Patient and Family Engagement: The Secret Sauce for Quality Improvement

April 28, 2017
Today’s Agenda

- Welcome and Overview
- Patient and Family Engaged Care: An NAM Initiative and Guiding Framework
  - Michelle Johnston-Fleece, MPH, and Sara Guastello
- Bringing PFE to Life: The 5 PFE Metrics of the Partnership for Patients
  - Thomas Workman, PhD
- Questions
- Overview of the FHA PFE Learning Collaborative
- Next Steps
FHA HEN Results: 2012-2016

Prevented 31,342 cases of harm
Avoided $198 million in healthcare costs
Where We are Going

2010  145 Harms/1,000 Discharges

2011  142 Harms/1,000 Discharges

2012  132 Harms/1,000 Discharges

2013  121 Harms/1,000 Discharges

2014  121 Harms/1,000 Discharges

NEW GOALS:

2019  97 Harms/1,000 Discharges

20%  Overall Reduction in Hospital Acquired Conditions (2014 Baseline)

12%  Reduction in 30-Day Readmissions (2014 Baseline)

Partnershipforpatients.cms.gov
How are we going to get there?

By partnering with patients, their families, and other caregivers, hospitals can:

• Improve the patient experience (including HCAHPS scores), health care quality, and patient safety
• Reduce costs
• Increase employee satisfaction
## Associations Between PFE Practices and HCAHPS Scores

<table>
<thead>
<tr>
<th>PFE Practice</th>
<th>Percentage points of patients rating a hospital 9 or 10</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Committee Engagement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital-wide patient &amp; family advisory council compared to no PFAC</td>
<td>1.5 pts. higher</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>Over 50% of PFAC is patient &amp; family members compared to under 50%</td>
<td>1.7 pts. higher</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>PFAC meets at least quarterly compared to less often or never</td>
<td>1.8 pts. higher</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>Inclusion of patients &amp; family members in other hospital committees above average compared to average or below</td>
<td>1.0 pts. higher</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td><strong>Monitoring Progress Engaging Patients &amp; Families</strong></td>
<td></td>
<td></td>
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<tr>
<td>Formal self-assessment of PFE strategy use compared to no formal self assessment</td>
<td>1.2 pts. higher</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>5+ metrics for tracking PFE strategy use compared to fewer metrics</td>
<td>0.8 pts. higher</td>
<td>p = .053</td>
</tr>
</tbody>
</table>
## Associations Between PFE Practices and HCAHPS Scores

<table>
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<tr>
<th>PFE Practice</th>
<th>Percentage points of patients rating a hospital 9 or 10</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Access to Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24/7 access to online patient information portal compared to no 24/7 access</td>
<td>1.8 pts. higher</td>
<td>p&lt;.05</td>
</tr>
<tr>
<td>Full access to health records in hospital compared to partial or no access</td>
<td>2.0 pts. higher</td>
<td>p=.053</td>
</tr>
<tr>
<td>High commitment to accommodating lower English literacy compared to moderate or low commitment</td>
<td>1.9 pts. higher</td>
<td>p&lt;.05</td>
</tr>
<tr>
<td><strong>Patient &amp; Family Inclusiveness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24/7 unrestricted access to patients by family &amp; partner across all units compared to some or no units</td>
<td>3.0 pts higher</td>
<td>p&lt;.05</td>
</tr>
<tr>
<td>High levels of including patients &amp; families in nurse shift-change reports compared to moderate or no inclusion</td>
<td>1.3 pts. higher</td>
<td>p&lt;.05</td>
</tr>
</tbody>
</table>
HRET Findings

• PFE practices in hospitals
  – Positive association with patient experience
  – Strong impact on patient outcomes

• “Patient and family advisory councils (PFACs) can provide tremendous leverage to the hospital’s PFE strategies.”
Today’s Aim:
To Change the Discussion about Patient and Family Engaged Care

“This work has the potential to change the discussion from ‘nice, but does it make a difference?’ to ‘let’s better understand that improvement and how we can increase the positive effect.’”

