- *Patient-directed family presence programs:* In policy and practice, the organization supports flexible, 24-hour family and friend presence. Limits to their presence are mutually developed between the patient/resident, their support network and the care team. Limits are based on patient/resident preferences, the treatment plan, agreements with roommates and safety considerations.

Participating sites were finalized in early March 2019, with a collaborative kickoff webinar held on March 28, 2019.

Building on prior experiences leading large-scale quality improvement collaboratives, HANYS worked with Planetree to develop a comprehensive approach to support our members in implementing person-centered care practices. Our program included the following components:

Self-Assessment

As part of the application process, sites were required to complete an in-depth readiness assessment that evaluated progress toward each of the [measurable elements required for Certification](#). For each of the elements, sites indicated whether implementation was:

- *Complete*: the practice is hardwired in the organization (i.e., every patient, every time) and is formalized in policy.
- *Partial*: the practice is present in certain departments, services or units, but not happening for every patient/resident/staff every time.
- *Not at all*: the practice is not currently in place and/or not planned for implementation.

Once the self-assessment was complete, sites were given a baseline score that was used to determine if they were within the earned points range for Bronze Certification.

Similar self-assessment tools are available through the [public Planetree Resource page](#) under the “Quality Check Assessments” heading.

Education Sessions

Year one (2019 programming) included nine, 60-minute virtual shared learning sessions, held on the fourth Thursday of every month. These sessions introduced participating sites to the Planetree person-centered care certification framework. Key topics included:

- engaging patients and families as partners;
- strategies for staff engagement;
- the lived experience/validation visit;
- top 10 frequently asked questions about certification;
- process improvement strategies to accelerate person-centered care certification; and
- success stories from recently certified sites in New York.

Year one also included a full-day in-person meeting at the New York State Health Foundation offices in New York City, which focused on:

- review of person-centered practice implementation;
- deep dive into the five certification criteria drivers;
 - *One*: Create organizational structures that promote engagement,
 - *Two*: Connect values, strategies and action,
 - *Three*: Implement practices that promote partnership,

- *Four*: Know what matters, and
- *Five*: Use evidence to drive improvement;
- strategies for managing obstacles; and
- next steps for the rest of 2019 and into 2020.

Eleven, 60-minute virtual shared learning sessions and a full-day in-person meeting were planned for year two (2020). However, when the COVID-19 pandemic began in March 2020, programming was put on hold to enable hospital staff to focus on delivering patient care. Monthly shared learning sessions resumed in May 2020 and the remaining sessions focused on topics that emerged during the initial pandemic surge, including:

- communication;
- restoring consumer confidence;
- preserving family presence during the pandemic;
- understanding health disparities; and
- taking action to improve health equity.

HANYS shifted the full-day in-person meeting to a virtual format, focusing on a discussion of the current state, successes, challenges and strategic planning to prepare for submitting certification applications.

Unfortunately, COVID-19 surged in the fall/winter of 2020, again postponing HANYS' shared learning sessions. HANYS resumed programming in spring 2021; webinar sessions shifted to peer sharing among our cohort, highlighting successful strategies to continue patient, family and staff engagement during the pandemic.

Virtual Certification Prep Course

After enrolling in the cohort, each hospital was provided access to *Planetree's Virtual Certification Prep Course*. This recorded webinar series answers frequently asked questions about the certification application and scoring process. After the session, HANYS and Planetree conducted an online quiz to assess knowledge gained from the course content. A total of 31 person-centered care champions from the cohort completed the exam after participating in the prep course, with a mean score of 96%.

HANYS MyPlanetree Online Community

Participants in the cohort were given access to a unique, password-protected online community. The HANYS MyPlanetree Community provided a forum for peer sharing, submitting questions to Planetree and HANYS staff, and a library for all related resources and materials from the education sessions.

Planetree staff posted additional resources not available to the public, including a five-part education series focused on compassionate human interactions that could be downloaded and shared through hospitals' learning management systems. In this way, our cohort was able to provide baseline education to all staff on person-centered care and the Planetree framework.

Coaching Calls

Sites in our cohort received ongoing coaching from HANYS and Planetree for the duration of this collaborative. Calls addressed strategies for implementing person-centered care practices, application support, change management, communication and other topics. These one-on-one sessions were valuable, providing opportunities for strategy development and problem solving for unique site issues in a confidential forum.

Optional Site Visits

Sites in our cohort were also eligible to schedule a multi-day baseline assessment visit directly with Planetree at a discounted rate. Planetree designed these visits to be similar to the final validation visit, including focus groups with leadership, staff, patients and families. At the conclusion of this optional site visit, hospitals received a written report that identified opportunities for improvement and available resources.

Impact of COVID-19

The impact of the COVID-19 pandemic on this grant project and the patient-centered care work already underway in New York hospitals cannot be understated.

