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# Partnership for Patients (PfP) Strategic Vision Roadmap for Person and Family Engagement (PFE)

**FINAL VERSION**

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## Strategic Vision Roadmap for Person and Family Engagement (PFE)

### Introduction

The Centers for Medicare & Medicaid Services (CMS) has advanced a vision of a safer, more equitable and person-centered health care system transformed by meaningful person and family engagement (PFE). In support of this vision, CMS has championed the Partnership for Patients (PfP), a quality and safety improvement initiative to make hospital care safer, more reliable, and less costly. Specific goals of the PfP include reducing preventable hospital-acquired conditions (HACs) by 40 percent and all-cause hospital readmissions by 20 percent (i.e., the 40/20 goal).

The three-year PfP 1.0 campaign built a solid foundation for PFE, recognizing that partnering with persons and families is a critical factor in achieving improvements in the quality and safety of care. The three-year PfP 1.0 campaign saw 90 percent of 3,738 hospitals meet at least one of five PFE evaluation metrics<sup>1</sup> and 60 percent meet at least three of the PFE metrics. In PfP 2.0, CMS continues to focus on PFE as a necessary component of improved quality and safety, charging the Patient and Family Engagement Contractor (PFEC) with assisting HENs and hospitals in service of two new PFE-related goals: 1) Each of the 17 Hospital Engagement Networks (HENs) will implement a person and family advisory council (PFAC) to provide input and guidance for the work of the HEN, and 2) 75 percent of participating hospitals will meet all five of the PFE evaluation metrics developed in PfP 1.0.

To support progress toward these and the broader PfP goals, this document presents a Strategic Vision Roadmap for PFE to help organize and align the work of HENs, hospitals, and other partners. The Roadmap:

- discusses the **critical role of PFE** in improving hospital safety;
- provides a **definition of PFE** and explains the underlying core principles;
- describes **six strategies** to guide HENs and hospitals in implementing PFE efforts in meaningful ways;
- illustrates how to more **effectively implement activities** associated with the five PfP PFE metrics by applying the strategies;
- describes **additional tactics** that can be implemented in service of the core principles of PFE; and
- provides **practical guidance** for successfully implementing PFE efforts.

#### Purpose of the Roadmap

The purpose of the Roadmap is to lay a path toward a shared vision of meaningful PFE by providing strategies that are generalizable, effective, and help achieve sustainability.

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<sup>1</sup> The five PFE metrics are: PFE1: Planning checklist for scheduled admission; PFE2: Shift change huddles / bedside reporting; PFE3: PFE leader or functional area; PFE4: PFAC or representative on quality improvement team; PFE5: Patient and family advisor on board.

Throughout, the Roadmap discusses planning for **long-term sustainability** and the institutionalization of PFE strategies and practices.

This Roadmap builds on existing work that has been done to advance practice and research in PFE, while simultaneously identifying ways to push the work of PFE further.

Input for the Roadmap was provided by representatives from the 17 HENs (see Appendix A), a group of ten individuals who serve as an Advisory Council to the PFEC,<sup>2</sup> and additional PfP partners.

## PFE: A critical part of improving hospital safety and quality

As described by the PfP initiative, “patients and their families are essential partners in the effort to improve the quality and safety of health care. Their participation as active members of their own health care team is an essential component of making care safer and reducing readmission.” (1) The HENs have acknowledged the importance of PFE, noting in “Safety Across the Board,” a document developed by HENs, that engaging persons and families is critical to achieving desired outcomes and facilitates quality improvement. (2)

Improving PFE means that patients and families become partners and allies in efforts to improve quality and safety, including helping to identify potential safety issues and reduce or eliminate preventable safety events. Meaningful PFE enables hospitals to incorporate what matters most to patients and families and greatly improves the ability to achieve long-term improvements in quality and safety. For example, strategies that promote PFE can lead to improved patient outcomes related to emotional health, symptom resolution, functioning, pain control, and physiologic measures such as blood pressure and blood sugar levels (3-4); reduced rates of preventable readmissions (5); improved experiences of care; reduced lengths of stay; lower costs per case (6); and increased employee satisfaction and retention. (7) Patients and families can also partner in helping to identify potential safety issues and preventing safety events from occurring. (8) The degree to which PFE is implemented can also affect outcomes. For example, data from the Minnesota Hospital Association HEN indicated that hospitals meeting 4 or 5 of the

### Using the Roadmap

HENs, hospitals, and other partners can use this document to:

- Promote shared understanding of PFE
- Learn how to more effectively implement activities associated with the five PfP PFE metrics,
- Identify cross-cutting keys to successful implementation of PFE
- Identify resources that correspond to best practices for PFE
- Address and improve sustainability

### Vision of PFE

The vision of PFE in PfP 2.0 is of hospitals and other health care providers achieving quality and safety goals by fully engaging patients and their families, determining what matters most to them in every situation, and partnering with them to make improvements to all aspects of care.

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<sup>2</sup> PFE Contractor Advisory Council members, in alphabetical order: Kimberly Blanton (Volunteer Patient Advisor, Vidant Health System), Steven Coffee (Commander, Force Support Squadron, USAF), Alicia Cole (Patient Safety Advocate and Founder, Alliance for Safety Awareness for Patients), Gwendolyn David (Patient Advocate), Helen Haskell (President, Mothers Against Medical Error), Libby Hoy (Founder and CEO, Patient & Family Centered Care Partners), Beverley Johnson (President, Institute for Patient- and Family-Centered Care), Victoria Nahum (Co-Founder and Executive Director, Safe Care Campaign), Gilberto Salinas (Chief Clinical Officer, Rancho Los Amigos National Rehabilitation Center’s Acting Director Performance Improvement, LA County Department of Health Services), and Sue Sheridan (Director of Patient Engagement, Patient-Centered Outcomes Research Institute).

PfP PFE metrics had lower rates of potentially preventable readmissions than hospitals only meeting 0 to 3 of the metrics. (9) Finally, PFE and patient-centered models of care can contribute to improved business outcomes, competitive advantage, and increased market share. (10)

## PFE in CMS PfP 2.0: Definitions and core principles

A single definition of PFE enables consistency in working toward a shared vision and goals. The proposed definition of PFE for the CMS PfP 2.0 draws on established conceptual and behavioral frameworks, (11-13) reflects best practices, and acknowledges the multi-faceted nature of PFE.

The definition of PFE for the CMS PfP 2.0 effort is:

*“persons, families, their representatives, and health professionals (clinicians, staff, and leaders), working in active partnership at various levels—direct / point of care, organizational design, policy, and procedure; organizational governance; and community / policy making—across the health care system and in collaboration with communities to improve health, health care, and health equity.”*

PFE is a broad concept encompassing different types of actions, behaviors, and interactions. Effective implementation requires understanding the underlying elements and principles.

- **PFE happens at multiple levels.** Partnership occurs not only at the point of care but also in the development of organizational policies and procedures, in organizational governance, and in the larger community and policy context. At the point of care, “engagement integrates patients’ values, experiences, and perspectives related to prevention, diagnosis, and treatment.” (9) PFE in the development of organizational policies and procedures means that patients and families partner with organizational leaders, front-line managers, clinicians, and staff to plan, deliver, and evaluate care. PFE in organizational governance ensures that patients and family members have a meaningful say in how the organization is run, for example by serving as full voting members of the hospital board of directors. With an increasing focus on transitions of care and broader definitions of health, PFE also extends beyond the hospital walls to creating effective partnerships in the community and at national, state, and local policy levels. Achieving the outcomes of engaging persons and families is best accomplished when individuals and organizations integrate PFE across all levels.
- **In PFE, “family” is defined broadly and by the individual.** Families and caregivers are a critical component of PFE. The principles of PFE mean that individuals receiving care define the individuals that constitute their “family.” These individuals may include direct and extended family members, friends, and other caregivers.
- **PFE is about moving toward active partnership.** Engagement that reflects active partnership is characterized by doing “with” and not “to” or “for” persons and their families and involves moving toward interactions that include shared power, responsibility, and decision-making authority. With active partnership, persons and their families share in the work of defining agendas; designing, implementing, and evaluating interventions; and making consequential decisions.