– Hospital CEO
Working through collaborative action to reduce barriers and facilitate progress

• Value & system performance
  • Value Incentives and Systems Innovation Collaborative

• Science & technology
  • Clinical Effectiveness Research Innovation Collaborative
  • Digital Learning Collaborative

• Culture & clinical decision-making
  • Care Culture & Decision-making Innovation Collaborative (CCDmIC)

• Cross-cutting initiatives
  • Executive Leadership Network
  • Patient & Family Leadership Network
Scientific Advisory Panel on the Evidence Base for Patient and Family Engaged Care

Goals

• Develop a **common understanding** of essential elements for creating and sustaining patient and family engaged culture
• Gather, assess and disseminate the **evidence** for the tools and strategies to advance patient and family engaged care culture
• Identify **research/researchers** who can contribute to the evidence base
• Identify the key **gaps in the evidence-base** for PFEC, and consider the approaches and priorities for addressing them
• Offer insights to guide **culture change strategies** of NAM, CCDmIC, and for application in the Patient & Family Leadership Network
Scientific Advisory Panel

Members

- Jim Atty, Waverly Health Center
- Bruce J. Avolio, PhD, University of Washington
- Michael Barry, MD, Healthwise; Professor of Medicine, part-time, Harvard Medical School
- Julie Béliveau, MBA, DBA, Université de Sherbrooke
- Sheila Bosch, PhD, LEED AP, EDAC, University of Florida
- Eric A. Coleman, MD, MPH, University of Colorado, Denver
- Susan Frampton, PhD, Planetree -- CHAIR
- Dominick Frosch, PhD, Palo Alto Medical Foundation Research Institute
- Sara Guastello, Planetree
- Jill Harrison, PhD, Planetree
- Judith Hibbard, DrPH, University of Oregon
- Mohammadreza Hojat, PhD, Thomas Jefferson University
- Libby Hoy, PFCCpartners
- Harlan M. Krumholz, MD, SM, Yale University
- Laura McClelland, PhD, Virginia Commonwealth University
- Mary Naylor, PhD, FAAN, RN, University of Pennsylvania School of Nursing
- David P. Rakel, MD, University of New Mexico
- Helen Riess, MD, Harvard Medical School, Mass. General Hospital; Chief Scientist, Empathetics Inc.
- Ann-Marie Rosland, MD, MS, University of Michigan Medical School and Research Scientist, VA Center for Clinical Management Research
- Joel Seligman, Northern Westchester Hospital
- Sue Sheridan, MBA, MIM, DHL, PCORI
- Jean-Yves Simard, Université de Montréal
- Tim Smith, MPH, Sharp Memorial Hospital
- Susan Stone, PhD RN NEA-BC, Sharp Coronado Hospital
- Carol Wahl, RN, MSN, MBA, CHI Good Samaritan
Panel approach

• Conference calls over six months
• Presentation of case studies
• Identify and organize the essential elements for creating and sustaining a patient and family-engaged care culture.
• Gather evidence and evidence gaps related to essential elements
### Panel approach

**Questions for advisors**

<table>
<thead>
<tr>
<th>Common elements</th>
<th>What common elements emerged from presented case studies as important drivers for creating and sustaining a culture of PFEC and meaningful engagement?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Connections to your experience</strong></td>
<td>Reflect on your own experience. How do these case studies align with your understanding of culture change and PFEC?</td>
</tr>
<tr>
<td>• How do these case studies support what you’ve found in your research and/or experience?</td>
<td></td>
</tr>
<tr>
<td>• Based on your research and/or experience, what key pieces were missing from these case studies?</td>
<td></td>
</tr>
<tr>
<td><strong>Opportunities</strong></td>
<td>What are the key areas of opportunity to build on the evidence and experience base for PFEC?</td>
</tr>
</tbody>
</table>
Where we started...where we landed

Evolving definitions

2001: Patient centered care is providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.*

