

Improving Hospital Outcomes through Patient Engagement: The i-HOPE study

Project Orientation Document

This program of work is funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (#3939).

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Dictionary of terms

Term or acronym	Description
Academic Hospitals	An academic hospital is an institution which combines the services of a hospital with the education of medical students and with medical research
Actionable tasks	Tasks that can be completed, acted upon and/or achieved.
Acute Care Illness	An illness where a patient is treated and/or stabilized for a brief, but severe, episode beginning often before the hospital admission, and continuing to a time point where the patient returns to their previous (or new) baseline of function or symptoms.
Acute Care Research	Research that focuses on acute care illnesses, care delivery and in acute care settings.
Advocacy Groups	Advocacy groups (also known as pressure groups, lobby groups, campaign groups, interest groups, or special interest groups) use various forms of advocacy in order to influence public opinion and/or policy
Care Transition	When a patient moves from one care setting to another e.g. hospital to home
CER	Comparative Effectiveness Research. Comparative effectiveness research is designed to inform health-care decisions by providing research evidence on the effectiveness, benefits, and harms of different treatment options.
Clinician researcher	A medical doctor who is also trained in research methods.
Co-investigator	A co-Investigator is an individual recognized as someone making a significant contribution to a research project.
Community Hospitals	Hospitals that are not part of a university, a health system or a chain of private hospitals are often called "community hospitals
Disease specific topics	Topics that are focused on a specific disease e.g. diabetes, cancer
Dissemination	The act of spreading the i-Hope study's findings widely
DNP	Doctorate of Nursing Practice Degree
Drop Box	An online platform to store documents and files
EHR	Electronic Health Record
EMR	Electronic Medical Record
Engagement in Research	Refers to the meaningful involvement of patients, caregivers, clinicians, and other healthcare stakeholders throughout the

	research process—from topic selection through design and conduct of research to dissemination of results.
Eugene Washington Engagement Award	A funding scheme from the Patient Centered Outcomes Research Institute (PCORI) that is funding this program of work
General Internal Medicine	The medical specialty dedicated to the diagnosis and medical treatment of adults. A physician who specializes in internal medicine is referred to as an internist.
Health services research	A multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately health and well-being of patients. Its research domains are individuals, families, organizations, institutions, communities, and populations.
HIPAA	Health Insurance Portability and Accountability Act
Hospital Medicine	A medical specialty dedicated to the delivery of comprehensive medical care to hospitalized patients.
Hospitalist	A Hospitalist is a practitioner who is engaged in clinical care, teaching, research, and/or leadership in the field of hospital medicine.
Human Subject	A person who participates in a research study or clinical trial. The person agrees to take part in the study and has been told about the possible dangers and benefits of participation.
Hypothesis generation	Generating ideas that can be then be tested and/or researched
I-HOPE	Improving Hospital Outcomes through Patient Engagement
Informed Consent	Informed consent is the verification of a person’s willingness to participate in a research project. Prior to enrollment into a clinical trial, researchers inform participants about all relevant study details. Participants are provided an informed consent document that details all the important study information including its purpose, duration, risks, potential benefits, required procedures, and key contacts, and they will be asked to sign this document if they agree to participate in the trial.
Informed Consent Document	A document that describes the rights of the study participants, and includes details about the study, such as its purpose, duration, required procedures, and key contacts. Risks and potential benefits are explained in the informed consent document. The participant will be asked to sign this document if they agree to participate in the trial. The informed consent document is not a contract. Participation in

	the clinical trial is voluntary and the participant may withdraw from the trial at any time without penalty or loss of
Investigator	A researcher involved in a clinical study.
IRB	An Institutional Review Board (IRB) is a committee established to review and approve research involving human subjects. The purpose of the IRB is to ensure that all human subject research be conducted in accordance with all federal, institutional, and ethical guidelines.
James Land Alliance (JLA)	The name of a collaborative and consultative approach stakeholder engagement. This approach will be the foundation and basis to this project.
MA	Masters of Arts Degree
MBA	Masters Business Administration Degree
MD	Medical Doctor
Mentoring	Mentorship is a relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person
MHA	Masters of Health Administration Degree
MPH	Masters of Public Health Degree
MS	Masters of Science Degree
NIH	National Institutes of Health
NP	Nurse practitioner. Nurse practitioners (NP) are advanced practice registered nurses (APRN) who are educated and trained to provide health promotion and maintenance through the diagnosis and treatment of acute illness and chronic condition
Other stakeholder partners	Other stakeholder partners include members of constituencies based on professional, rather than personal, experience. These can include clinicians, healthcare purchasers, payers, industry, hospitals and other health systems, policy makers, training institutions, and researchers.
PA	Physician assistants (PAs) are health care professionals who work with physicians to provide health care. Under the overall supervision of a physician PAs take histories, conduct physical examinations, order and interpret tests, diagnose and treat illnesses, counsel on preventive health care and may assist in surgery.
Patient Centered Outcomes	Research that addresses the questions and concerns most relevant to patients.
Patient Centered Care	Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions (IOM)

Patient Engagement	The full participation of patients and/or their caregivers in their care and treatment.
Patient partners	Patient partners include patients who are representative of the population of interest in a particular study, as well as their family members, caregivers, and the organizations that represent them.
PCOR	Patient Centered Outcomes Research. Patient-Centered Outcomes Research (PCOR) helps people and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options.
PCORI	Patient Centered Outcomes Research Institute
PCP	Primary Care Provider
PFAC	Patient and Family Advisory Council
PhD	A doctorate degree in specialty other than Medicine.
Pilot testing	Studies that are "small scale version[s], or trial run[s], done in preparation for the major study". However, a pilot study can also be the pre-testing or 'trying out' of a particular research instrument or technique.
Pragmatic Studies	Clinical trials designed to test the effectiveness of an intervention in a broad routine clinical practice.
Principal Investigator (PI)	A principal investigator (PI) is the holder of an independent grant administered by a university and the lead researcher for the grant project.
Priority Setting	Priority Setting is the process of involving stakeholders in determining which needs are most important.
Process and system specific topics	Topics that are focused on how health care is delivered or organized.
Project Period	The total time for which support of a project has been approved.
Proposal	A document written for the purpose of obtaining funding for a research project.
Protocol	The written description of a clinical study. It includes the study's objectives, design, and methods. It may also include relevant scientific background and statistical information. A protocol is the study plan on which a clinical trial is based. Each trial is carefully designed to safeguard the health of participants as well as answer specific research questions. A protocol describes what types of people may participate in the trial, the schedule of tests, procedures, medications, dosages, and length of the study.