- **PFE is a partnership that requires individual *and* system behavior change.** The individual behaviors of patients, families, clinicians, staff, and organizational leaders are an important component of successful PFE. However, engagement partnerships are not solely dependent upon the behaviors of these individuals, whose behaviors may be significantly influenced by the culture, norms, policies and procedures of organizations, systems, and communities. These environments can affect whether and to what extent engagement occurs. Therefore, in addition to the adoption of effective behaviors that foster and sustain engagement, PFE also involves structuring systems or care processes that create engagement opportunities (e.g., conducting shift report huddles at the bedside) and facilitate linkages that can foster engagement across the care continuum (e.g., between hospitals and community assets).
- **PFE is about identifying and responding to patient- and family-identified needs and desired outcomes.** PFE means working with patients and families to define and respond to what matters most to them—their goals, preferences, and desired health outcomes. A shift towards PFE will mean defining success not just by traditional outcomes (e.g., the resolution of clinical conditions), but also by whether patients achieve *their* desired health outcomes. (14)

## Health equity and PFE

Health equity is the “attainment of the highest level of health for all people,” (15) the achievement of which requires attending to health disparities, with particular attention to vulnerable populations. “Vulnerable populations” is a term that is used broadly to encompass: racial and ethnic minorities; the economically disadvantaged; the elderly; rural residents; the homeless; those who are uninsured or under-insured; individuals with no or limited English proficiency; those with low health literacy; children and youth with special health care needs; individuals with chronic health conditions, poor health status, or mental health issues; disabled individuals; those at end-of-life; high-risk mothers and children; members of the LGBT community; incarcerated persons; and substance users. (16)

Health equity must be strategically integrated in all aspects of quality improvement and PFE; it is not a separate agenda or area of focus. Because not all patients and families are alike, efforts to promote and support PFE must consider the values, preferences, and needs reflected in diverse populations. The work of PFE requires co-designing more equitable systems by working with vulnerable populations to 1) develop organizational policies and practices that promote intentional diversity and inclusion; 2) engage persons and families who truly reflect the communities in which health care organizations are located; 3) use race, ethnicity and language (REaL) data to inform day-to-day operations and quality improvement work; and 4) direct systems changes and tailor other organizational change efforts and resources to groups that are most likely to face disparities in their health and health care.

## PFE and related concepts

In the past, PFE has been used synonymously with terms such as patient activation and patient- and family-centered care. However, these concepts, while related and important, are distinct.

- **Patient activation** refers to an “individual’s knowledge, skill, and confidence for managing his/her own health and health care.” (17) Patient activation is an individual’s capacity and motivation to perform specific engagement-related behaviors. Patient activation recognizes that not all individuals are at the same stage of readiness to engage, and further acknowledges that not all individuals will want to engage or partner in the same way. Patient activation both influences and can be influenced by PFE. While activated patients are more likely to engage, it may also be the case that efforts to improve engagement in turn help increase individuals’ level of activation.
- **Patient- and family-centered care (PFCC)** is “an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.” (18) The core principles of PFCC include dignity and respect; information sharing; participation; and collaboration. PFE is one way of translating the core principles of PFCC into specific individual and organizational actions and behaviors towards achieving better outcomes. PFE is a critical component of a patient- and family-centered health care system.

## **Strategies to promote and support PFE**

All health care organizations are different; the specific implementation of PFE may vary across environments and contexts. Therefore, there is no one path that all organizations will follow. In recognition of this, this section describes **six overarching PFE strategies** to guide HEN and hospital PFE efforts in implementing PFE. When implemented, these strategies are designed to ensure that activities to promote and support PFE are effective, sustainable, and truly reflect the core principles of PFE. The strategies are designed to help hospitals understand not only what activities to implement, but also how to implement them most effectively.

The six strategies<sup>3</sup> are:

- 1) Organizational partnership
- 2) Patient and family preparation
- 3) Clinician and leadership preparation
- 4) Care, policy, and practice redesign
- 5) Measurement and research
- 6) Transparency and accountability

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<sup>3</sup> The strategies listed below are adapted from the “Roadmap for Patient and Family Engagement in Healthcare: Practice and Research” (19) and include information gathered during interviews with the 17 HENs. Developed by the American Institutes for Research (AIR), with funding from the Gordon and Betty Moore Foundation, the Roadmap reflects a unified vision for achieving meaningful PFE across the healthcare system, and lays out a path to broader PFE by providing specific strategies, that, when implemented, can help achieve the goals of better care experiences, better health, lower costs, and improved safety. It was developed via a collaborative process that included participation from patients, advocates, clinicians, researchers, payers, funders, and policymakers.



The six PFE strategies reflect the core elements and underlying principles of PFE and can be applied in two main ways:

- 1) **HENs and hospitals can apply these strategies to develop a broader strategic plan for PFE.** How do current PFE efforts map to the six strategies? Is the organization addressing multiple strategies in service of a broader culture of PFE? Are there strategies that are under-addressed?
- 2) **HENs and hospitals also can apply these strategies in implementing and executing specific PFE efforts.** In implementing specific PFE activities, including those related to the five PfP PFE metrics, are organizations considering and addressing each of the six strategies?

The remainder of this section provides the following:

- **A description of the six PFE strategies.** Accompanying each strategy is a set of critical questions to consider in applying a given strategy. HENs and hospitals can use these questions as a guidepost in planning and implementing PFE efforts.
- **An illustration of how the six PFE strategies apply to each of the five PFE metrics.** Examples of how can the strategies be used to help hospitals implement activities associated with the PFE metrics to support and reflect best practices for PFE are included. HENs and hospitals can use this information to drive progress on meaningful implementation of the PFE metrics.

An appendix (Appendix B) provides examples **of additional ways the strategies can be applied, beyond the five PFE metrics.** To support thinking about long-term sustainability and developing a broader culture of PFE, examples are included to show how HENs and hospitals can push their PFE work further. HENs and hospitals can use these examples to generate ideas for expanding PFE work and ensure that all quality and safety improvement initiatives consider and address PFE.

## PFE strategies

Each of the six PFE strategies is described in detail below.

### ***PFE strategy 1: Organizational partnership***



Partnering with patients and their families in the design of processes, policies, and facilities is a foundational element of PFE. Partnering with patients and families to shape how care is delivered helps ensure that hospitals and systems are structured to better reflect the patient and family perspective and needs, provide specific opportunities for PFE, ensure better outcomes, and provide better experiences for patients, their families, and clinicians. Partnership at this level helps ensure that there is a clear pathway for infusing patient and family voices and experiences into workflows, organizations, and systems.

**Critical questions to ask:**

- How can we make patients and families part of organizational planning and decision making? Where are the opportunities, and where have there been missed opportunities?
- What mechanisms for organizational partnership exist, and what mechanisms need to be created?
- Does every project or initiative that affects patient care include meaningful input and decision making from patients and family members at the planning, development, implementation, and evaluation phases?

***PFE strategy 2: Patient and family preparation***



Education and preparation are important to ensuring that patients and their families can engage effectively. This includes education and preparation related to their own health and healthcare, and also preparation to partner with clinicians, staff, and healthcare leaders to shape how care is organized and delivered. Patient and family preparation is about giving patients and families the skills, confidence, and authority to partner—to the degree they want—in interactions and healthcare decision making at all levels. Because patients and families are diverse in their desire and ability to engage, it is important to consider how to tailor efforts to meet people where they are. This includes addressing specific needs and concerns, considering issues of health equity, and delivering information in ways that best meets the needs of patients and their families.

**Critical questions to ask:**

- What knowledge, information, and skills do patients and their families need to engage effectively in their healthcare? Are there gaps between the information and skills needed and the information and skills they currently have?
- How might the information and skills needed vary based on the differing needs of our patient and family populations?
- What are the information, education, and preparation needs of the vulnerable populations we serve, and how will we address them?

***PFE strategy 3: Clinician, staff, and leadership preparation***



Dedicated, invested clinicians, staff, and leaders are critical to ensuring that PFE is encouraged, supported, and welcomed. When clinicians, staff, and leaders are not on board, it can greatly hinder the success of efforts to engage patients and their families. Preparing clinicians, staff, and hospital leaders includes helping them partner with patients and families at the point of care, and also at the organizational level, working with them to shape how care is organized and delivered.

**Critical questions to ask:**

- Do our clinicians, staff, and leaders understand why PFE is important? What information do they have about the benefits of PFE and patient partnership? Have our clinicians, staff and leaders been educated regarding the principles and practices of PFE?

- How can we help our clinicians, staff, and leaders better understand the perspectives of patients and family members (e.g., via sharing of patient stories)?
- What knowledge, information, and skills do our clinicians, staff, and leaders need to partner effectively with patients and families, including members of vulnerable populations? What preparation and training will we provide?
- What current attitudes, beliefs, or concerns do our clinicians, staff, and leaders have about partnering with patients and families? What attitudes and beliefs do they have about vulnerable populations? How might these affect PFE efforts?

***PFE strategy 4: Care, policy, and process redesign***



A critical part of PFE is creating an environment where engagement is expected, welcomed, and facilitated. This includes facilitating individual behavior change by providing opportunities for patients and families to engage and be active in their care, creating policies that emphasize patient and family partnership, and developing and implementing care processes that reflect patients' and families' self-identified needs.