2017: Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals.**

*Institute of Medicine, Crossing the Quality Chasm, 2001
**National Academy of Medicine, Harnessing Evidence and Experience to Change Culture, 2017
Patient and Family Engaged Care
A Guiding Framework

**Organizational Foundations**
- Leadership
  - Commitment to change
  - Leadership vision and behaviors aligned with PFEC
  - PFEC as strategic priority
- Levers for Change
  - Assessment of current state
  - Change champions
  - Industry, business, policy and payer incentives for PFEC

**Strategic Inputs**
- Structures
  - Shared governance
  - Promoting transparency, visibility & inclusion among personnel and patients/families in design, improvement, and research activities
  - Interdisciplinary and cross-sector teams
  - PFEC-aligned personnel management practices
  - Built environment that facilitates PFEC
- Skills & Awareness Building
  - Training to expand partnership capabilities of healthcare personnel and patients/families
  - Development, sharing, translation of research
- Practices
  - Promoting patient and family engagement
  - Attending to the emotional, social and spiritual needs of patients/families and personnel
  - Engaging patients/families in research activities
- Connections
  - Connection of skill-building for personnel and patients/families
  - Experiential learning
  - Connection to purpose

**Practice Outputs**
- Better Engagement
  - Patient/family activation
  - Increased family presence
  - Increased feelings of autonomy
  - Reciprocal relationships
- Better Decisions
  - Improved health confidence
  - Improved decision quality
- Better Processes
  - Improved care coordination
  - Culture of safety
- Better Experience
  - Improved sleep
  - Reduced stress
  - Improved communication
  - Decreased grievances and malpractice claims

**Engagement Outcomes**
- Better Culture
  - Joy in practice
  - Inclusive culture
  - Increased compassion
  - Improved experience
  - Improved staff retention
  - Reduced burnout/stress
- Better Care
  - Care plans match patient goals
  - Improved symptom management
  - Improved safety
  - Improved transitions
  - Decreased readmissions
  - Reduced disparities
- Better Processes
  - Improved quality of life
  - Reduced illness burden
- Lower Costs
  - Appropriate utilization and length of stay
  - Improved efficiency
  - Appropriate spending
  - Better value for patients and families

**Increasing Co-Creation**
**Continuous Feedback**

NOTE: linear placement of each bucket is not meant to suggest order or hierarchy.
From high level

Broad overview of the framework: core elements of each transformational stage

Delineation of core elements of each transformational stage
To a more detailed implementation plan

|------------|------------|-------------------|----------------|-------------|-----------------|------------------|---------------|-------------|
| • Commitment to change  
  • Leadership vision and behaviors aligned with PFEC  
  • PFEC as strategic priority | • Shared governance  
  • Promoting transparency, visibility & inclusion among personnel and patients/families in design, improvement, and research activities  
  • Interdisciplinary and cross-sector teams  
  • Cross-continuum collaboration  
  • PFEC-aligned personnel management practices  
  • Built environment that facilitates PFEC | • Patient/family activation  
  • Increased family presence  
  • Increased feelings of autonomy  
  • Reciprocal relationships | • Joy in practice  
  • Inclusive culture  
  • Increased compassion  
  • Improved experience  
  • Improved staff retention  
  • Reduced burnout/stress | • Care plans match patient goals  
  • Improved symptom management  
  • Improved safety  
  • Improved transitions  
  • Decreased readmissions  
  • Reduced disparities | • Improved care coordination  
  • Culture of safety | • Improved sleep  
  • Reduced stress  
  • Improved communication  
  • Decreased grievances and malpractice claims | • Improved patient-defined outcomes  
  • Increased patient self-management  
  • Improved quality of life  
  • Reduced illness burden | • Appropriate utilization and length of stay  
  • Improved efficiency  
  • Appropriate spending  
  • Better value for patients and families |

NOTE: linear placement of each bucket is not meant to suggest order or hierarchy
Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care