Qualitative Research	Research that is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research
REDCap	On online application that allows the surveys to be developed and sent out.
Research priority	A research topic that is important to focus on
RN	Registered Nurse
SHM-RC	Society of Hospital Medicine Research Committee.
Society of Hospital Medicine (SHM)	The Society of Hospital Medicine is an American membership society for hospitalists—physicians and other caregivers who practice the specialty of hospital medicine
Stakeholder	Persons or groups that have a vested interest in a clinical decision and the evidence that supports that decision. Stakeholders may be patients, caregivers, clinicians, researchers, advocacy groups, professional societies, businesses, policymakers, or others.
Stakeholder organization	An organization that represents the interests and promotes XX of a specific group of
Steering Committee	The group of researchers and patient partners who will facilitate the development and implementation of the i-HOPE project.
Subject	A person who participates in a research study or clinical trial. The person agrees to take part in the study and has been told about the possible dangers and benefits of participation. The participation can include different activities, depending on the goals of the study.
Survey	an investigation of the opinions or experience of a group of people, based on a series of questions.
UCSF	University of California San Francisco
UT	University of Texas

Project Team & Locations



South Texas Veterans Health Care System & University of Texas Health Science Center at San Antonio

Luci K. Leykum - Principal Investigator



Luci Leykum is a Professor of Medicine and Chief of the Division of General and Hospital Medicine at the University of Texas Health Science Center at San Antonio. She is also a Clinician-Investigator in the South Texas Veterans Health Care System. Dr. Leykum attended the College of Physicians and Surgeons at Columbia University, earning a joint MD/MBA in 1999. She completed residency training at the Columbia University Medical Center, joining the Columbia faculty in 2002. In 2004, she returned to San Antonio.

Dr. Leykum has served in a number of administrative positions, including Assistant Chair of the Department of Medicine and Associate Dean for Clinical Affairs. Her research has focused on the application of complexity science to clinical systems. She has received federal, state, and foundation funding, and her work has been published in a number of peer-reviewed journals. She teaches on the Inpatient Medicine and Medicine Consult / Co-Management Services, and Co-Directs three student electives on healthcare reimbursement and policy.

Dr. Leykum is a former Chair of the Research Committee for the Society of Hospital Medicine and currently serves on the Research and Academic Committees. She is a former Co-Chair of the Academic Hospitalist Task Force of the Society of General

Internal Medicine and serves on the Academic Hospitalist Task Force and Development Committee. She is a Senior Deputy Editor of the Journal of Hospital Medicine.

Esther Avita



Esther Avitia has worked in the Audie L. Murphy Memorial Veterans Affairs Hospital medical and intensive care units for over 25 years. She is currently a supervisor for inpatient Medical Support Assistants. During this time, she has become familiar with how care is delivered in hospitals and how nurses, physicians, and other staff interact with patients and families. She first met Dr. Luci Leykum on the inpatient medicine service at the VA.

Esther experienced the hospital setting from the viewpoint of a family member, when her father was hospitalized and eventually passed away. During his illness, her father was admitted to a collaborative care team at University Hospital, and she witnessed how the collaborative model was different from how patients are usually cared for. Dr. Leykum cared for Esther's father during that hospitalization.

Since that experience, Esther became committed to working with the providers and administration at University Health System to improve care for hospitalized patients, and joined the Patient and Family Advisory Council (PFAC). She has been an active member of the University Hospital PFAC for approximately 2 years. These experiences, and her longstanding working relationship with Dr. Leykum, make her well-suited as a Patient Partner on the i-HOPE Study project.

Rebecca “Becky” Coker



Becky Coker is a native of Louisiana with over 20 years of work experience in the commercial construction industry. Becky and her spouse and son relocated to San Antonio in 2006, after Hurricane Katrina affected the greater New Orleans area. She has been employed by the UT Health Science Center at San Antonio since 2006 in an administrative capacity and has supported Dr. Luci Leykum since 2009.

Between 2006 and 2014, both of her parents and a brother-in-law were hospitalized in the New Orleans area many times for issues and/or treatments related to cancer diagnoses. Her siblings provided the daily support for these family members, by arranging medical care in and out of the hospital setting. Because of the distance from her family, Becky's role was less hands on, so she endeavored to be a sounding board and encouragement to her siblings. Getting accurate information about her parents' health conditions was particularly challenging, as someone outside of the immediate caregiver circle. These experiences gave Becky an awareness of the fragile nature of terminally ill patients and the exhaustive demands on their caregivers. Becky was particularly impressed by the importance of accurate communications between healthcare providers and patients and their caregivers, in order to facilitate the best care decisions for the patient.

In light of these experiences, Becky is enthusiastic about using her administrative skills to support the i-Hope Study project team.