**Critical questions to ask:**

- What policies and structures currently inhibit partnership with patients and families (e.g., restrictive visiting hours)?
- How can we redesign processes, policies, and structures to provide opportunities for and support of PFE? What changes can we make to facilitate desired behaviors from patients, families, clinicians, and staff?
- What changes are needed to support the needs of vulnerable populations (e.g., increased provision of translation services)?

***PFE strategy 5: Measurement and research***



Measurement and research are critical to understanding current performance and in driving changes in behaviors and processes. Measurement helps identify successes and areas for improvement, is important in building evidence related to best practices, and can also incentivize participation in and execution of critical PFE efforts. Research can help assess whether, to what extent, and how engagement is occurring, and identify outcomes resulting from PFE interventions.

**Critical questions to ask:**

- What data are we currently capturing that may provide information about PFE needs, processes, or outcomes? What data are needed that are not being captured?
- What data are important to leaders? Clinicians and staff? Patients and families? The surrounding community? How can we best report and reflect this data to different audiences?
- How can we use REaL data to inform planning and decisionmaking?

- In planning PFE activities, how can we build in an evaluation component to assess whether and how the intervention is effective?

**PFE strategy 6: Transparency and accountability**



Creating a more transparent healthcare system and making data available enhances accountability, enables patients and families to make informed decisions, and helps patients take an active role in their health and health care. When patients and families have access to clear, comprehensive information about treatment options and approaches, their own health and healthcare, and the performance of the organization in which they are receiving care, they are better informed and able to engage. Increasing transparency also helps correct power imbalances between patients, clinicians, and staff, and signals that partnership and openness is an important part of the organization's culture. (20-21)

**Critical questions to ask:**

- How can we make data and information transparent to promote organizational accountability for quality and safety?
- What data and information do patients want about their own health and healthcare? Are we providing access to these data?
- What data and information do patients and families want about the safety and quality of care provided by our organization? Are we providing access to these data?
- What additional data can we make available to enable patients and families to be active in their health and healthcare?
- What additional data can we make available to clinicians and staff to help them understand the importance of the role they play in interactions with patients and families, and to help clinicians and staff understand the consequences of their attitudes and behaviors?

**Applying the PFE strategies to implementation of the PfP PFE metrics**

As noted, the six PFE strategies can be applied broadly to guide PFE strategic planning. They can also be applied more specifically to the development and implementation of specific initiatives. In this section, we show how the six PFE strategies can be applied to the five activities reflected in the PfP PFE metrics and provide specific tactics to ensure effective, meaningful, and sustainable implementation.

### Applying the PFE strategies to PFE metric 1: planning checklist for scheduled admission

Planning discharge prior to admission is a critical component of high-quality, safe care, and partnership between the patient, family, and clinical care team. These plans help ensure that patients and families are informed and educated about the hospital stay, provide an opportunity for hospitals to better understand the patient and their needs, and enable the early identification of potential patient safety issues or issues that may lead to readmission.

When used effectively, the pre-admission discharge planning checklist is part of a process in which patients and families have the opportunity to give and receive information and ask questions throughout the hospital stay.

Effective discharge planning via the use of a checklist at admission can help **patients and family members**:

- Understand what will happen before, during, and after their hospital stay, including expectations related to the hospital stay and their care responsibilities.
- Learn about safety during the hospital stay and how patients and families can participate in ensuring safe medication use, infection control, and reporting complications.
- Develop a better understanding of their health issues and treatment plans to participate effectively in self-management.
- Ask questions about key discharge planning topics, including anticipated post-discharge care needs, options for continuing care, post-discharge care instructions, and options for accessing community-based resources.

Effective discharge planning via the use of a checklist at admission can help **clinicians and hospital staff**:

- Understand the patient's specific care needs, concerns, and preferences, allowing the hospital to provide more person-centered care.
- Understand pre-admission and post-discharge medication regimens and therapy, allowing for better medication reconciliation and identification of potential medication errors.
- Identify and proactively address potential post-discharge safety issues, risks, and care needs, including needs for additional support, transportation, and care coordination.
- Schedule and communicate about follow-up appointments prior to hospital discharge.

#### PFE Metric 1

"Prior to admission, hospital staff provide and discuss a discharge planning checklist with every patient who has a scheduled admission, allowing for questions or comments from the patient or family (e.g., a planning checklist that is similar to CMS's Discharge Planning Checklist)."

#### Recommended Resources for PFE Metric 1



Your Discharge Planning Checklist from the Centers for Medicare and Medicaid Services:  
<https://www.medicare.gov/Pubs/pdf/11376.pdf>





Care About Your Care Discharge Checklist & Care Transition Plan from the Robert Wood Johnson Foundation:  
<http://www.rwjf.org/en/library/research/2013/01/care-about-your-care-discharge-checklist---care-transition-plan.html>

Strategy 4: Care Transitions From Hospital to Home: IDEAL Discharge Planning, Guide to Patient and Family Engagement in Hospital Quality and Safety from the Agency for Healthcare Research and Quality:  
<http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy4/index.html>

The table below shows how the six PFE strategies can be applied to support effective implementation of pre-admission discharge planning checklists.

**PFE strategies to support effective implementation of PFE metric 1: planning checklist for scheduled admission**

PFE strategy	Tactics
 <p><b>Organizational partnership</b></p>	<ul style="list-style-type: none"> <li>• Get feedback from patients and families to better understand how they experience your current admission process. What information would they have liked to have that they did not get? What would have helped them feel more prepared for discharge? What is the best way for patients and families to receive this information (e.g., in person, phone call, mailing)?</li> <li>• Ask patient and family advisors to review the pre-admission discharge planning checklist and processes to suggest improvements that better address patient and family needs and key safety and quality issues.</li> <li>• Ask patient and family advisors to review other admission materials to provide feedback on how well they support and reinforce the messages of the pre-admission discharge planning checklist and address the needs and concerns of patients.</li> <li>• Work with patient and family advisors to develop processes for ensuring that the pre-admission discharge planning checklist is revised throughout the hospital stay.</li> </ul>
 <p><b>Patient and family preparation</b></p>	<ul style="list-style-type: none"> <li>• Provide patients and family members with information to help them prepare for and understand their hospital stay – for example, what to bring to the hospital; the types of care providers they will be interacting with (attending physicians, residents, interns, physician assistants, nurse practitioners, nurses, nurses’ aides, other care staff); how often they will interact with these care providers and in what ways; what routine processes they will experience (e.g., monitoring of vital signs); and any tests or additional procedures associated with their specific admission.</li> <li>• Provide patients and family members with the opportunity to ask questions regarding the admission (e.g., via in person pre-admission meeting, phone pre-admission meeting, opportunity to ask upon arrival).</li> <li>• Help patients and family members understand what they can do during their hospital stay to be engaged in the quality and safety of care provided, including who to talk to if they have questions.</li> <li>• Educate patients and families about expectations for their active participation during the hospital stay – for example, asking questions and providing clinical care staff with important information about their health.</li> <li>• Inform patients and families about opportunities for partnership during the hospital stay such as participating in bedside rounds, nurse bedside shift report, discharge planning, and others.</li> <li>• Encourage patients and families to ask questions about the pre-admission discharge planning checklist and to voice their preferences, concerns, and needs.</li> </ul>

PFE strategy	Tactics
 <p><b>Clinician, staff, and leadership preparation</b></p>	<ul style="list-style-type: none"> <li>• Inform clinicians and staff about the use and purpose of the pre-admission discharge planning checklist, including why it is important and how it can help engage patients and families.</li> <li>• Educate clinicians and staff about how the pre-admission discharge planning checklist should be used at various stages during the hospital stay.</li> <li>• Delineate key roles and responsibilities to ensure accountability for reviewing and discussing the checklist with patients and family members.</li> </ul>
 <p><b>Care, policy, and process redesign</b></p>	<ul style="list-style-type: none"> <li>• Examine the process around the use of the pre-admission discharge planning checklist. Identify changes that may be needed to ensure that the checklist moves beyond a static document to one that facilitates discussion and is updated throughout the hospital stay.</li> <li>• Review how the pre-admission discharge planning checklist is currently being distributed to determine whether it is reaching all patients and family members at the appropriate time and via a mechanism that is most appropriate for them.</li> <li>• Identify who has responsibility for reviewing the pre-admission discharge planning checklist with patients and family members and ensure that this task is integrated with the admission process and workflow.</li> <li>• Identify barriers that may be affecting the ability of specific members of your patient and family population to engage. For example, is there a need for interpreters or language translation services to better improve engagement in the process?</li> </ul>
 <p><b>Measurement and research</b></p>	<ul style="list-style-type: none"> <li>• Develop plans for collecting and recording information about use of the checklist, including clearly defining what it means to “use” a pre-admission planning checklist in a way that reflects the core principles of PFE.</li> <li>• Set specific goals to assess progress against (e.g., to provide and discuss the pre-admission discharge planning checklist with 100% of patients who have planned admissions).</li> <li>• Collect patient, family, clinician, and staff feedback about the planning checklist, and use it to refine the tool and processes related to its use. Ensure that feedback is solicited from vulnerable populations.</li> <li>• Collect REaL data to allow examination of health equity issues related to performance data.</li> <li>• Conduct small tests of change to identify the most effective processes for using the pre-admission planning checklist.</li> </ul>
 <p><b>Transparency and accountability</b></p>	<ul style="list-style-type: none"> <li>• Let patients and families know about the emphasis placed on pre-admission discharge planning, why it is important for quality and safety, and what your hospital is doing to make improvements.</li> <li>• Report data collected about use of the pre-admission discharge planning checklist to leaders, clinicians, staff, and patients and families. Capture successes and acknowledge areas for improvement.</li> </ul>

### **Applying the PFE strategies to PFE metric 2: shift change huddles / bedside reporting**

At the core of shift change huddles, bedside reporting, and rounding with patients and family members is the transfer of critical information between staff (and patients and families, where feasible) to improve communication and prevent adverse events and medical errors. Improved communication via shift change huddles and bedside reporting can help catch medical errors and prevent potential safety events before they occur.