Susan B. Frampton, PhD, Planetree; Sara Guastello, Planetree; Libby Hoy, PFCCpartners; Mary Naylor, PhD, FAAN, RN, University of Pennsylvania School of Nursing; Sue Sheridan, MBA, MIM, DHL, Patient-Centered Outcomes Research Institute; Michelle Johnston-Fleece, MPH, National Academy of Medicine

January 31, 2017

ABSTRACT | Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals. This vision represents a shift in the traditional role patients and families have historically played in their own health care teams, as well as in ongoing quality improvement and care delivery efforts. PFEC also represents an important shift from focusing solely on care processes to aligning those processes to best address the health outcomes that matter to patients. In a culture of PFEC, patients are not merely subjects of their care; they are active participants whose voices are honored. Family and/or care partners are not kept at arm’s length away as spectators, but participate as integral members of their loved one’s care team. Individuals’ (and their families’) expertise about their bodies, lifestyles, and priorities is incorporated into care planning and their care experience is valued and incorporated into improvement efforts.

A prevalent and persistent challenge to a system-wide transformation to PFEC is uncertainty about whether the resource investment required will lead to better results. There is also a lack of clarity about how, practically speaking, to make it happen.

To address these barriers, the National Academy of Medicine’s (NAM) Leadership Consortium for a Value & Science-Driven Health System convened a Scientific Advisory Panel (SAP) to compile and disseminate important insights on culture change strategies. The SAP’s focus was on evidence-based strategies that facilitate patient and family engagement and are tied to research findings revealing improved patient care and outcomes. To achieve this goal, the SAP drew on both the scientific evidence and the lived experiences of patients, their care partners, practitioners, and leaders to develop a comprehensive framework that explicitly identifies specific high-impact elements necessary to create and sustain a culture of PFEC. Research in support of the various elements of the model was then compiled into a selected bibliography. This paper introduces the framework and associated evidence, along with practical examples of elements of the model applied in the “real world,” with the goal of supporting action that will pave the way for PFEC to become the norm in health care.

Perspectives | Expert Voices in Health & Health Care
### APPENDIX B: Patient and Family Engaged Care: A Guiding Framework—Bibliography of Associated Evidence

<table>
<thead>
<tr>
<th>Guiding Framework Element</th>
<th>Supportive Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUNDATIONS - LEADERSHIP</strong></td>
<td></td>
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<tr>
<td>Commitment to change</td>
<td>5, 13, 14, 41, 47, 51, 62, 65, 66, 71, 86, 99, 103, 106, 107</td>
</tr>
<tr>
<td>Leadership vision and behaviors aligned with PPEC</td>
<td>5, 12, 14, 21, 38, 41, 47, 51, 62, 65, 66, 70, 96, 99, 100, 101, 104, 107</td>
</tr>
<tr>
<td>PPEC as a strategic priority</td>
<td>13, 14, 51, 65, 66, 86, 106</td>
</tr>
<tr>
<td><strong>FOUNDATIONS - LEVERS FOR CHANGE</strong></td>
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<tr>
<td>Assessment of current state</td>
<td>14, 51, 62, 66, 86, 101</td>
</tr>
<tr>
<td>Change champions</td>
<td>6, 7, 14, 62, 65, 66, 78, 101, 106, 107</td>
</tr>
<tr>
<td>Industry, business, policy, and payer incentives for PPEC</td>
<td>14, 62, 66, 101</td>
</tr>
<tr>
<td><strong>INPUTS - STRUCTURES</strong></td>
<td></td>
</tr>
<tr>
<td>Shared governance</td>
<td>14</td>
</tr>
<tr>
<td>Promoting transparency, visibility, and inclusion among personnel and patients/families</td>
<td>13, 14, 19, 49, 50, 53, 62, 65, 66, 74, 78, 93, 100, 101, 106, 107, 121, 123</td>
</tr>
<tr>
<td>Fostering dialogue between clinical researchers and patients/families</td>
<td>18, 31, 35-37, 61, 109</td>
</tr>
<tr>
<td>Interdisciplinary and cross-sector teams</td>
<td>49, 50, 54, 74, 93, 103, 121</td>
</tr>
<tr>
<td>Cross-continuum collaborations</td>
<td>54, 66</td>
</tr>
<tr>
<td>PPEC-aligned personnel management practices</td>
<td>13, 14, 19, 62, 66, 68, 69, 78, 101, 106, 116, 119</td>
</tr>
<tr>
<td>Built environment that facilitates PPEC</td>
<td>2, 10, 11, 13-16, 22, 58, 62-66, 77, 78, 84, 85, 102, 106, 117</td>
</tr>
<tr>
<td><strong>INPUTS - SKILL AND AWARENESS</strong></td>
<td></td>
</tr>
<tr>
<td>Training to expand partnership capabilities of health care personnel and patients/families</td>
<td>1, 4, 8, 13, 14, 28, 30, 34, 40, 42, 55, 67, 75, 76, 80-83, 88, 90, 103, 114, 115, 124</td>
</tr>
<tr>
<td>Development, sharing, and translation of research</td>
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Examples from the field