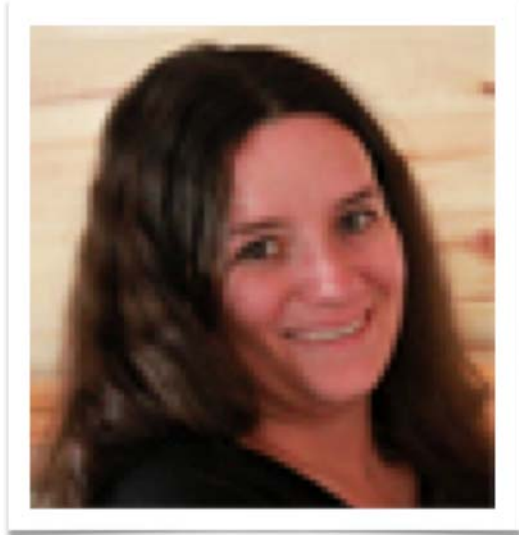
Denver Health

Marisha Burden



Dr. Burden is the Chief of the Division of Hospital Medicine at Denver Health Medical Center, a hospitalist at Denver Health, Associate Professor of Medicine at the University of Colorado School of Medicine, and an attending physician for the ACUTE Center for Eating Disorders. Dr. Burden completed her undergraduate work at the University of Oklahoma and earned her medical degree at the University of Oklahoma School of Medicine graduating with the honor of Alpha Omega Alpha. She completed her residency at the University of Colorado and joined Denver Health in 2006. Dr. Burden's interests include hospital systems improvement, which includes patient experience, patient flow, quality, and transitions of care. Dr. Burden is an active member of the Society of Hospital Medicine (SHM) and is a Senior Fellow of Hospital Medicine. She currently serves on the National SHM Patient Experience Committee and the SHM Research Committee.

Michelle Archuletta



Michelle is a patient partner, and a member of the Patient Family Advisory Counsel (PFAC) at Denver Health. Michelle is deeply committed to healthcare and leveraging her multidisciplinary background in medicine and mathematics to serve those who are less fortunate and in need. As CEO of Doctor Speak, Inc., Michelle looks to bring disruptive technologies to bridge the gap in healthcare disparity. Believing that knowledge can be a true barrier to patient care and she looks to develop technology to empower underserved populations.

Michelle has been working at the intersection of medicine and mathematics for the past ten years. At Eisai Pharmaceuticals, Michelle performed advanced analysis and lead Oncology and Immunology teams to make crucial decisions for taking drugs to the clinic. Michelle worked at the Broad Institute of MIT & Harvard where she used machine learning and predictive algorithms to identify patterns in next generation sequencing data. At Eisai, Michelle was awarded a BPM Innovation Award for developing an ensemble of algorithms to determine disease pathways that was applicable to Oncology, Alzheimer's Disease, and Lupus drug development programs.

In 2015, Michelle founded Doctor Speak, Inc. and became its CEO. Doctor Speak, Inc. uses artificial intelligence technology to allow patients to seamlessly translate medical terminology and speech into something they can better understand. Our technology is meant to be disruptive and dissolve medical language barriers that confuse patients and make them feel isolated. The motivation for our product is to enhance the patient doctor relationship and encourage patients to be active participants in their own health. We feel our technology best serves low-income and underserved populations who have low health literacy and feel intimidated by complex medical terminology.



The University of Michigan

Vineet Chopra



Dr. Vineet Chopra is an Assistant Professor of Medicine and Research Scientist at the University of Michigan School of Medicine and the Ann Arbor VA Medical Center.

A career hospitalist, Dr. Chopra's research is dedicated to improving the safety of hospitalized patients through prevention of hospital-acquired complications. His work focuses on identifying and preventing complications such as infection and thrombosis associated with peripherally inserted central catheters. Dr. Chopra is funded by a Career Development Award from the Agency of Healthcare Research and Quality and has received grant support from the National Institute of Aging, the Blue Cross/Blue Shield Foundation of Michigan and the American Heart Association.

He is the recipient of numerous research awards including the 2016 Jerome W. Conn Award for Outstanding Research by Junior Faculty, 2016 Society of Hospital Medicine Excellence in Research Award, 2014 McDevitt Award for Research Excellence, and the 2014 Society of Hospital Medicine Young Investigator Award. He has published over 100 peer-reviewed papers and is Associate Editor at the American Journal of Medicine and the Journal of Hospital Medicine. Dr. Chopra is a voting member of the Center for Disease Control's Healthcare Infection Control Practice Advisory Committee (HICPAC).

Georgiann Ziegler



I bring three years of experience as a patient advisor at the University of Michigan. This includes participating in collaborative conversations, executive committee member of UHPFAC, UH Family Center Committee, Doctoring Program (mentoring of first year med students), HMS, Vascular Access Panel (MAGIC), Unit Based Committee (6B). I was also awarded the University of Michigan Health System's 2015 JOY Award for volunteering. My greater contribution comes from my journey with chronic pancreatitis. For the past 12 years I have been in-patient 50+ days each year. Being both an in-patient and clinic patient has allowed me to see both the positive, and not so positive situations that occur in health care. I am confident that with my patient experience, as well as my commitment to PFCC (Patient and Family Centered Care), I could be the voice of many patients, not simply my own.



University of California San Francisco (UCSF)

Margaret C. Fang



Margaret is a hospitalist and researcher in the Division of Hospital Medicine at the University of California, San Francisco. She serves as the Research Director for her division, as well as the Medical Director of the UCSF Anticoagulation Clinic and the Director of the UCSF Academic Hospital Medicine Fellowship. She has been a long-standing member of the Society of Hospital Medicine's Research Committee and is a Senior Deputy Editor for the Journal of Hospital Medicine. Margaret's research program is committed to improving outcomes related to cardiovascular conditions and focuses on better understanding how to prevent strokes and venous thromboembolism, as well as on how to optimally use anticoagulant therapies. She has published widely in this area, including on the epidemiology and outcomes of anticoagulants for atrial fibrillation and venous thromboembolism and the development of risk prediction models for stroke and hemorrhage.