HANYS is grateful for the New York State Health Foundation's support, flexibility and willingness to approve multiple no-cost extensions to continue this collaborative beyond our initial two-year grant period. This additional time allowed participating sites to continue implementing person-centered care practices, prepare their applications and host validation visits.

During the successive COVID-19 surges, hospitals struggled to manage extremely high patient volumes. In response, many hospital quality leaders and staff with clinical experience were re-assigned to deliver patient care at the bedside.

State and federal restrictions on hospital visitation made in-person family and care partner engagement difficult; very limited exceptions were made for pediatrics, maternity and patients at the end of life. Instead, hospitals had to rely on telephone and video calls to keep families and care partners informed.

Similarly, onsite patient and family engagement work was disrupted. In-person meetings of Patient and Family Advisory Councils and other groups were not an option. While some hospitals were able to shift to virtual meetings and/or conference calls, others were limited by patient access to reliable internet, home computers and telephone service.

When the state government required hospitals to limit elective surgeries, revenue plummeted and staff engaged in non-COVID-19 care were reassigned or impacted by workforce reductions. While elective surgery limitations are no longer in place, many hospitals are still not in a strong enough financial position to bring all staff back to service.

In 2021 and 2022, workforce shortages reached crisis levels. Many New York hospitals have significant vacancies for clinical and non-clinical staff and others have resorted to using traveling nurses to fill patient care gaps. Without enough staff, hospital leaders have had to make difficult decisions about where and how to best deploy limited resources.

Through all of these challenges, person-centered care certification was determined to be a “nice to have,” rather than a “must have” for many of our participating sites. However, many of our sites were able to make progress in adopting a more person-centered approach during the collaborative, including:

- comprehensive employee wellness programs to ensure psychological safety and address burnout;
- robust internal communication strategies including town hall meetings, tiered huddles, intranet systems for staff announcements and celebrations, and leadership rounding;
- training thousands of staff in compassionate human interactions through experiential education and online modules;
- implementing multidisciplinary rounds at the bedside that include patients and their care partners;
- planning for discharge on day one so that all of the patient’s needs — medical and social — are identified and addressed before the transition to the next level of care;
- expanding on-demand access to the patient’s medical records;
- developing diverse and representative PFACs; and
- partnering with local community organizations to jointly meet the needs of the community.

Knowing the devastating impact of COVID-19 on patients, families and healthcare workers, Planetree created — and HANYS promoted — a number of resources to help healthcare organizations continue to remain person-centered during the pandemic.

[Family Presence Policy Decision-Making Toolkit for Nurse Leaders](#)

This document was developed by a coalition of nurse leaders, patients/family/elder advocates and other clinical and non-clinical partners. Its foremost intent is to appropriately support family presence in healthcare settings through an evidence-informed, transparent, data-driven and person-centered process of decision-making. The framework is meant to drive organizational dialogue to better understand the benefits and risks of family presence. This dialogue then positions decision-makers to establish and modify policies in consideration of a broad range of factors, including local conditions, current evidence and equitable impact.

Webinar Event: *If It Were Your Family, What Would You Want? A Balanced and Informed Approach to Reinstating Family Presence*

This event, hosted jointly with the American Nurses Foundation, shared the Family Presence Policy Decision-Making Toolkit for Nurse Leaders and featured a panel of early adopters, including NewYork-Presbyterian Hospital and Lenox Hill Hospital/Northwell Health. The [slides](#) and [recording](#) are available online.

[Planetree Certification COVID Considerations Document](#)

This companion document to the [Person-Centered Care Certification Process Manual](#) explores how the Certification program and criteria apply in the midst — and aftermath — of the COVID-19 pandemic. Recommendations from this document include:

- Resist the urge to suspend the involvement of patient/resident/family partners until in-person meetings can resume.
 - Instead, invite their input into how continued involvement can best be supported.
- Similarly, do not suspend their involvement until the health system returns to “business as usual.” Instead, engage your partners in supporting the priorities of the moment. Keep in mind, the goal is not just information-sharing and education, but involvement and partnership.
- Partner with patients/residents/families on efforts to restore consumer confidence in the healthcare system and to reassure consumers that they can safely get the healthcare they need.
 - What are the key messages they would want to hear?
 - What is the information that would help them to feel more safe and secure?
 - What could be done during the healthcare interaction to further build assurance?

- Invite their expertise in what it is like to be a patient/resident or family member at this time.
 - Were there any gaps in care, coordination or communication they can help you to identify?
- Engage partners in discussions about potential changes to policy and practice as circumstances change to better understand the implications of those changes on the human experience of care.
- Ask partners to review communications about changes to policy and practice to vet language and tone.
- Invite partners to participate in telemedicine simulations and provide feedback on those interactions.
- People with the most complex health and social needs are often the most intense users of health system resources. To create a healthcare system that works for all, we must prioritize partnering with those who have the most complex needs.
- Partner with community-based organizations to engage those who have been most immediately affected by health inequities to better understand their realities and co-design approaches that will work for them.