**BOX 3**
Example from the Field: Hiring for Fit at Stamford Hospital

When Stamford Hospital in Stamford, Connecticut, needed to hire staff for its environmental services department in a new hospital, the team sought to take advantage of each touchpoint during the recruitment and hiring process to model its organizational culture of patient-centered care. Tools were developed to identify candidates who possessed characteristics that had been deemed the most important attributes for the position: high energy, friendliness, a can-do attitude, team-player orientation, and flexibility. Importantly, this list of desired attributes was largely informed by current staff within the department. Phone screenings narrowed down the field of candidates who were invited to a recruitment event where those desired team member attributes were on full display. Environmental service: the patient was struck by the patient's cleanliness and the patient's own health and hygiene.

**BOX 4**
Example from the Field: Open Notes

Open Notes is a national effort designed to remove the customary barriers that have restricted patients’ access to their doctors’ visit notes. In 2010 more than 100 primary care physicians in three settings participated in a 12-month study, during which time they shared their visit notes online with patients. The study findings suggest that adopting this level of transparency and mutuality matters deeply for patients in their doctors’ notes above and beyond the patient's health care.

**BOX 6**
Example from the Field: Northern Westchester Hospital’s Management Overnight Program—Through the Eyes of the Patient

In 2014, Northern Westchester Hospital in Mount Kisco, New York, began requiring each manager (clinical and non-clinical) to spend at least one night in the hospital in the role of a patient. Managers are randomly paired in teams (a clinical manager with a non-clinical manager) and each team is assigned a specific month in which to complete the overnight. Members of the hospital’s Patient Partnership Council were instrumental in the development of the initiative, providing input into the design, such as recommending that teams wear gowns during the experience and have their sleep interrupted for tasks like vital signs to be completed. Other aspects of the experience include being transported by stretcher or wheelchair, sleeping in hospital beds or care partner pullout couches, shadowing patients and staff, eating patient meals, making observations, and documenting their findings using structured feedback tools.

Since the program’s inception, 75 managers have participated and provided feedback, which is tracked and trended for performance improvement purposes. A quarterly report-out of key findings is shared with the leadership team and the Patient Partnership Council. Beyond the specific recommendations made, another important outcome of this work was the hospital’s ability to improve patient care.