**PFE Metric 2**  
“Hospital conducts shift change huddles for staff and does bedside reporting with patients and family members in all feasible cases.”

Shift change huddles provide a way for staff to share information with the next shift, with the goal of ensuring the safe handoff of care. They also create a heightened awareness of individual patient needs that can then be proactively addressed throughout the shift. Shift change huddles often take place between nurses and/or CNAs. However, they may be expanded to include other members of the clinical care team or staff as needed and appropriate. Having a multi-disciplinary team can further reinforce teamwork and ensure that everyone shares knowledge that contributes to safe and effective patient care.

Including bedside reporting as a critical element of shift change huddles further ensures effective communication between patients, families, and clinical staff, and reinforces that patients and families are important members of the care team. Participation in shift change huddles provides patients and families with the opportunity to hear what has occurred throughout the shift and learn more about the next steps in their care. It also gives them the chance to ask questions, correct errors, and provide input into the care process. The benefits of bedside reporting for patients and families include increased patient knowledge of their condition and treatment and improved patient and family satisfaction, increased teambuilding. For care providers, the benefits include increased nursing staff satisfaction, better time management, and improved accountability between nurses. (22)

Bedside reporting may also be implemented in other ways, for example, as part of rounding. Bedside rounding helps ensure that all team members have clarity about and a shared understanding of the care plan and patient goals. It allows for a jointly developed plan of care where input is sought from various members of the care team (including patients and family members), concerns are raised, and questions are addressed. Hospitals may choose to conduct physician-nurse rounding at the bedside using a combination of telephone-based and in-person participation, and may extend participation to other members of the care team, including occupational or respiratory therapists, case managers, social workers, and even environmental services.

#### **Recommended Resources for PFE Metric 2**

Strategy 3: Nurse Bedside Shift Report, Guide to Patient and Family Engagement in Hospital Quality and Safety from the Agency for Healthcare Research and Quality:

<http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html>

ISHAPED Patient-Centered Approach to Nurse Shift Change Bedside Report from the Institute for Healthcare Improvement:

<http://www.ih.org/resources/Pages/Tools/ISHAPEDPatientCenteredNurseShiftChangeBedsideReport.aspx>




The Family-Centered Rounds Toolkit from the University of Wisconsin–Madison School of Medicine and Public Health; American Family Children’s Hospital; and Agency for Healthcare Research and Quality:


<http://www.hipxchange.org/FamilyRounds>





The table below shows how the six PFE strategies described above can be applied to support effective implementation of shift change huddles and bedside reporting.

**PFE strategies to support effective implementation of PFE metric 2: shift change huddles/ bedside reporting**

PFE strategy	Tactics
 <p><b>Organizational partnership</b></p>	<ul style="list-style-type: none"> <li>Engage patients and families in the development and implementation of process changes related to shift change huddles, bedside reporting, and/or bedside rounding by asking them to share feedback on current processes, including how patients currently experience shift change. As appropriate, work with patients and families to share their stories and illustrate why changes are needed.</li> <li>Work with patient and family advisors to plan and implement shift change huddles, bedside reporting, and/or bedside rounding (e.g., partnering to adapt existing tools and resources to your organization), and involve them in staff training (e.g., participating in role plays or sharing stories).</li> <li>Ask patient and family advisors to participate in monitoring and evaluation efforts to ensure that bedside reporting, shift change huddles, and/or bedside rounding is being implemented in ways that invite and welcome participation from patients and families.</li> </ul>
 <p><b>Patient and family preparation</b></p>	<ul style="list-style-type: none"> <li>On admission, orient patients and families about what bedside reporting, shift change huddles, and/or bedside rounding are, what will happen, who is involved, and how much time it will take.</li> <li>Educate patients and families about how they can and should participate in bedside reporting, shift change huddles, and/or bedside rounding, including providing examples of questions to ask or issues to raise.</li> <li>Educate patients and families about how bedside reporting, shift change huddles, and/or bedside rounding can help address and prevent safety issues during the hospital stay.</li> </ul>
 <p><b>Clinician, staff, and leadership preparation</b></p>	<ul style="list-style-type: none"> <li>Educate leadership, front-line managers, clinicians, and staff about how bedside reporting, shift change huddles, and/or bedside rounding can help improve safety and quality. Share success stories from other organizations.</li> <li>Invite leadership to do “walkabouts” to better understand how care is happening “on the floor” and to illustrate why changes are needed.</li> <li>Educate front-line managers, clinicians, and staff about the critical elements of bedside reporting, shift change huddles, and/or bedside rounding and provide examples of what they look like when implemented effectively.</li> <li>Identify and directly address concerns that may become barriers to effective implementation of bedside reporting, shift change huddles, and/or bedside rounding (e.g., concerns about how much time it will take, how to share sensitive information or how to deal with HIPAA concerns).</li> <li>Provide training opportunities for staff to practice new skills and ask questions, using training mechanisms that are most appropriate for and effective in your environment.</li> </ul>

PFE strategy	Tactics
 <p><b>Care, policy, and process redesign</b></p>	<ul style="list-style-type: none"> <li>• Develop policies to ensure that bedside reporting, shift change huddles, and/or bedside rounding are “always” events (i.e., every patient, all diagnoses). Clearly specify whether and in what situations it is acceptable to not do report at the bedside and what the alternative practice should be in those cases.</li> <li>• Specify who is involved in shift change huddles and bedside reporting (e.g., nurses, nursing assistants, patient, family members, others) and bedside rounding (e.g., attending physicians, residents, primary nurse, charge nurse, rehabilitation services, dietary team, palliative care, etc.).</li> <li>• Specify the critical elements of bedside reporting, shift change huddles, and/or bedside rounding to ensure standardized implementation that truly reflects PFE. For example, critical elements of shift change huddles conducted at the bedside may include: 1) Introduce staff to patients and family members; 2) Review the patient’s background, current situation, and plans for the upcoming shift while standing at the patient’s bedside and talking to the patient and family; 3) Conduct a safety check of the room (e.g., to assess fall risk, inspect IV sites); 4) Update white board with information for the upcoming shift; 5) Ask patient or family member if they have anything to add or have any questions.</li> <li>• Specify tools that should be included as part of bedside reporting, shift change huddles, and/or bedside rounding (e.g., SBAR, check back, checklists).</li> <li>• Assess what changes and resources may be needed to support bedside reporting, shift change huddles, and/or bedside rounding (e.g., staffing changes, changes in timing of shifts, equipment such as mobile workstations, technology that facilitates inclusion of additional members of the care team in bedside reporting).</li> <li>• Provide translation services as needed to facilitate communication during bedside reporting, shift change huddles, and/or bedside rounding.</li> <li>• Implement family presence policies to eliminate barriers to family participation in bedside reporting, shift change huddles, and/or bedside rounding.</li> <li>• Consider processes or technology that could be implemented to support remote attendance by families in bedside reporting, shift change huddles, and/or bedside rounding (e.g., video or teleconferencing, video or audio recording).</li> </ul>