Jim Banta



In June of 2000, he was diagnosed with end stage liver disease and Hepatitis C after a gastrointestinal bleed. After many years of illness and many hospitalizations he finally received a transplant in November 2009. In 2012 Jim started Interferon and Ribavirin and after 60 weeks of treatment he was cleared of the Hepatitis C virus. Following Jim's hospital experience he wanted to give back to the community and is an active patient advocate for a number of initiatives across the University of California San Francisco, the city of San Francisco and California. As a patient voice at UCSF and beyond, Jim has been a frequent spokesperson at high schools and health fairs to raise awareness of the need for organ donation. He provides a unique perspective as a patient, a family member and a patient advocate.

James Harrison



James Harrison's career has focused on health services research to improve outcomes and the quality of care delivered to surgical and medicine patients. He joined the Division of Hospital Medicine (DHM) at UCSF in 2012. His role is to provide research expertise and mentorship and work with physicians undertaking research as well as lead his own research efforts. His work is varied and involves quality improvement, patient satisfaction, patient experience, clinical practice change, high value care and health information technology. James work within the Division is similar to his previous role at

the Surgical Outcomes Research Centre (SOuRCe) at the University of Sydney, Australia where he partnered with surgical collaborators to produce research that is applied to health service delivery. It was in Sydney that James completed his Masters of Public and PhD. His PhD focused on reducing the unmet supportive care needs of people with colorectal cancer as they transitioned from the hospital to home.



Johns Hopkins Bayview Medical Center - Maryland

Shaker Eid



Dr. Eid is currently an *Assistant Professor of Medicine* at the Johns Hopkins University School of Medicine and the *Director of Research* for the Division of Hospital Medicine at Johns Hopkins Bayview Medical Center. Dr. Eid completed residency training in Internal Medicine at the University of Maryland Union Memorial Hospital in Baltimore prior to joining Johns Hopkins University School of Medicine. In addition, Dr. Eid holds a degree of *Master in Business Administration* from the Johns Hopkins Carey Business School and certification in *Lean-Sigma for Healthcare* from the Johns Hopkins Armstrong Institute for Patient Safety and Quality.

In 2011, Dr. Eid was awarded the prestigious *Scott Wright Award for Excellence in Research* at the Johns Hopkins University School of Medicine. The American Heart Association later recognized his work by awarding him the *Resuscitation Science Young Investigator Award* in 2013. In 2015, the European Resuscitation Council invited him for an oral presentation of his work at the Annual Scientific Sessions. Dr. Eid also has broad interests in quality improvement, patient centered outcomes research, and application of Lean-Sigma concepts in healthcare.

Dr. Eid is also a Professional Member of the American Heart Association Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation Science. In addition, Dr. Eid is a Senior Fellow of the Society of Hospital Medicine and a member of the Society of Hospital Medicine National Research Committee. In October 2016, he was delegated by

the Society of Hospital Medicine to inaugurate the first of its kind Hospital Medicine Chapter in the Middle East. Dr. Eid has contributed numerous published articles, editorials, expert opinion pieces and abstracts and has successfully mentored many Internal Medicine trainees and faculty.

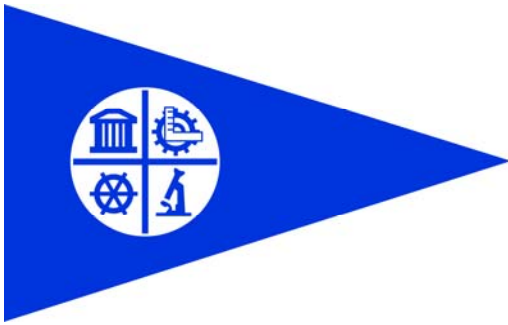
Julie K. Hagan



Julie graduated from Gettysburg College in 1996 with a Bachelor's Degree in Biology. She also graduated from the Johns Hopkins University in 2002 with a Master of Science degree in Biotechnology. Julie began her career in Science at the Johns Hopkins University in Baltimore, Maryland performing DNA synthesis, sequencing, genotyping and DNA extraction for 7 years while working at the School of Medicine, McKusick-Nathans Institute of Genetic Medicine. She then moved on to the Pharmaceutical industry working first as a Project Manager and then in Regulatory Affairs. She works in clinical drug development as the liaison between Pharmaceutical companies and the US FDA and other global Health Authorities. Julie specifically works on rare and ultra-rare diseases, also called orphan diseases, where there is great unmet need for patients and their families. She was Regulatory support for approval of both the first anthrax anti-toxin approved under the FDA's Animal Rule and the first drug approved specifically for systemic lupus erythematosus (SLE). Julie currently works for an early-stage gene therapy company preparing for their first-in-human clinical trials to treat several rare diseases.

Julie is a member of, and formerly the Co-Chairperson of, the Johns Hopkins Bayview Medical Center Patient and Family Advisory Council (PFAC). She has been a member of the PFAC since its inception in December 2013. Julie is also a patient at Johns Hopkins Bayview Medical Center and the family member of several Bayview patients, two of which include her husband and her mother. Julie became a patient at Bayview in 2011 when she had Roux-en-Y gastric bypass surgery. After that successful surgery Julie was

asked by the Department of Bariatric Surgery to start speaking to new bariatric patients at monthly Information Sessions in order to assist those patients in preparation for surgery. Julie speaks to patients post-operatively regarding guidelines, medications and vitamins to help the patients adjust to their new post-op regimens. She also speaks to the Nutrition Interns during semesters, and at seminars, when the interns learn about the management of bariatric patients. Julie is now a patient partner on the i-HOPE Steering Committee representing Johns Hopkins Bayview Medical Center.



