



Addendum to the PfP PFE 2.0 Strategic Vision and Roadmap

**Defining the Person and Family Engagement (PFE) Metrics for
Improved Measurement: Purpose and Intention of the Five PFE
Metrics**

Patient and Family Engagement Contractor for PfP 2.0

Thomas Workman, Ph.D. Project Lead

MAY, 2016

Addendum to the PfP PFE Strategic Vision and Roadmap Defining the Person and Family Engagement (PFE) Metrics for Improved Measurement: Purpose and Intention of the Five PFE Metrics

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Introduction

The purpose of the five PFE Metrics is to ensure that hospitals have, at a minimum, structures and practices that enable active patient and family partnership at three levels of the hospital setting: point of care, hospital policy and protocol, and hospital governance.

Ultimately, the intention of these activities is to create a culture at the hospital where **patient and family interests and input are sought and included in decisions regarding care, policies and protocols, and hospital operations**. Though each hospital may have to adapt these activities to fit their unique structure, validation of implementing these metrics depends on one simple but essential criteria: **Are patients and family members able to partner in their care, in the development and implementation of hospital policy and protocol, and in hospital governance?**



The purpose of this document is to identify the original metric language and the metric language included in the HEN 2.0 contract and then clarify the intention of each metric. We also provide suggestions for alternative approaches to accommodate diverse hospital structures or exceptional circumstances. Hospitals should use the intentions of the metrics, however, to ultimately guide successful adaptation of alternative approaches. Finally, we have laid out the minimal indications for each metric to be considered as implemented.

HENs have different options for verifying the accuracy of the data (and the PFE support contractor is not in a position to say one is better than the other). As you think about data validation, here are some options:

- Have staff document the occurrence of pre-admission discussions or bedside huddles/reports in the medical record that can be easily retrieved or marked
- Have management, senior leadership, HEN staff, and/or patient and family advisors observe bedside metrics to ensure ongoing implementation and provide feedback and coaching as needed
- Identify and collect meeting minutes or correspondence from the hospital's designated PFE leader
- Identify or collect agendas or meeting minutes from PFAC meetings
- Make sure to talk with staff in multiple departments and units within a hospital to see how widespread adoption practices are and if units are doing things differently
- Collect hospital Board agendas to confirm that patient representation or perspective has been provided

We expect and hope that hospitals will see small successes to push to make PFE a part of the larger culture and achieve 100% implementation of all these metrics as well as other PFE efforts.

PFE 1: Planning checklist for scheduled admissions

PfP Metric language: Prior to admission, hospital staff provides and discusses a planning checklist with every patient that has a scheduled admission, allowing for questions or comments from the patient or family.

HEN Contract Language: Implementation of a planning checklist for patients known to be coming to the hospital.

PFE Activity occurs at the point of care.

Intent: The intent of this metric is to create a mechanism and procedure so that patients and families scheduled for admission are sent a checklist and then have an opportunity to talk with hospital staff at admission. The physical checklist serves as a list of items and topics for the conversation and could address: what patients should expect, concerns and preferences for their care, potential safety issues (pre-admission medicines, history of infections, etc.), and any relevant home issues, such as needs for additional support, transportation, and care coordination. The intent of this metric is not the distribution of the physical checklist alone but the use of it by admissions staff, an admitting nurse or physician, or other health care professional to guide a conversation with patients and families at the earliest point possible before their care. The conversation should be documented and the preferences, concerns, and expectations expressed by patients/family members should be captured and shared with the entire hospital care team for ongoing communication throughout the hospital stay. Patients and families should retain a copy of the checklist.

Alternative: When Admissions Are Not Scheduled

If a hospital only schedules only a minimum of admissions per year, these few admissions should employ a planning checklist and conversation and will fulfill the implementation of the metric.

If a hospital does not conduct any scheduled admissions, the Hospital Engagement Network should reduce the total number of hospitals reporting the metric and recalculate the percentage of hospitals implementing the metric so that it is based only on the hospitals in the HEN who conduct scheduled admissions.

Do We Meet the Metric? YES, if:

- Hospital sends a pre-admissions checklist to patients with scheduled admissions.
- At admission, hospital staff discuss checklist with patient and family.

PFE 2: Shift change huddles / bedside reporting with patients and families

PfP Metric Language: Hospital conducts shift change huddles and bedside reporting with patients and family members in all feasible cases.

HEN Contract Language: Conducting shift change huddles and bedside reporting with patients and families.

PFE Activity occurs at the point of care.

Intent: The intent of this metric is to include the patient and/or family caregiver in **as many conversations about their care as possible** throughout the hospital stay. The patient and/or family member is able to hear, question, correct or confirm, and/or learn more about the next steps in their care as it is discussed between nurses changing shifts or clinicians making rounds. Patients and/or family members should be more than present during these meetings. They should be encouraged and prompted by the clinical staff to be active participants to whatever degree they desire, and add to the information being shared between the nurses or other clinicians discussing their care. Clinical staff should make an effort to adjust their use of medical jargon, acronyms, and other technical language to ensure that the patient and family member can easily follow the conversation. If necessary due to language barriers, an interpreter should be present. The patient/family member should be part of the entire conversation concerning their care, and not just select parts.

Alternative: None. This engagement activity should be possible in all hospital types and structures. However, a hospital may need to review and adjust their staffing models to better accommodate patient and family availability (e.g., adjust the time of shift changes). While the intent of the activity is to involve the patient in as many clinician interactions that discuss an aspect of the patient's care, the metric can be considered to be met if the hospital conduct shift change huddles OR bedside reporting with patients and families.