Planetree also offered a number of [complementary webinars](#), open to healthcare organizations across the world, addressing topics such as:

- *When Crisis Hits, Culture Counts More Than Ever: What Makes Organizational Cultures Resilient and Enduring?*
- *Connecting Values, Strategy and Actions with Health Equity at the Core*
- *3 Steps Toward a Post Pandemic Culture Reset*
- *Planetree Certification: An Operational Framework for Staying the Course in Person-Centered Care During Turbulent Times*
- *Visible Person-Centered Leadership During A Crisis*
- *Preserving Family Presence During Challenging Times: Principles and Practical Strategies*
- *Going the Extra Mile to Care for our Caregivers*
- *Let's Talk About Person-Centered Care During Pandemics*

Members of the HANYS cohort were encouraged to attend these live programs and were given access to the slides and recordings.

Lessons Learned: Pathway toward Person-Centered Care Certification

Despite COVID-19 challenges, the HANYS cohort made significant progress toward adopting more person-centered practices. The most successful sites in our cohort employed the following strategies. We hope that others will learn from these experiences and adopt a similar approach in their organizations.

Formalize an organizational commitment to person-centered care and make explicit connections to your existing work

Every hospital in New York state is working to improve patient care and outcomes. However, not every organization has identified person-centered care as an organizational priority.

The organizations in our cohort that had already committed to transforming their culture to be more person-centered — for both their patients and staff — were ultimately more successful than those that had not.

This level of formal, organizational commitment requires strong leadership support; robust data collection and evaluation; an internal steering committee/working group; and meaningful opportunities to partner with patients, families and staff in quality improvement efforts.

Be open to finding opportunities for improvement

Rather than assuming all systems and processes are working as expected, successful sites asked patients, families and staff what could be done better. Soliciting this meaningful feedback was accomplished through PFAC meetings, focus groups, one-on-one conversations, staff surveys, town hall meetings and leadership rounding.

Sometimes, sites were able to take constructive feedback and implement changes that responded to the concerns that were raised. Other times, sites didn't have a ready solution, but were prepared with a commitment to learn and improve. In short, our most successful sites were not afraid of soliciting feedback — even if it was uncomfortable.

Understand the needs of your patients and communities

Both of the sites in our cohort that achieved Planetree Person-Centered Care Certification are safety net providers and take their role as a member of their community very seriously.

St. John's Episcopal Hospital is the only hospital providing emergency and ambulatory care to the densely populated, culturally and economically diverse, and medically underserved populations of the Rockaways and Five Towns in southern Queens County and southwestern Nassau County. Celebrating more than 110 years of community care, the facility provides people of all faiths with comprehensive preventive, diagnostic treatment and rehabilitative services, regardless of ability to pay.

Similarly, St. Barnabas Health System is committed to improving the health and wellness of its community and is dedicated to providing the highest quality care in a compassionate, comprehensive and safe environment where the patient always comes first, regardless of their ability to pay. St. Barnabas' goal is to be the healthcare partner of choice in the Bronx, providing superior service and transformative programs that meet the diverse needs of their community.

Both organizations spoke eloquently about their responsibility to help the underserved and how they actively recruited staff from their community, engaged in ongoing outreach with other providers and community-based organizations, and formed strong ties to the people they serve and employ.

Emphasize staff wellness and empowerment

It is impossible to provide person-centered care to patients without building the foundation of person-centeredness with your staff. Establishing psychological safety for healthcare workers is essential, but it became absolutely critical during the pandemic.

The most successful sites in our cohort emphasized staff wellness and empowerment as part of their Planetree journey, using strategies such as:

- providing healthy foods and celebrations that reflect the diversity of the staff and community;
- creating “recharge rooms” that are available to all staff by appointment, including additional support from pastoral care professionals, and actively promoting these to the staff;
- establishing routine opportunities for staff to provide feedback to managers, directors and hospital leadership about what is going well and what needs to be improved;
- empowering staff to make decisions about the environment, systems and processes in which they work; and
- engaging staff at all levels in ongoing quality improvement work related to implementing person-centered care practices.

Focus on co-design with patients and families

Person-centered healthcare organizations remove as many layers as possible between the person-centered care improvement efforts and those who are closest to the experience — in other words, engaging patients, families and frontline staff as true partners.

These person-centered practices are about listening, connecting, understanding, building relationships and strengthening the foundation for partnership. Our most successful sites were able to shift the focus from working *for* patients, families and staff, to working *with* patients, families and staff.