HealthEast Care System – Saint Paul, Minneapolis

Jawali “Wally” Jaranilla



Wally Jaranilla is a physician board-certified in Internal Medicine and deeply embodies the meaning of being a hospitalist. Dr. Jaranilla, in his role as a hospitalist for over a decade, has also spent his time in clinical research of which his interests range from clinical drug trials to improving quality of care, hospital best practices, and community health particularly for the underserved population. He was a chapter author in Encyclopedia of Immigrant Health and has a published article at the Journal of Clinical Lipidology about lipid profiles of both Foreign and US born populations. As an Assistant Professor of Medicine at the University of Minnesota, he has been involved in teaching medical residents including supervision of NPs and PAs. He also actively serves on hospital committees, the Society of Hospital Medicine (SHM) as a national member of the Research committee, and the Hospital Quality and Patient Safety committee. He is a fellow of the American College of Physician (FACP) and also a fellow in Hospital Medicine (FHM). Since he completed his Master of Public Health (MPH) degree at the Johns Hopkins Bloomberg School of Public Health, Dr. Jaranilla believes that changes in US healthcare system is dynamic and inevitable. He is passionate about improving patient care and experience in all clinical settings and embraces the changes these improvements bring to his practice. He encourages all providers to be active in

improving the way they deliver care not only within the confines of the hospital but also in the community they serve.

Cindy Bultena (retired 11/1/17)



I have served as a hospital chief nursing officer (CNO) for 26 years. Nineteen years ago, I was selected to be part of a team to create a new hospital in Woodbury, Minnesota. Woodwinds Health Campus opened on August 3, 2000. The vision framework and guiding principles came directly from the voice of the community. In 1998, as part of the design, we launched an advisory council that helped guide key processes in the hospital. That council has evolved over the years and is now an Acute Care Patient Experience Advisory Council that represents the three hospitals. My passion as a leader has always focused around creating an exceptional experience for both patients and employees. The only way to do that is to listen to what their needs are and then to respond. When I represent what our council says or feels about certain issues, people listen. They have a powerful voice. It is the most important. (Cindy retired from her position with the i-HOPE Steering Committee on November 1, 2017.)

Joy Benn



As a member of the Quality and Patient Safety Team at the Minnesota Hospital Association, Joy Benn manages the areas of Medication Safety and Patient and Family Engagement to meet the goals of the Partnership for Patients Hospital Improvement Innovation Network. Ms. Benn has Master's degrees in Communication Disorders and Business Administration from the University of Florida. She has more than 20 years of experience in clinical and administrative roles in health care settings where she has led efforts to gain process efficiencies and operational effectiveness. She is passionate about supporting health care systems in their efforts to engage with patients and families at the point of care and at the organizational level to improve the quality and safety of the care they deliver.

Lali Silva



As a senior director quality & process improvement with the Minnesota Hospital Association, Lali Silva leads hospital clinical activities and collaboratives to achieve the triple aim and prevent adverse health events across the continuum of care. Ms. Silva has a Master's in Healthcare Administration from the University of Minnesota-Twin Cities

with a concentration in finance and has over six years of operational and provider practice management experience within large health care systems. She has led process improvement efforts across the care continuum and has convened hospital, clinic, and post-acute care organizations to improve transitions of care and reduce hospital readmissions. She has a passion for population health and has experience collaborating with health care systems and community organizations outside of health care aimed at developing initiatives that will foster healthy communities.



Milwaukee Veterans Affairs Medical Center, Wisconsin

Kathlyn Fletcher



Dr. Kathlyn Fletcher is an associate professor of Internal Medicine at the Medical College of Wisconsin and the Milwaukee VAMC. She received her undergraduate degree in psychology from DePauw University. She then attended medical school at the University of Chicago, Pritzker School of Medicine, where she graduated with Honors in 1996. She stayed at the University of Chicago Hospitals for Internal Medicine residency training. She completed a health services research fellowship at the University of Michigan in the Robert Wood Johnson/VA Clinical Scholars Program. While she was there, she also received an MA in Higher Education Administration from the School of Education. She joined the faculty of the Medical College of Wisconsin in the Department of Medicine in 2003.

Dr. Fletcher is a hospitalist at the Milwaukee VAMC. She is the program director for the MCW Internal Medicine residency program, and she is the faculty mentor for the VA's Chief Resident for Quality and Safety. Dr. Fletcher loves research and mentoring. She has been funded by VA HSRD, the ACGME and AHRQ. She has mentored many students, residents and faculty members in their pursuit of scholarship. The focus of Dr. Fletcher's

own research has been the interaction between graduate medical education and patient care. Topics of her work include patient perceptions of bedside rounds, the impact of discontinuity on patient outcomes, and how best to measure and allocate work between physicians. She has published more than 50 papers on these topics.



Washington University in St. Louis, Missouri

Monalisa Mullick



Monalisa Mullick is an Assistant Professor of Medicine in the Division of Hospital Medicine at Washington University in St. Louis. She is the Co-Vice President of the Society of Hospital Medicine (SHM) St. Louis Chapter. She has been with the SHM Research Committee for two years. Research complements her role as a clinical educator. As a Hospitalist physician, one of Monalisa's interests is to study how best to deliver care to hospitalized patients using patient-centered approach and thus she has worked in collaboration with her Hospital Patient Family Advisory Council. Additionally, she is involved with issues impacting quality measures as a Code Committee member. Her other contributions include serving as a judge for scientific abstracts at national competitions, authoring on-line and book chapters, and supervising students and residents on the inpatient teaching service. Monalisa also volunteers her time mentors students at a free health clinic.

Melissa Wurst



PFAC member at Siteman Cancer Center in St Louis (Patient rep). President of Language Solutions Inc, a professional translation services firm. Specializing in healthcare communication translations and health literacy design and writing for English content. Melissa is also a Health Literacy Awareness Trainer and a RPCV (Returned Peace Corps Volunteer) – AIDS Instructor in Thailand 1989-1992

<https://www.linkedin.com/in/melissawurst/>

Project Context

Hospital Medicine

This project context is Hospital Medicine. Hospital Medicine is a medical specialty dedicated to the delivery of comprehensive medical care to hospitalized patients. Practitioners of hospital medicine include physicians (“hospitalists”) and non-physician providers who engage in clinical care, teaching, research, or leadership in the field of general hospital medicine.