**BOX 9**
Example from the Field: The Somerville Protocol for Preserving Patients’ Sleep

One study is setting out to prove that poor sleep need not be a forgone conclusion for patients. By establishing an 8-hour “quiet time” that includes staff-monitored noise and efforts to time vital signs and routine medication administration to minimize the need to wake patients up, one Cambridge Health Alliance hospital was able to reduce sedative use by 49% and reduce the top patient-reported source of disturbance keeping them awake—disruptions by staff—by 38% (Bartick et al., 2009).
Tools

BOX 2
Examples of Health Care Organizational Assessment Tools

Agency for Healthcare Research and Quality: (AHRQ) Money-Saving Patients, Families, and Staff

Ask Me 38: A set of three questions developed by the National Patient Safety Foundation to prompt patients to be more active

The Batz G: A survey developed an (HRET) to assess hospital health care transform

Healthcare Transform Principles and Key Questions: A collection of operational marks, and evaluating

CFAH: Compresse the effects

Institute for Patient Care: Brief organizational as a center care and to fit

Patient Care: Provides a "Strategic Vi Patients drawn on the patient's own hand

NIH Patient-Centered: A set of three questions developed by the National Patient Safety Foundation to prompt patients to be included

Collaborative Goal Setting: A framework for collaborative engagement and partnership between research investigators and patient family advisors from existing patient and family advisory council, and other relevant stakeholders as partners in the design, conduct, and dissemination of research, ensuring that the findings of the research— and outcomes studied—are more patient-centered, relevant, and useful to better inform patients and clinicians about treatment options.

Shared Decision Making: An assessment of shared decision making in research and health system change (26).

A Pragmatic Framework for Authentic Patient-Researcher Partnerships in Clinical Research: A framework for collaborative engagement and partnership between research investigators and patient family advisors from existing patient and family advisory council. The framework breaks down the roles for each party throughout the clinical research process (Fagan et al., 2016).

PCORI Engagement Rubric: Provides guidance to research teams applying for Patient-Centered Outcomes Research Institute (PCORI) funding to involve patients and other stakeholders in all phases of the research process (27).

University of Maryland PATIENTS Program: Promotes multistakeholder partnerships and engagement in research, conducts research, and produces and shares education and training on engaged research (28).

Value-Based Care Toolkit: Produced by the European Patients Forum, provides a comprehensive overview and resources for involving patients and families in research (29).

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Opportunities identified

• Broadening accepted definitions of patient and family engagement and PFEC
• Limitations of traditional scales for rating the quality of research
  • Opportunity to elevate the credibility of experience-based research closely aligned with the priorities and experiences of patients and families
• Greater inclusion and proactive engagement of underserved, “hard-to-reach,” and “complex” patients and their care partners
• Greater alignment of PFEC across programs, standards, and measures
• Further exploration of opportunities to strengthen and expand the evidence base focused on:
  • Effectiveness of training to expand partnership capabilities of patients and families
  • Effectiveness of patient engagement in large-scale healthcare quality improvement efforts, i.e. relationships between outcomes and degree of co-design
  • Extent to which experiential learning creates sustained changes in behavior of healthcare team members
How to contribute to this work

• Share the paper, and annotated bibliography of evidence
• Utilize and share tools cited in the discussion paper
• Partner with patients and families, health system and clinical leadership to share and implement framework
• Provide feedback on the framework
  • Submit additional scientific and experience-based evidence
• Ideas for collateral materials and/or messages to encourage implementation of the Guiding Framework among:
  • patient and family leaders
  • health system executives
  • clinicians
  • other key healthcare stakeholders
• Engage on other collaborative activities
Thank You!

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Sara Guastello
Director of Knowledge Management, Planetree
sguastello@planetree.org
Bringing PFE to Life:
The 5 PFE Metrics of the Partnership for Patients

Thomas Workman, PhD
Principal Researcher
Senior Advisor, PfP Patient & Family Engagement Contractor
American Institutes for Research

Florida Hospital Association, April 28, 2017
**Partnership for Patients PFE Framework & Measurement Criteria**

**Point of Care**
- **PFE 1**: Planning Checklist w Patient & Family
- **PFE 2**: Shift Change Huddles/Bedside Reporting

**Policy, Protocol**
- **PFE 3**: PFE Proactive Responsibility
- **PFE 4**: Active PFE Committee Or Advocate

**Governance**
- **PFE 5**: Patient Representative On Board
Metric 1

Implementation of a planning checklist for patients known to be coming to the hospital
Why This is Important