PFE strategy	Tactics
 <p><b>Measurement and research</b></p>	<ul style="list-style-type: none"> <li>Clearly define the behaviors that indicate whether bedside reporting, shift change huddles, and/or bedside rounding is being implemented as intended and in a manner that reflects the core principles of PFE (e.g., specify the critical elements that indicate bedside reporting has occurred in a way that truly includes patients and families – see third bullet above under “Care, policy, and process redesign”).</li> <li>Set specific performance goals (e.g., have 95% of nurses doing shift change huddles at the bedside within four months).</li> <li>Obtain feedback from patients, families, clinicians, and staff about how they experience shift change huddles and bedside reporting, solicit suggestions for improvement.</li> <li>Develop processes for ongoing monitoring (e.g., having patient and family advisors shadow or observe nurses as part of monitoring efforts).</li> <li>Identify performance data that can help identify whether and how shift change huddles and bedside reporting are affecting outcomes (e.g., HCAHPS scores, employee satisfaction scores, number of days without a safety event).</li> <li>Develop plans for conducting a pre- and post-implementation evaluation of bedside reporting, shift change huddles, and/or bedside rounding (e.g., collect data to show how much time shift change takes pre- and post-implementation of bedside shift report, look at HCAHPS scores for time periods pre- and post-implementation).</li> <li>Link monitoring to ensure that processes are occurring as intended with outcome data (e.g., do HCAHPS scores fall when nurses are not implementing all critical elements of bedside shift reporting?)</li> <li>Collect REaL data to allow examination of health equity issues related to performance data.</li> </ul>
 <p><b>Transparency and accountability</b></p>	<ul style="list-style-type: none"> <li>Share performance data (Pfp PFE metrics, HCAHPS scores) with leadership, staff, and patients and families.</li> <li>Celebrate safety catches and team accomplishments. Share success stories and challenges with leadership, staff, and patients and families.</li> <li>Let patients and families know about the emphasis placed on bedside reporting, why it is important for quality and safety, and what your hospital is doing to make improvements.</li> </ul>

### **Applying the PFE strategies to PFE metric 3: PFE leader or functional area**

Establishing and sustaining a culture of PFE involves moving beyond short-term changes to integrate the core principles of PFE throughout the hospital. This includes integrating the work of PFE into a hospital's organizational structure by designating an individual or functional area with responsibility for planning, implementing, and evaluating PFE activities. This helps systematize PFE, promote accountability, and ensure continued progress toward a strategic vision of PFE.

There are different models for where PFE accountability rests within an organization. Hospitals may establish a new office or department to oversee PFE activities or may house PFE within an existing office or department (e.g., Office of Patient Experience, Office of Quality and Patient Safety, Office of Patient Education). Hospitals may also designate a specific position with responsibility for PFE that reports directly to hospital leadership. This position may include other responsibilities or may be dedicated specifically to PFE.

General responsibilities associated with PFE oversight and accountability include working with hospital leaders to create strategic plans for PFE; establishing and disseminating short- and long-term PFE goals; coordinating the development and implementation of policies and procedures that support PFE; providing operational oversight of PFE activities; collaborating with leaders and staff to implement PFE best practices; assessing and continually improving PFE performance; and ensuring organizational adherence to PFE principles and processes. On a more specific level, this functional area or individual may be responsible for:

- Keeping leadership apprised of activities and accomplishments and serving as a liaison between senior leaders and hospital staff
- Identifying new PFE opportunities and activities
- Informing staff about PFE initiatives, organizing staff trainings, and providing guidance during implementation, including anticipating and addressing concerns and barriers
- Overseeing the work of patient and family advisors and advisory councils (PFACs), including recruiting and training advisors, identifying opportunities, and reporting accomplishments
- Developing and assisting with evaluation, monitoring, and feedback activities
- Developing relationships and partnerships with other health care organizations and stakeholders to share best practices

#### **PFE Metric 3**

"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)."

#### **Recommended Resources for PFE Metric 3**

Position Descriptions of Family-Centered Occupations from the Institute for Patient- and Family-Centered Care:




<http://www.ipfcc.org/tools/position.html>




Supporting Patient and Family Engagement: Best Practices for Hospital Leaders, Information to Help Hospitals Get Started, Guide to Patient and Family Engagement in Hospital Quality and Safety from the Agency for Healthcare Research and Quality:

<http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/howtogetstarted/index.html>

The table below shows how the six PFE strategies described above can be applied to support effective implementation of a functional area or person responsible for PFE.

**PFE strategies to support effective implementation of PFE metric 3: PFE leader or functional area**

PFE strategy	Tactics
 <p><b>Organizational partnership</b></p>	<ul style="list-style-type: none"> <li>• Ask patient and family advisors to provide feedback about how PFE could be systematized within the organization, including their perspectives about the best ways to ensure oversight and coordination of policies and procedures that support PFE.</li> <li>• Ask patient and family advisors to help develop a job description for the PFE oversight position and participate in interviewing candidates.</li> <li>• Once the functional area / individual is identified, ask patient and family advisors to provide feedback about how the office, department, or individuals who have responsibility for PFE oversight are functioning from the patient and family perspective. What are the areas of strength? Where is there room for improvement?</li> </ul>
 <p><b>Patient and family preparation</b></p>	<ul style="list-style-type: none"> <li>• Inform patients and families where responsibility for PFE oversight lies within the organization, provide names and roles of key individuals, and provide information about how to contact and provide feedback to them.</li> <li>• Designate patient experience leaders and provide these persons with training to facilitate their participation, for example through peer-to-peer mentors.</li> <li>• Ensure that patient and family PFAC members and advisors know who has responsibility for PFE oversight, including communicating PFAC feedback, work, and accomplishments to hospital leadership. Provide information about how to contact and provide feedback to the office or individual with responsibility for PFE oversight.</li> </ul>
 <p><b>Clinician, staff, and leadership preparation</b></p>	<ul style="list-style-type: none"> <li>• Inform clinicians and staff who is responsible for PFE oversight in the organization, and ensure that clinicians and staff understand the specific roles and responsibilities of individuals with accountability for PFE, including how these individuals will work with and support clinicians and staff.</li> <li>• Educate leadership about how identifying a functional area or individual with responsibility for PFE will benefit the organization, including improving accountability for performance.</li> <li>• Identify a patient engagement executive and physician sponsor for each entity across the hospital system.</li> </ul>

PFE strategy	Tactics
 <p><b>Care, policy, and process redesign</b></p>	<ul style="list-style-type: none"> <li>• Determine where the individual or office with responsibility for PFE oversight will sit within the organizational structure. Who will they report to? Who will report to them? What groups does their work overlap or intersect with? Does their location signal that this is important to leadership?</li> <li>• Identify the specific activities for which the functional area or person has responsibility and develop a clear position description. Is responsibility shared with other offices, groups, or individuals?</li> <li>• Identify mechanisms for touch points and regular communication with hospital leadership.</li> <li>• Plan for distribution of knowledge and responsibilities to ensure sustainability (e.g., ensure that oversight of PFE is not contingent upon the contributions of a single individual).</li> <li>• Create a corporate structure that allows for multiple PFE champions. For example, create subcommittees to address different aspects of PFE (e.g., Patient Education Subcommittee, Staff Education Subcommittee, Patient Experience Subcommittee) and designate leaders for each of these committees.</li> </ul>
 <p><b>Measurement and research</b></p>	<ul style="list-style-type: none"> <li>• Research where responsibility for PFE is situated within the organizational structure of other hospitals.</li> <li>• Identify processes for assessing the effectiveness of the functional area or person with responsibility for PFE implementation and evaluation (e.g., individual performance evaluation, leadership or Board review of functional area).</li> <li>• Identify metrics that can be used to assess performance of functional area or person based on expectations and job description (e.g., number of patient and family advisors or advisory councils established; number of projects, committees, or workgroups that included patients and families; whether patient and family advisors felt prepared to participate).</li> </ul>
 <p><b>Transparency and accountability</b></p>	<ul style="list-style-type: none"> <li>• Create opportunities for visibility where individuals who have responsibility for PFE can interact with clinicians, staff, patients, and the broader community.</li> <li>• Share experiences and lessons learned with other hospitals, hospital staff, patients, families, and the community at large.</li> </ul>

### **Applying the PFE strategies to PFE metric 4: PFAC or representative on quality improvement team**

Partnering with patients and families at the organizational level brings the perspectives of patients and families directly into the planning, delivery, and evaluation of care. Patient and family advisors are individuals who have received care at a hospital and who offer input to help that hospital provide care and services based on patient- and family-identified needs rather than the assumptions of clinicians or other hospital staff about what patients and families want. The benefits of working with advisors include improvements in overall systems and processes of care, including reduced errors and adverse events. (23)

**PFE Metric 4**  
“Hospital has an active Patient and Family Engagement Committee (PFEC) OR at least one former patient that serves on a patient safety or quality improvement committee or team.”