Hospital Medicine Research

By Hospital Medicine research, we mean research studies and projects that are aiming to understand, and find the best solutions, to improving the care and experiences of hospitalized patients, their families and caregivers. This includes the time of admission to the hospital, during hospitalization and through the transition to home or another care setting.

The Society of Hospital Medicine (SHM)

The Society of Hospital Medicine is an organization representing hospital medicine physicians. The SHM’s website states that its mission is to promote “exceptional care for hospitalized patients.” To meet this mission, its objectives are (1) promoting high quality and high value care, (2) advancing the state of the art in hospital medicine through education and research, and (3) improving hospitals and the health care community through innovation, collaboration, and patient-centered care. SHM is a professional medical society representing more than 15,000 of the 48,000 practicing hospitalists in the U.S. dedicated to providing exceptional care to the hospitalized patient.

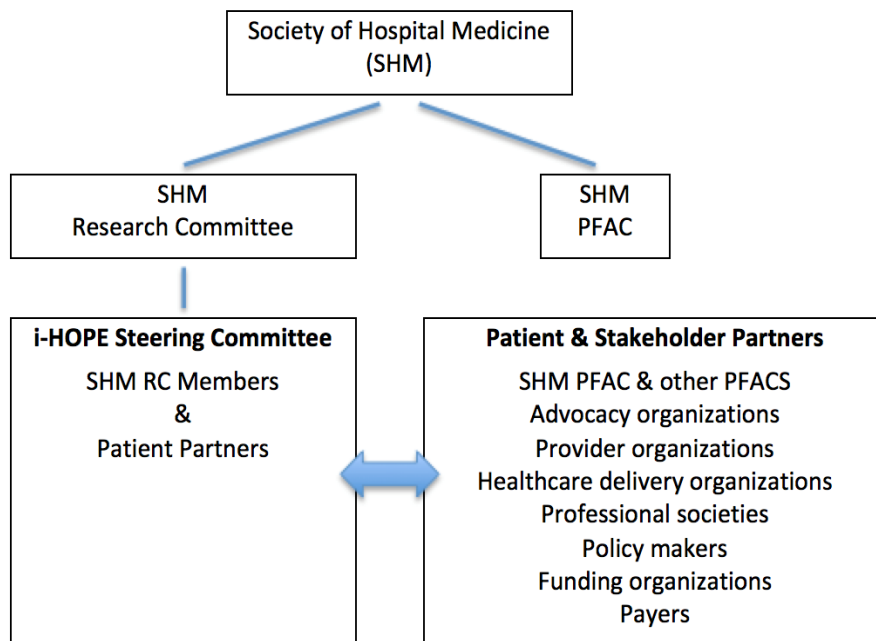
Society of Hospital Medicine Research Committee

The Society of Hospital Medicine has long had a Research Committee (RC) comprised of academic and community-based hospitalists with both interest and experience in doing research to improve the care of hospitalized patients. Each Research Committee member has a “home” organization where she/he works clinically and also engages in research. For this project, each member of the research committee has invited a patient or other stakeholder from his or her home organization to participate in the i-HOPE study to form the Steering Committee. This is summarized in the table below.

i-HOPE study Steering Committee

SHM RC Member	Project Administration	Institution	Patient Partner(s)	Organization	Former Participants
Luci Leykum	Becky Coker	South Texas Veterans Health Care System / UT Health Science Center at San Antonio	Esther Avitia	University Health System PFAC	
Margaret Fang	James Harrison	The University of California at San Francisco	James (Jim) Banta	University of California San Francisco Critical Care PFAC	
Marisha Burden		Denver Health and Hospital Authority	Michelle Archuleta	Denver Health PFAC	
Vineet Chopra		The University of Michigan Health System / Ann Arbor VA Medical Center	Georgiann Ziegler	University of Michigan PFAC	
Shaker Eid		Johns Hopkins University / Johns Hopkins Bayview Medical Center	Julie Hagan	Johns Hopkins Bayview Medical Center PFAC	
Jawali (Wally) Jaranilla		HealthEast Care System	Joy Benn & Lali Silva	Minnesota Hospital Association	Cindy Bultena
Monalisa Mullick		Washington University in St. Louis	Melissa Wurst	Siteman Cancer Center PFAC	
Kathlyn Fletcher		Medical College of Wisconsin			
	Kevin Vuernick			Society of Hospital Medicine - The Center for Hospital Innovation and Improvement	
	Jenna Goldstein			Society of Hospital Medicine - The Center for Hospital Innovation and Improvement	

The steering committee seeks to facilitate the process of obtaining feedback, insights, and perspectives of our patient, family, and stakeholder partners. Open and transparent communication is a priority. The Research Committee researchers do not have special input or “veto power” over any aspect of this project. Rather, we are partnered with patients, families, and stakeholders to allow their voices to be clearly heard. A summary of how the i-HOPE Steering Committee will interact with SHM, the SHM RC and other stakeholder organization partners is shown below.



Patient Partner Role and Expectations

- To participate in Steering Committee telephone calls and webinars
- To provide relevant feedback on project materials (e.g. survey, website consent, categories of unanswered questions, final report)
- To act a liaison and bridge to PFAC members at your institution
- To provide feedback on the categories
- Attend in-person meeting on Project to finalize list of projects
- Participate in dissemination of project finding efforts

Project Description

Project Background

Despite the fact that millions of patients are hospitalized each year, significant gaps in care exist - between 20-30% of hospitalized patients experience errors in care or care that they consider sub-optimal. Following hospitalization, the transition from the hospital to home or another care facility is also recognized as a particularly vulnerable time for patients and their families. Despite significant attention being paid to the area of care transitions, they remain a stubborn and difficult problem causing significant distress and potentially readmission back to hospital.