Do We Meet the Metric? YES, if:

- In as many units as possible, but in a minimum of at least one unit, nurse shift change huddles or clinician reports occur at the bedside and involves the patient and/or family members.

PFE 3: PFE leader or function area exists in the hospital

PfP Metric Language: Hospital has a person or functional area, who may also operate within other roles in the hospital, that is dedicated and proactively responsible for Patient & Family Engagement and systematically evaluates PFE activities (i.e., open chart policy, PFE trainings, establishment and dissemination of PFE goals).

HEN Contract Language: Designation of an accountable leader in the hospital who is responsible for patient and family engagement.

PFE Activity occurs at the hospital policy and protocol level.

Intent: The intent of this metric is to ensure that PFE efforts are built into the management of hospital operations and given the attention and resources needed to be successful and sustained over time. The hospital should identify at least one staff member to be responsible and accountable for overseeing the implementation and evaluation of the PFE efforts at the hospital. Hospitals may wish to create an office or department (that may have many names such as Patient and Family Engagement, Patient Experience, or Quality Improvement) or identity that focuses on PFE. The person responsible for PFE at the hospital does not need to have a special title or position or be 100% focused on PFE, but all hospital staff should be aware that this person manages the hospital's PFE plans and activities. The PFE leader should, at a minimum, identify, implement, monitor, and evaluate PFE activities, and is most likely coordinating the Patient and Family Advisory Council (PFAC).

Alternative: None. Given the wide range of options possible for accomplishing this metric, there is no need for alternatives. This activity should be possible in all hospital types and structures.

Do We Meet the Metric? YES, if:

- There is a named hospital employee who is responsible for PFE efforts at the hospital either in a full-time position or as a percentage of time within their current position, AND appropriate hospital staff and clinicians can identify the person named as responsible for PFE at the hospital, AND/OR there is a functional area that is responsible for PFE efforts and appropriate hospital staff and clinicians can name the functional area and identify specific individuals who work in that area.

PFE 4: PFEC or Representative on hospital committee

PfP Metric Language: Hospital has an active Patient & Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.

HEN Contract Language: Hospitals having an active Patient and Family Engagement Committee (PFEC) or other committees where patients are represented.

PFE Activity occurs at the hospital policy and protocol level.

Intent: The intent of this metric is that a hospital has a formal relationship with patient and family advisors from the local community who provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts. The relationship may be via a mechanism such as a Patient and Family Engagement Committee (PFEC), which often combines hospital staff with a range of patient and family representatives, or a Patient and Family Advisory Council, (PFAC), which is comprised mostly of patients and family members. An acceptable alternative to forming a PFEC or PFAC is the inclusion of patients and family advisors on one or more existing hospital committees (see below). The PFAC or other committees should be formal mechanisms that seek advice, input, and active involvement from patients and family advisors on a regular basis. Ultimately, this metric should confirm that a hospital systematically incorporates patients and family members as advisors when addressing operations or quality improvement activities.

Alternative: While a Patient and Family Engagement Committee or a Patient and Family Advisory Council is the recommended best practice to accomplish the intention of this metric, a hospital may wish to begin by identifying a smaller number of patient and family advisors from the community to serve on existing hospital committees such as the hospital's Patient Education, Patient Safety, or Quality Improvement committees. These patient representatives should have all the same rights and privileges of all other committee members, and efforts should be made to enable these representatives to share their unique perspective as patients or family members at meetings.

Do We Meet the Metric? YES, if:

- Patient and/or family representatives from the community have been formally named as members of a PFAC or other hospital committee. (At a minimum, hospitals should have 3 to 4 advisors named and working on committees).
- Meetings of the PFAC or other committees with patient and family representatives have been scheduled and conducted.

PFE 5: Patient and family on hospital governing and/or leadership board (hospital governance)

PfP Metric Language: Hospital has at least one or more patient(s) who serve on a Governing and/or leadership board and serves as a patient representative.

HEN Contract Language: One or more patient representatives serving on the hospital Board of Directors.

Intent: The intent of this metric is to ensure that at least one Board member with full voting rights and privileges provides the patient and family perspective on all matters before the Board, similar to other Board members who represent specific interests in the community. Ideally, at least one board member with full voting rights would specifically be appointed for this purpose and with a written role definition as a patient representative. The ultimate goal of this activity is to ensure that the Board works with patient and family perspectives when making governance decisions at the hospital.

Alternative: While designating at least one patient representative on the board is the preferred mechanism to ensure co-governance, certain laws or policies may not allow the formation of a patient or family representative seat on the Board. Until these laws change, alternatives that meet the intent of the metric include:

- Asking for PFEC input on matters before the Board, and incorporating a PFEC report into the Board agenda.
- Identifying elected or appointed Board members to serve in a specific role, with a written role definition, as representing the patient and family voice on all matters before the Board.
- Requiring all Board members to conduct activities that connect them closer to patients and families, such as visiting actual care units in the hospital two times per year and/or attending two PFEC meetings per year.

Do We Meet the Metric? YES, if:

- The hospital has at least one position on the Board designated for a patient or family member who is appointed to represent that perspective.
- If a specific board representative is not possible, an alternative exists to work with patients and families when making hospital governance decisions.

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