- Enables an active partnership in quality and safety from the very start of the hospital stay
- Helps patients clarify expectations about the hospital stay and their care
- Allows clinical staff to know the concerns, interests, and goals of the patient
- Identifies potential safety issues so that patient and clinical staff can work in partnership to avoid them
Metric 2

Hospital conducts shift change huddles and bedside reporting with patients and family members in all feasible cases.
Why This is Important

• Enables the opportunity for correcting errors and clarifying care plans with the patient and family
• Encourages the patient and family to be an active partner in their care to the degree they desire
• Enables ongoing communication and interaction throughout care
• Enhances the patient experience of care
Metric 3

Designation of an accountable leader in the hospital who is responsible for patient and family engagement
Why This is Important

- Communicates the value of PFE to all hospital staff, clinicians, patients, families, and the community
- Enables the hospital to centralize and coordinate PFE efforts
- Clarifies across the hospital who has authority and responsibility for PFE.
- Provides a face and name to the hospital’s growing PFE culture
Hospital has an active Patient and Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team
Why This is Important

• Help hospital provide care and services based on patient- and family-identified needs and solutions rather than assumptions about what patients and families want or need

• Improve overall systems and processes of care, including reduced errors and adverse events – patient-centered systems require patient input!
Metric 5

One or more patient representatives serving on the hospital Board of Directors
Why This is Important

- Patient and family needs, interests, and input occurs at the level of hospital governance.
- Encourages patient-centered decisionmaking by the Board.
- Communicates a commitment to the community about the role of patients and family members in the hospital’s operations.
- Enables patients and families to contribute viable solutions and ideas to accomplishing the mission of the hospital.
• N = 146 Vizient HEN hospitals
• High PFE performers meet 4 or 5 of the PFE metrics
• Low PFE performers met 3 or less of the PFE metrics

Connecting PFE to Outcomes

Comparing Minnesota PPR of Low Performers (0-3 PFE) to High Performers (4-5 PFE)

Resources

• **PfP Strategic Vision Roadmap for PFE**: Provides six strategies to guide efforts to (1) implement PFE that is effective, sustainable, and reflect the core principles of PFE and (2) meet the five PfP PFE metrics to improve patient safety

• **PFE Metric Learning Modules**: Recorded webinars provide “just in time training” to help hospitals implement and meet the five PFE Metrics (each training addresses a specific PFE Metric)

Available in the PfP Resource Library at:

[www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx](http://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx)
Questions?
FHA Patient and Family Engagement Learning Collaborative
FHA PFE LC Team Introductions

- Allison Sandera
  Project Manager, FHA
  allisons@fha.org
  407-841-6230

- Sari Siegel, PhD
  Senior Study Director, Westat
  sarisiegel@westat.com
The FHA PFE LC Vision

To advance the understanding of PFE in hospitals by implementing strategies identified from the CMS PFE metrics and through the AHRQ Innovations Exchange.
What is the AHRQ Health Care Innovations Exchange?

The federal Agency for Healthcare Research and Quality’s (AHRQ) Innovations Exchange is a resource that supports decision making on the potential adoption and implementation of health care innovations and tools.

www.innovations.ahrq.gov
The FHA PFE LC Aims

- Engage stakeholders using an evidence-based patient- and family-centered framework that targets: 1) leadership, 2) patient and family partnerships, 3) staff engagement, and 4) performance improvement.

- Assist hospitals in tailoring and implementing strategies from the Innovations Exchange to advance the practice of patient and family engagement within their own organizational culture and context.

- Achieve and document improvement in process and outcome measures tailored to the specific strategies/interventions.
Track Descriptions

Three tracks to choose from:

• Track 1: Developing/Enhancing a PFAC
• Track 2: PFAC Sustainability and Expansion
• Track 3: Faculty Advisor/Mentor
Next Steps

• Look out next week for a follow up email to today’s webinar

• Plan to attend our next event on
  May 26, 2017 (1:00 PM to 2:00 PM, ET)
Questions?