Hospitalization can be an overwhelming experience for patients and families. There are many reasons for this: they are sick, often with symptoms whose causes may be unclear; they are cared for by many different providers with whom they do not have relationships; they experience complications, adverse events, and errors in care; and they may be discharged without clear instructions or follow-up plans for care. These issues are well documented in the medical literature. However, what is less clear is what patients' and families' think are the most important gaps in hospital care that should be prioritized as a focus of research efforts.

Hospitals and health care providers typically ask patients about their hospital care in terms of how satisfied they are. However, understanding the patient experience requires looking beyond satisfaction to learn what other outcomes, topics or issues patients care about.

To better understand patients', families', and other stakeholders' perspectives on the most important gaps in hospital care, we propose a systematic engagement process followed by an in-person prioritization meeting that sets the stage for future research and collaboration. The need and rationale for our proposal is clear: patients' voices must be at the forefront of this work, and to date they have been largely absent

Project Aims

The primary aim of the project is to:

- Engage patients, families and other stakeholders to generate a priority list of general research topics and unanswered questions important to the care of hospitalized patients. These topics and questions will be used by patients, stakeholders, advocacy groups, and researchers to advance the care of hospitalized patients in the United States and beyond.

The secondary aim of the project is to:

- Create a network of stakeholder collaborators of patients, families, and stakeholders to advise, review, and participate in future research undertaken in response to these priorities and focused on addressing questions identified in the research agenda

Project Methods

This project's methods are based on previous work conducted by the James Land Alliance (JLA). The JLA is a United Kingdom-based initiative whose work has centered on creating "Priority Setting Partnerships", through which patients, caregivers, and clinicians come together to identify and prioritize unanswered questions.

The project has six phases:

- 1) Identification and invitation of potential partners
- 2) Initial stakeholder engagement
- 3) Identifying topics or unanswered questions related to the care of hospitalized patients
- 4) Refining questions and uncertainties
- 5) Prioritization
- 6) Dissemination

Project Activities

Phase 1: Identification of patient and stakeholder partners

Patients and Families: Each Research Committee member has worked with the Patient & Family Advisory Councils (PFAC) at their own organization to identify a patient partner to join the project team and the project Steering Committee.

Stakeholder organizations: We are engaging a wide variety of potential stakeholder organizations such as providers, delivery systems, advocacy groups, payers, policy makers, and funding agencies to participate in the i-HOPE project. We have a range of stakeholders to ensure that we obtain a diversity of opinions and perspective. Each stakeholder organization will be asked to nominate one individual from their organization to act a representative to participate in this project. Each stakeholder organization will then reach out to their individual members, or constituency, and ask

them to participate in our project and answer our survey seeking to identify topics or unanswered questions related to the care of hospitalized patients (see phase 3 below). We have identified 87 potential stakeholders and are contacting them via email, sending them an invitation letter. To date we have received replies from 22 stakeholders, 19 of which expressed interest in participating. Examples of stakeholder organizations include: American Academy of Hospice & Palliative Medicine, American Hospital Association, National Quality Forum, American Academy of Physical Medicine & Rehabilitation

Phase 2: Initial Stakeholder engagement / awareness training

The purpose of the initial phase of the project is to ensure stakeholders have a clear understanding of the engagement process and the project aims. To do so, we will create a presentation and webinar that explains the overall project step-by-step. Stakeholders will be encouraged to allow as many individuals from their organization / membership to participate as they would like.

Phase 3: Survey development

We will create a survey that will ask respondents to identify up to three important gaps or unanswered questions, related to the care of hospitalized patients. We will use REDCap (a commonly used system that creates surveys, tracks responses, and summarizes results). Development of the survey will involve obtaining feedback from all members of the project Steering Committee and the Society of Hospital Medicine’s Patient & Family Advisory Council.

Phase 4: Survey dissemination

Each stakeholder organization will be sent a survey link to conduct a survey of its membership.

Phase 5: Survey analysis

Initial question review for scope and category:

This step involves reviewing all submitted gaps in care or unanswered questions related to the care of hospitalized patients, removing those that are out of scope, and categorizing the remainder. We will use qualitative research methods to categorize unanswered questions into similar topic themes. Analysis will be lead by Dr. Leykum and Dr. Harrison. Potential categories we plan to use include both disease-specific topics and process / systems topics:

Disease-Specific Topics	Process / Systems Topics
Acute coronary syndromes	Advanced Care Planning
Acute renal failure	Care of vulnerable populations
Alcohol / drug withdrawal	Care Transitions (includes readmissions)
Asthma	Catheter-associated infections
Cardiac Arrhythmias	Communication

Cellulitis	Diagnostic decision making
Chronic Obstructive Pulmonary Disease	Drug safety
Cirrhosis	Evidence-based medicine
Congestive Heart Failure	Fall prevention
Delirium & Dementia	Hospital-acquired conditions
Diabetes Mellitus	Information management Electronic health records
Gastrointestinal Bleeding	Management practices
Pain management	Models of Care
Perioperative medicine	Nutrition
Pneumonia (community & hospital acquired)	Patient education
Sepsis	Patient experience
Stroke	Patient safety / quality improvement
Surgery	Physical Function / Frailty
Urinary tract infections	Post-acute care
Venous thromboembolism	Team-based care
	Workforce

Relevant questions will be assigned to up to two categories. For example, the question of ***“What can we do to prevent patients with heart failure from being readmitted to the hospital?”*** will be categorized as ***“congestive heart failure”*** and ***“readmission prevention.”***

Steering Committee members will be involved in the analysis process by participating in the following tasks:

- Reviewing questions that cannot be categorized for help adjudicating their relevance.
- Reviewing questions categorized as “other” to create new categories
- Reviewing and approving Dr. Leykum & Dr. Harrison’s category assignment of all unanswered questions into categories or topics

Following Steering Committee approval we will hold three webinars to get additional feedback regarding the proposed new categories from representatives of participating stakeholder organizations. We will also post proposed categories on the i-HOPE website, and alert stakeholders that they can provide feedback by email in lieu of webinar attendance.