Without the structures and processes in place to support co-design before COVID-19, it was difficult to create these opportunities for engagement and partnership during the pandemic. As we move forward into the next phase of the pandemic and address the resulting trauma, we see an opportunity to start strengthening those foundations of trust and partnership so that co-design can be applied more systematically and effectively.

Next steps

HANYS and our members are committed to providing high-quality, safe patient care and are working hard every day to support quality improvement efforts. However, Medicare data and public opinion polling show that there are opportunities to improve patient engagement and the patient experience in New York hospitals.

HANYS continues to endorse person-centered care in our ongoing quality improvement collaboratives, including our Quality Residency Program, Age-Friendly Health Systems Action Community, Eastern United States Quality Improvement Collaborative and our new Advancing Healthcare Equity and Inclusion initiative. We are actively promoting care partner programs, PFACs and focusing on what matters to patients.

While this grant program has ended, HANYS looks forward to additional opportunities to partner with Planetree International to deliver high-value programming to New York hospitals, health systems and providers across the continuum of care. HANYS also looks forward to future partnerships with the New York State Health Foundation to continue to improve care and outcomes for all New Yorkers.

APPENDIX

HANY: Trusted Partner for New York State Hospitals and a Leader in Quality and Patient Safety

HANY is the statewide hospital and continuing care association in New York state, representing nonprofit and public hospitals, nursing homes, home care agencies and other healthcare organizations. HANY harnesses the power of a unified statewide membership to engage, convene and share evidence-based best practices, resulting in successful execution of change strategies, improved care and better patient outcomes.

HANY sponsors a number of voluntary quality improvement collaboratives for our members, addressing a range of topics related to quality and patient safety. In 2017, with the guidance of our Statewide Steering Committee on Quality Initiatives, HANY formed a relationship with Planetree International to support our members in their efforts to improve person-centered care and the patient experience.

Planetree: An International Expert in Person-Centered Care

Angelica Thieriot founded Planetree in 1978 after a series of difficult health experiences motivated her to find a solution and change the culture of healthcare for good.

Planetree's mission was simple:

- inspiring caregivers to make patients true partners in their care, meeting their human needs and improving outcomes;
- personalizing, demystifying and humanizing the patient experience;
- reclaiming for patients the holistic, patient-centered focus that medicine had lost; and
- looking at everything that touches the patient from their perspective, and using that insight to influence not the *what* of healthcare – the medicine, the science – but the *how*.

More than 40 years later, that mission remains just as relevant today.

Planetree Person-Centered Care Certification

Planetree developed its certification criteria based on decades of observing and fine-tuning best practices in person-centered care. The Person-Centered Care Certification Program provides a structured pathway and operational framework for establishing the systems and processes

necessary to sustain culture change across organizations. The pathway is organized around five primary drivers that establish a high-level framework of what it takes to create an effective and lasting culture of person-centered care. These drivers are:

1. Create organizational structures that promote engagement.
2. Connect values, strategies and actions.
3. Implement practices that promote partnership.
4. Know what matters.
5. Use evidence to drive improvement.

To earn Planetree Bronze Certification, sites must earn at least 60% of a total possible 160 points. Points are awarded based on responses to a detailed Certification Application. Those points are then validated during a multi-day visit to authenticate the lived experience of patients, families and staff at the organization through a series of focus groups and one-on-one conversations.

Full details about the Planetree Person-Centered Care Certification program, including a list of all measurable elements, can be accessed online at <https://planetree.org/planetree-certification-criteria/>

Additional Resources

Resources that support person-centered implementation are available to hospitals and providers across the care continuum. HANY recommends the following resources:

Eastern United States Quality Improvement Collaborative

EQIC is an initiative by HANY in partnership with the Connecticut Hospital Association, Foundation for Healthy Communities/New Hampshire Hospital Association, North Carolina Healthcare Foundation, Vermont Association of Hospitals and Health Systems, Vermont Program for Quality in Health Care, Inc. and West Virginia Hospital Association.

EQIC supports evidence-based interventions tailored to each participating hospital's unique needs and opportunities, while striving to seamlessly assimilate new interventions into current processes. The healthcare organizations comprising EQIC are encouraging meaningful engagement in this work for the best outcomes.

Many free tools and materials are available related to patient family engagement, care partners and PFACs.

More information:

- https://qualityimprovementcollaborative.org/focus_areas/pfe
- https://qualityimprovementcollaborative.org/focus_areas/readmissions

Planetree International

Planetree has several resources publicly available on its website, including:

- materials for patients and families, including questions to ask your hospital, a patient preferences passport and 50 ways to be an engaged patient;
- implementation guides and white papers;
- tools and toolkits to support leadership rounding, PFAC implementation and family presence programs; and
- quality check assessments that can be used to determine progress and identify opportunities to enhance person-centered care practices.

More information:

- <https://resources.planetree.org>