### **Patient and Family Engagement Committees (PFECs) and Advisory Councils (PFACs)**

A PFEC or PFAC is a formal group of patient and family advisors that meets regularly for active collaboration on policy and program decisions.<sup>4</sup> The purpose of a PFAC is to integrate the patient and family perspective into the work and operation of the hospital. A PFAC is not a support group or grievance committee. It also is not a group that is convened to provide approval for programs, processes, policies, or materials that have already been developed. To be effective, a PFAC should be involved in the development, planning, implementation, and evaluation of programs, policies, and initiatives, with the ability to offer input that is received and acted upon in meaningful ways. While hospitals may structure PFACs according to their individual needs, typical PFAC operating guidelines include the following:

- **Membership.** Patients and families who participate as PFAC members are individuals with health care experiences in the specific hospital for which they are serving as advisors. PFAC membership may also include hospital leaders, clinicians, and staff, but at least 50% of the members should be patients and family members.
- **Size.** PFACs vary in size, but typically consist of between 12 and 25 members. PFACs that are too small may find it difficult to accomplish goals, or face sustainability challenges due to membership attrition. When PFACs are too large, it can be challenging to manage and come to consensus.
- **Diversity.** PFAC members should have diverse health care experiences and reflect the types of patient and family populations and communities that the hospital serves. Particular attention should be paid to recruiting members of vulnerable populations to serve on the PFAC.
- **Mission.** The PFAC should have a clear mission statement to guide and focus the work of the PFAC. Mission statements typically indicate the council’s purpose, outline major goals, and identify the key stakeholders.

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<sup>4</sup> One of the Patient and Family Engagement Contractor (PFEC) goals for PfP 2.0 is to help each of the HENs establish and work with a HEN-level PFAC. The guidance provided for working with hospital-level PFACs applies to the HENs as well. For example, a HEN-level PFAC should reflect diverse patient perspectives, be involved in meaningful work, and convene regularly. Patient and family members should understand the purpose and value of their contributions and receive feedback on how their input is or is not used.

- **Charter.** Effective PFACs also establish a charter to guide how the PFAC functions. The charter typically addresses topics such as membership eligibility and terms, meeting schedules, and roles and responsibilities. The PFAC should have a designated patient chair or co-chairs with responsibility for ensuring that the PFAC has active participation from all members, is functioning effectively, and that the activities and outcomes of the PFAC are communicated outward.
- **Meetings.** Effective PFACs convene regularly to ensure consistent partnership and collaboration. The frequency of meetings may vary depending on the needs and activities of the hospital. However, PFACs should, at a minimum, meet quarterly. Communication in between meetings helps ensure that members remain active and engaged in the work.
- **Projects and work.** PFACs can participate in a variety of projects, but the purpose and value of their work should be clearly specified. Why is the hospital seeking their input? How will their work be incorporated into the activity at hand? Specific activities may include providing feedback and advice for changes to hospital policies, care practices, and materials; helping create materials and strategies for improving health care quality and safety for all patients; providing input in the hiring of physician and senior leadership candidates; or helping hospital staff carry out changes to improve hospital safety and quality. It is important for hospitals to truly listen to input, incorporate the work of the PFAC in meaningful ways, and report back to the PFAC members on the outcomes of their work.

### **Patients as members of patient safety or quality improvement committees**

As members of quality and safety committees or teams, patient and family advisors may be asked to participate in the following activities:

- Reviewing and interpreting the results of patient surveys and other data on hospital quality and safety and developing strategies for improvement
- Reviewing harm events that have occurred in the facility and developing strategies to prevent safety events

#### **Recommended Resources for PFE Metric 4**

Strategy 1: Working With Patients and Families as Advisors, Guide to Patient and Family Engagement in Hospital Quality and Safety from the Agency for Healthcare Research and Quality: <http://www.ahrq.gov/professionals/systems/hospitals/engagingfamilies/strategy1/index.html>

Tools to Foster the Collaboration with Patient and Family Advisors from the Institute for Patient- and Family-Centered Care: <http://www.ipfcc.org/tools/downloads-tools.html>

Tips for Group Leaders on Involving Patients and Families on Committees and Task Forces from the Institute for Patient- and Family-Centered Care: <http://www.ipfcc.org/advance/tipsforgroupleaders.pdf>

Patient and Family Advisory Councils, The Massachusetts Experience: <http://psqh.com/november-december-2015/patient-and-family-advisory-councils>

Partnering to Improve Quality and Safety: A Framework for Working with Patient and Family Advisors from the Symposium for Leaders in Healthcare Quality: <http://www.aha-slhq.org/resources/display/partnering-to-improve-quality-and-safety-a-framework-for-working-with-patient-and-family-advisors>

Patient Engagement in Redesigning Care from the University of Wisconsin Health Innovation Program: <http://hipxchange.org/PatientEngagement>






*CMS PfP Strategic Vision Roadmap for Person and Family Engagement (PFE)*




- Developing and participating in quality improvement projects
- Co-presenting in training sessions for clinicians and other staff focused on improving communication, safety, and quality

Former patients who serve as members of patient safety or quality improvement committees should have access to the same types and kinds of data as other committee members. To ensure active participation, patient members may benefit from additional training related to patient safety and quality improvement terminology and processes.

The table below shows how the six PFE strategies described above can be applied to support effective implementation of a Patient and Family Engagement Committee (PFEC) / Advisory Council (PFAC) or patient serving on a safety or quality improvement team.

**PFE strategies to support effective implementation of PFE metric 4: PFAC or representative on quality improvement team**

PFE strategy	Tactics
 <p><b>Organizational partnership</b></p>	<ul style="list-style-type: none"> <li>• If hospital already has advisors, solicit suggestions for opportunities to expand PFAC or advisor work (e.g., creating new PFACs, workgroups, or committees; identifying projects with which PFACs can be involved).</li> <li>• Ask existing advisors to assist with recruiting, interviewing, training, and mentoring new advisors.</li> </ul>
 <p><b>Patient and family preparation</b></p>	<ul style="list-style-type: none"> <li>• Hold an information session to help former patients and family members who may be interested in serving as advisors understand the role, responsibilities, time commitments, type of training and support provided, and any compensation available (e.g., reimbursement for travel or child care expenses).</li> <li>• After advisors are recruited, hold an orientation session to describe expectations, roles, responsibilities, and procedures. Provide training to prepare them to interact confidently with hospital leaders, clinicians, and staff.</li> <li>• If hospital already has advisors, identify existing advisors who can serve as mentors to new advisors during the onboarding process.</li> <li>• Prior to working with PFAC members or advisors on specific projects, provide a clear description of the project, activities, scope of work, related work that has been done in the past, and how advisor input will be used.</li> <li>• Educate patient advisors about key quality and safety terms, and ensure that plain language is used in all materials and conversations.</li> </ul>
 <p><b>Clinician, staff, and leadership preparation</b></p>	<ul style="list-style-type: none"> <li>• Gather information about clinician, staff, and leadership ideas for changes and improvements.</li> <li>• Talk to hospital leaders about the benefits, importance, and value of working with patient and family advisors or including patients as members of quality and safety teams. Identify and address attitudes, beliefs, and experiences that may serve as potential barriers to effective partnership with patients.</li> <li>• Hold small group meetings to encourage clinicians, staff, and leaders to brainstorm ideas for involving PFACs and patients in specific projects.</li> <li>• Identify clinicians and staff who can serve as informal leaders and champions for working with PFACs and advisors.</li> <li>• Provide training for leaders, clinicians, and staff about how to work effectively with patient and family advisors.</li> </ul>

PFE strategy	Tactics
 <p><b>Care, policy, and process redesign</b></p>	<ul style="list-style-type: none"> <li>• Identify a staff liaison to oversee and coordinate PFAC and advisor work, including recruiting and training advisors, identifying opportunities for projects; ensuring that PFACs and quality and safety teams are functioning effectively, and reporting to hospital leadership about accomplishments.</li> <li>• Specify eligibility criteria for patient PFAC membership or participation on a quality or safety committee, develop recruitment and interview processes that enable the ongoing identification and selection of effective patient and family advisors, and interview potential candidates to determine match between hospital’s needs and patient’s interests.</li> <li>• Outline general roles and responsibilities of PFAC members or quality and safety committee members and draft a general mission statement and charter for the PFAC.</li> <li>• Identify several projects for PFACs to work on or opportunities to bring patients on to quality and safety teams. Where possible, obtain input from patients, families, staff, and the community to identify priority projects. Determine where priorities align with hospital priorities and where they differ.</li> <li>• Develop a longer-term vision for working with advisors while planning smaller, immediate action steps.</li> <li>• Identify opportunities for extending work with advisors outside of the hospital walls (e.g., as advisors for community health).</li> </ul>
 <p><b>Measurement and research</b></p>	<ul style="list-style-type: none"> <li>• Identify metrics to track accomplishments (e.g., number of advisors recruited, number of active advisors, number and type of efforts in which advisors are involved, examples of work completed, outcomes of projects on which advisors participated).</li> <li>• Collect data about patient and family advisor experiences (e.g., extent to which they felt prepared to participate, extent to which they felt their input was welcomed, extent to which they felt their participation affected the work).</li> <li>• Collect data from clinicians and staff about their experiences working with patient and family advisors (e.g., extent to which they believe advisor input was helpful, extent to which they believe advisor input affected outcomes of the work).</li> <li>• Identify and monitor measures related to specific quality and safety issues or projects on which advisors work.</li> </ul>
 <p><b>Transparency and accountability</b></p>	<ul style="list-style-type: none"> <li>• Share data and information equally with advisors.</li> <li>• Encourage chairs of quality and safety committees to model transparency and ownership of quality and safety-related issues.</li> <li>• Establish feedback procedures. Follow-up with PFACs and advisors about how their input was or was not used, and provide clear explanations for why input was not used.</li> <li>• Share accomplishments with hospital leadership.</li> <li>• Communicate accomplishments publicly in multiple ways (e.g., on the hospital web site, in staff trainings, in board meetings).</li> <li>• Share improvements and lessons learned with other hospitals.</li> </ul>

**Applying the PFE strategies to PFE metric 5: Patient(s) and family on hospital governing and/or leadership board**

Hospital boards and governing bodies are responsible for guiding and ensuring fidelity to the mission and vision of the organization, conducting long-range planning, providing financial oversight, and ensuring high quality care. As such, they play a significant role in shaping the care provided by the organization. Designing a governance structure that supports and exemplifies partnership with patients and families is an important part of solidifying an organization's commitment to PFE.