The Steering Committee will then use all stakeholder feedback to create a final category list.

Verifying unanswered questions:

It is possible that unanswered questions identified by patients, families, and stakeholders have been answered in the literature. The Research Committee members of the Steering Committee will search the literature to assess the evidence regarding the 40 most frequently submitted unanswered questions. We will also search NIH trial databases for any ongoing trials related to the research question. If it appears that a proposed question is in fact already answered, it will be reviewed by the steering committee for potential removal. The resulting list of most frequent topics and unanswered questions and their frequency will be put on the SHM i-HOPE website

Phase 6: Prioritizing survey questions

Interim Priority Setting: Topics will be prioritized simply in terms of how frequently questions related to that category are submitted. We will send PFACs and each stakeholder group representative the entire list of unique, formatted questions to rank electronically. Each PFAC and stakeholder organization will submit one “vote” with their numbered rank order of the 10 questions they believe are the most important. Each group can determine how they arrive at this rank order determination.

Final Priority Setting: The goal of the final prioritization process is for patients, families, and stakeholders to come to consensus on the Top 10 research priorities. This identification will be conducted at an in-person meeting. Attendees of this meeting will include (1) Steering Committee Members; (2) A representative from the Society of Hospital Medicine PFAC; 3) A representative from each stakeholder organization. Conducting this process in-person enhances true dialogue among patients, families, and other stakeholders regarding priorities, enabling groups to comprehend others’ points of view. The exact timing and location of the in-person meeting are yet to be defined.

Phase 7: Dissemination of Project Results and Findings

The Steering Committee will oversee the creation of a final report that summarizes the entire process and reports on the priority topics and list of unanswered questions. It will be sent to all participating PFACs and stakeholder organizations for dissemination through their networks. SHM will post this final report on their website, and other participants will also be encouraged to do so.

We also expect the following disseminations methods:

- Presentations at national meetings
- Peer-reviewed manuscripts
- Direct contact with relevant research funding agencies
- PFAC / Stakeholder newsletters
- Professional societies sending results to their research members
- Web-based activities such as blogs / letters on the i-HOPE website, and websites of stakeholder organizations

- Letters to the editor or other local media pieces
- Tools to help patients and families advocate to policymakers regarding the importance of addressing the questions included on the priority list

Timeline

Activity/Months	11/16 to 1/17	2/17 to 4/17	5/17 to 7/17	8/17 to 10/17	11/17 to 1/18	2/18 to 4/18	5/18 to 7/18	8/18 to 10/18
Step 1: Identification and invitation of potential partners								
This step was initiated during the development of this proposal, and invitations sent								
Identify / invite any additional stakeholders identified during period of grant review	X							
Finalize group of stakeholder participants	X							
Step 2: Initial stakeholder engagement / awareness training								
Develop i-HOPE website on SHM website	X							
Conduct initial engagement webinars	X							
Step 3: Identifying unanswered questions								
Create survey in REDCap	X							
Disseminate survey through PFACS and stakeholders		X						
Provide feedback regarding survey responses		X						
Compiling all questions into a single file		X						
Step 4: Refining questions								
Initial question review for scope and category / topic			X					
Creating of new categories / topics from those initially categorized as "other"			X					
Review of new categories by PFACs				X				
Review of new categories by stakeholders via webinar				X				
Formatting and combining questions					X			
Verifying unanswered questions					X			
Posting of refined questions and categories / topics on i-HOPE website					X			

Activity	11/16 to 1/17	2/17 to 4/17	5/17 to 7/17	8/17 to 10/17	11/17 to 1/18	2/18 to 4/18	5/18 to 7/18	8/18 to 10/18
5. Prioritization								
Interim priority setting via web-based process						X		
Compilation of weighted ranks from interim priority setting						X		
Dissemination of weighted ranks to stakeholders (directly and through i-HOPE website)						X		
Final priority-setting in-person meeting							X	
6. Dissemination								
Prepare final report							X	X
Disseminate final report to participants / PFACs / Stakeholders								X
Post priority list, dissemination plan, and final report on i-HOPE website								X
Prepare manuscript								X
Submit meeting presentations								X
Activities targeted to non-provider audiences (blogs, local media)								X
Other activities identified during in-person meeting								X
Meeting logistics-related								
Identify location for in-person meeting	X							
Finalize logistics of on-site meeting	X	X						
Send materials for on-site meeting to participants						X		
Assisting with travel arrangements, reimbursements						X	X	

Deliverables

YEAR 1		
DELIVERABLE	DESCRIPTION	PROJECTED DATE
1. Interim Report	PCORI-Required Project Report	May 1, 2017
2. REDCap survey	Survey for obtaining patient and stakeholder input regarding unanswered questions	March 1, 2017
3. Survey response file	Complete file of unformatted responses to unanswered question survey	
4. Final list of unanswered question categories / topics	List of topics and categories assigned to unanswered questions with their frequency	December 1, 2017
5. Interim Report	PCORI-Required Project Report	December 1, 2017

YEAR 2		
DELIVERABLE	DESCRIPTION	PROJECTED DATE
1. Interim Report	PCORI-Required Project Report	May 1, 2018
2. List of formatted, combined unanswered questions	List of unanswered questions from which out of scope questions were removed, similar questions combined, and questions reformatted in PICO framework when possible	April 1, 2018
3. Interim unanswered question priorities	Results of interim prioritization process	June 30, 2018
4. Final unanswered question priority list & dissemination strategy	Result of final prioritization from in-person meeting	September 30, 2018
5. Final report	PCORI-Required Project Report	December 1, 2018

Contacts and resources

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Study Website

<https://www.hospitalmedicine.org/clinical-topics/i-hope-study/>