Including patients as members of governing boards means appointing board members who serve purely in their capacity as patients. While current board members may have had experiences as patients at the hospital (or as family members of patients), the intent is to bring in individuals who do not serve the board in any other professional capacity and whose sole purpose is to be a patient representative and contributor.

**PFE Metric 5**

"Hospital has at least one or more patient(s) who serve on a Governing and/or Leadership Board and serves as a patient representative."

**Recommended Resources for PFE Metric 5**

Governance Leadership "Boards on Board" How-to Guide from the Institute for Healthcare Improvement:





<http://www.ihl.org/resources/pages/tools/howtoguidegovernanceleadership.aspx>



Guidelines for Using Patient Stories with Boards of Directors from the Institute for Healthcare Improvement:

<http://www.ihl.org/resources/pages/Tools/GuidelinesforUsingPatientStorieswithBoardsofDirectors.aspx>

The table below shows how the six PFE strategies described above can be applied to support effective implementation of patient(s) on governing and/or leadership board.

**PFE strategies to support effective implementation of PFE metric 5: patient(s) and family on hospital governing and/or leadership board**

PFE strategy	Tactics
 <p><b>Organizational partnership</b></p>	<ul style="list-style-type: none"> <li>• Ask patient and family advisors to attend board meetings to share their stories and illustrate the value of having one or more patient members on the governing or leadership board.</li> <li>• Work with patient and family advisors to understand potential barriers to effective participation on governing or leadership boards by a patient member.</li> </ul>
 <p><b>Patient and family preparation</b></p>	<ul style="list-style-type: none"> <li>• Provide training for the patient board member to describe expectations, roles, responsibilities, and procedures.</li> <li>• Identify someone who can serve as a resource for or mentor to the patient member of the governing or leadership board.</li> <li>• Educate patient governing and leadership board members about quality and safety issues, financial terms, PFE, and overall responsibilities of the governing / leadership board. Prepare them to interact effectively at an equal level with other board members.</li> </ul>
 <p><b>Clinician, staff, and leadership preparation</b></p>	<ul style="list-style-type: none"> <li>• Provide training to hospital board members about quality and safety issues, health equity, and PFE, including orientation for all new board members.</li> <li>• Provide training to hospital board members about how to partner effectively with patients representatives on the board.</li> <li>• Share success stories and effective practices from other hospitals who have worked with patients as members of boards and governing bodies.</li> </ul>
 <p><b>Care, policy, and process redesign</b></p>	<ul style="list-style-type: none"> <li>• Develop job descriptions for patient board members that include qualifications, preferred qualities, duties, responsibilities, and expectations.</li> <li>• Develop selection criteria and a thorough vetting process for patient board members to ensure that the patient perspective is represented via the inclusion of individuals who identify themselves as patients first, regardless of their other professional qualifications. Ensure that selection criteria include consideration of diversity so that patient board members are representative of the community that the hospital serves.</li> <li>• Identify and address potential barriers to effective participation by patient board members (e.g., ability to travel, timing of board meetings).</li> <li>• Develop processes for peer-to-peer guidance and mentorship of struggling board members (patients and others).</li> <li>• Include opportunities for education about and review of PFE initiatives and related issues at each board meeting.</li> </ul>

PFE strategy	Tactics
 <p><b>Measurement and research</b></p>	<ul style="list-style-type: none"> <li>• Develop metrics to better understand how patient member(s) have been included on the board (e.g., percentage of meetings at which patient board member was present, whether patient board member has the same decision-making authority as other members).</li> <li>• Conduct self-evaluations and assessments of the board on an annual basis. Use the assessments to identify education needs or process improvements.</li> <li>• Identify specific quality or safety initiatives or system-level measures that can be used to assess board performance relative to PFE.</li> </ul>
 <p><b>Transparency and accountability</b></p>	<ul style="list-style-type: none"> <li>• Make public the organization’s commitment to include a patient member of the board.</li> <li>• Share results of board self-assessments and evaluations, including areas for improvement, with leaders, clinicians, staff, patients, families, and the community.</li> <li>• Continually develop the board’s capability and share best practices with other hospital leaders.</li> </ul>

## Keys to successful implementation and sustainability of PFE activities

The following elements describe best practices for successful implementation and sustainability of PFE activities.

- **Set specific implementation goals and develop a clear vision for how PFE activities align with and support organizational priorities.** Grounding PFE work in the organization’s mission and strategic goals establishes its importance and helps clinicians, staff, patients, and families understand that PFE is everyone’s responsibility, part of organizational culture, and more than a short-term, “flavor of the month” initiative. It is also important in signaling that PFE is symbiotic with other quality improvement processes and safety initiatives, and in most cases, is not completely new work.
- **Build systems that facilitate and reward desired behaviors.** Long-term sustainability is facilitated by the establishment of systems that help integrate, standardize, and routinize PFE. This helps move from PFE as individual behavior change to PFE as organizational change. This could include mandating new processes (e.g., bedside reporting); building prompts into electronic medical records; developing PFE behavior standards related to work, hiring, and performance; and implementing incentives to reward desired behaviors.
- **Include input from patients and families from the beginning.** Soliciting and incorporating input from patients and families from the beginning of a project or initiative helps identify potential barriers and ensure that initiatives effectively address patient and family perspectives and needs. This is also an opportunity to ensure inclusion of diversity and input from patients and families who reflect the populations with which you are working.
- **Cultivate and encourage visible support from senior leaders.** Leaders communicate the organization’s vision for PFE, develop and describe plans of action, communicate how PFE will be integrated into the daily operations of the organization, provide resources for implementation, and model effective partnerships with patients and families. This helps establish an organizational culture of PFE into which activities are integrated and sustained.
- **Identify early adopters and champions.** Identifying and working with clinician and staff champions creates momentum for initiatives and on-the-ground support. Clinician and staff champions can help inform and educate peers, ensure adherence to initiatives, organize staff trainings, provide guidance and support during training, and assist with the monitoring and feedback necessary for sustainability.

### Keys to successful implementation and sustainability of PFE activities

- Set specific goals and develop a clear vision for how PFE activities align with and support organizational priorities.
- Build systems to facilitate desired behaviors.
- Cultivate and encourage visible support from senior leaders.
- Identify early adopters and champions.
- Conduct staff trainings to introduce initiatives, explain changes in care practices, outline expectations, and address concerns.
- Structure implementation in phases with accompanying milestones.
- Provide ongoing monitoring, feedback, and coaching.

- **Conduct regular staff trainings to introduce initiatives, explain changes in care practices, outline expectations, and address concerns.** Training is an often overlooked but essential element of successful implementation. Trainings help establish expectations, define accountability for performance, give staff the opportunity to practice new behaviors, and provide the opportunity to address concerns that can represent barriers to implementation and sustainability of initiatives. To ensure sustainability, training systems and materials should be created to ensure that the provision of ongoing training does not rely on the knowledge of any one individual or set of individuals.
- **Structure implementation in phases with accompanying milestones.** Develop realistic timelines that account for the time needed for pre-implementation, initiation, and post-implementation. At each stage, include milestones that will indicate progress and success. Where possible, it can be helpful to focus on smaller-scale implementation as the gateway to larger-scale roll out. This allows targeting resources and attention to rapid-cycle tests of change that help identify best practices.
- **Provide ongoing monitoring, feedback, and coaching.** Ongoing monitoring and coaching emphasizes that PFE activities are not just short term changes and helps ensure maintenance of desired behaviors over time. Providing non-punitive, constructive feedback to clinicians and staff addresses variations in implementation and reinforces and solidifies positive behaviors.

### Recommended Resources for Implementation and Sustainability

Strategies for Leadership: Patient- and Family-Centered Care developed by the American Hospital Association and the Institute for Patient- and Family-Centered Care:

<http://www.aha.org/advocacy-issues/quality/strategies-patientcentered.shtml>

Information to Help Hospitals Get Started, Guide to Patient and Family Engagement in Hospital Quality and Safety from the Agency for Healthcare Research and Quality:

<http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/howtogetstarted/index.html>

A Leadership Resource for Patient and Family Engagement Strategies from the Health Research & Educational Trust and the Gordon and Betty Moore Foundation:

[http://www.hpoe.org/Reports-HPOE/Patient\\_Family\\_Engagement\\_2013.pdf](http://www.hpoe.org/Reports-HPOE/Patient_Family_Engagement_2013.pdf)

Advancing the Practice of Patient and Family Centered Care in Hospitals: How to Get Started from the Institute for Patient- and Family-Centered Care:

[http://www.ipfcc.org/pdf/getting\\_started.pdf](http://www.ipfcc.org/pdf/getting_started.pdf)

## Conclusion

PFE that is characterized by active partnership with patients and families is the cornerstone of improved quality and safety. PFE is not about quick fixes or improving care at specific points in time only— it requires ongoing effort, sustained attention, and a commitment to continuous organizational reflection and change. Building a strong foundation for sustainability requires changing behaviors, attitudes, and values; building systems that encourage and support engagement; and revisiting these systems over time. This type of attention and persistence is essential in creating system-wide ownership of PFE, reinforcing that PFE is a guiding principle for the organization, and ensuring that it is a foundational component of organizational culture moving forward.

*“Together, we’re creating a cultural shift, a unified mindset where the patient is truly one of us. It’s a whole new health care approach. Changing health care from being task focused to person focused.”*

-Quote from interview with HEN staff



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## **Appendix A—List of Hospital Engagement Networks**

1. American Hospital Association Health Research & Educational Trust (AHA HRET)
2. Ascension Health
3. Carolinas Healthcare System
4. Dignity Health
5. Healthcare Association of New York State, Inc. (HANYS)
6. Hospital and Healthsystem Association of Pennsylvania
7. Iowa Healthcare Collaborative
8. LifePoint Health
9. Michigan Health & Hospital Association Health Foundation
10. Minnesota Hospital Association
11. Health Research & Educational Trust of New Jersey (New Jersey HRET)
12. Ohio Children's Hospital Solutions for Patient Safety
13. Ohio Hospital Association
14. Premier Healthcare Solutions, Inc.
15. Tennessee Hospital Association
16. VHA-UHC Alliance NewCo, Inc.
17. Washington State Hospital Association (WSHA)

## **Appendix B—Moving beyond the PfP PFE metrics: Additional tactics for promoting and supporting PFE**

This section illustrates how HENs and hospitals can use the six PFE strategies to develop ideas and plans for pushing PFE activities further. For each of the six PFE strategies, examples (in the form of additional tactics) are provided to show how HENs and hospitals can continue driving action related to PFE, health equity, and quality and safety improvement.

### **Additional tactics to drive action related to PFE strategy 1: Organizational partnership**

- Work with patients and families to conduct root cause analyses.
- Partner with patients and families to determine organizational research priorities and design organizational research projects.
- Create clear lines of reporting and opportunities for direct contact between patient and family advisors and leadership.
- Develop and implement training programs to help clinicians, staff, and leadership understand ways in which patients and families can participate at the organizational level and prepare them for partnering with patients and families.
- Develop and implement standardized training programs that explain roles, outline expectations, and prepare patients and families for partnering with healthcare organizations, including help understanding organizational structures, unfamiliar terms, quality improvement processes, and how to effectively share their stories and input.

### **Additional tactics to drive action related to PFE strategy 2: Patient and family preparation**

- Work with patient and family advisors to develop a patient and family engagement curriculum that could be delivered prior to admission or during the hospital stay to help patients and families understand important safety issues and how to be activated, engaged patients.
- Curate a library of educational materials and tools to help patients and families be more informed about their health, healthcare, and hospital safety and quality, and make these resources easily accessible before, during, and after the hospital stay.
- Develop processes to ensure consistent use of universal health literacy precautions (including use of plain language and Teach-Back) in all situations with all patients.
- Identify the specific needs of vulnerable patient populations and develop tailored education and preparation approaches to support these patients and their families.
- Develop, implement, and consistently use patient-centered shared decision making tools that capture and incorporate patients' preferences, values, and goals.
- Implement patient advocator or patient navigator programs.

- Develop materials and consistent messaging to increase awareness of and explain opportunities for patients and families to partner in organizational design, policy, and governance.
- Develop and implement standardized training programs that explain roles, outline expectations, and prepare patients and families for partnering with healthcare organizations, including helping them understand organizational structures, unfamiliar terms, quality improvement processes, and how to effectively share their stories and input.
- Develop mentorship programs for new patient and family advisors to assist with onboarding and orientation.
- Develop programs to prepare patients and family members to participate in designing, planning, implementing, and evaluating research projects related to patient safety.

### **Additional tactics to drive action related to PFE strategy 3: Clinician and leadership preparation**

- Develop a multi-disciplinary curriculum to explain and address key PFE competencies at the point of care, including behaviors that are needed to support and promote PFE.
- Provide opportunities for experiential learning, observation, and hands-on practice related to PFE.
- Assess clinician and staff competencies and skills related to key PFE activities.
- Educate clinicians and staff about community resources to facilitate continued PFE and partnership outside of the hospital setting.
- Develop and implement training programs that help leadership, clinicians, and staff understand how patients and families can participate in and help improve organizational design, policy, and governance, outline partnership expectations, and prepare leaders, clinicians, and staff for partnering with patients and families in this capacity.
- Implement leadership development training programs that incorporate key principles of PFE, include high-performance examples of how PFE initiatives have been implemented, and bring together healthcare leaders from different settings to leverage complementary expertise.

### **Additional tactics to drive action related to PFE strategy 4: Care, policy, and process redesign**

- Establish family presence policies to support the active participation of family members and develop policies that specify families as full members of the healthcare team.
- Develop ways for patients and families to easily report adverse safety and quality events so that clinicians are aware and can take immediate action if needed (e.g., patient- and family-activated rapid response teams).

- Structure care processes to support shared decision making, require formal decision-support aids and tools as components of major decisions that involve multiple options, make them easily available by leveraging health information technology and other sources, and fully document the shared decision making process.
- Use data—for example, predictive analytics—to identify patients who are likely to be at high risk or have high needs for support.
- Leverage technology to support communication and access and create touch points beyond the boundaries of the hospital stay (e.g., tele-health options related to pre-admission or post-discharge).

### **Additional tactics to drive action related to PFE strategy 5: Measurement and research**

- Partner in efforts to develop and implement measures that assess patient and family experiences and outcomes relative to patient-specified goals.
- Explore methods that collect more detailed and personalized data about patient experiences and outcomes.
- Use technology to get real time / rapid feedback from patients (e.g., “pulse surveying” using handheld devices to survey patients in the hospital).
- Clearly specify the behaviors of patients, families, and clinicians that constitute or support PFE.
- Specify the actions, policies, and procedures of hospitals that constitute or support PFE.
- Integrate existing and new measures of patient-reported outcomes into clinical practice so that clinicians can better understand patient life experiences and quality-of-life concerns.
- Create patient experience maps charting staff and patient input to understand expectations at various care points and identify areas for improvement.
- Create dashboards with benchmarks for safety and quality improvement efforts.
- Assess how PFE efforts impact organizational outcomes, such as return on investment, quality, and market share.
- Identify critical junctions where PFE is likely to make a difference to focus research in these areas, for example, sentinel events, discharge, diagnosis.
- Partner with patients and families in research projects, working with them to formulate research questions and study design, implement and monitor the study, analyze and interpret results, and disseminate findings.

### **Additional tactics to drive action related to PFE strategy 6: Transparency and accountability**

- Conduct regular quality reviews aligned with Pfp goals.
- Make a public commitment to safety improvement with transparency in sharing more than CORE measurement data with the public.

- Work with the hospital board of trustees to establish a quality committee that regularly reviews patient safety data, including review and analysis of risk events.
- Implement goals and incentives for hospital staff related to patient safety targets.
- Employ portals that allow patients to access their electronic health records anywhere.
- Implement mechanisms that enable patients to see clinical notes, contribute to their medical record, and provide corrections.
- Establish processes to document in the medical record the information shared or treatment options discussed with the patient and family.
- Implement procedures for sharing organizational performance related to safety—such as never events, near misses, and medical errors—with patients and families in ways that promote transparency without creating a punitive environment for clinicians.
- Share organizational-level quality and safety performance data with the community to highlight successes and be forthright about where there is room for improvement.

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