

# **Component 3**

## ***Topic Area 1:***

# **Making the Case for Patient and Family Engagement and the *Guide***

# How Patient and Family Engagement Benefits Your Hospital



The *Guide to Patient and Family Engagement in Hospital Quality and Safety* (the *Guide*) is an evidence-based resource to help hospitals develop effective partnerships with patients and family members, with the ultimate goal of improving multiple aspects of hospital quality and safety.<sup>1</sup>

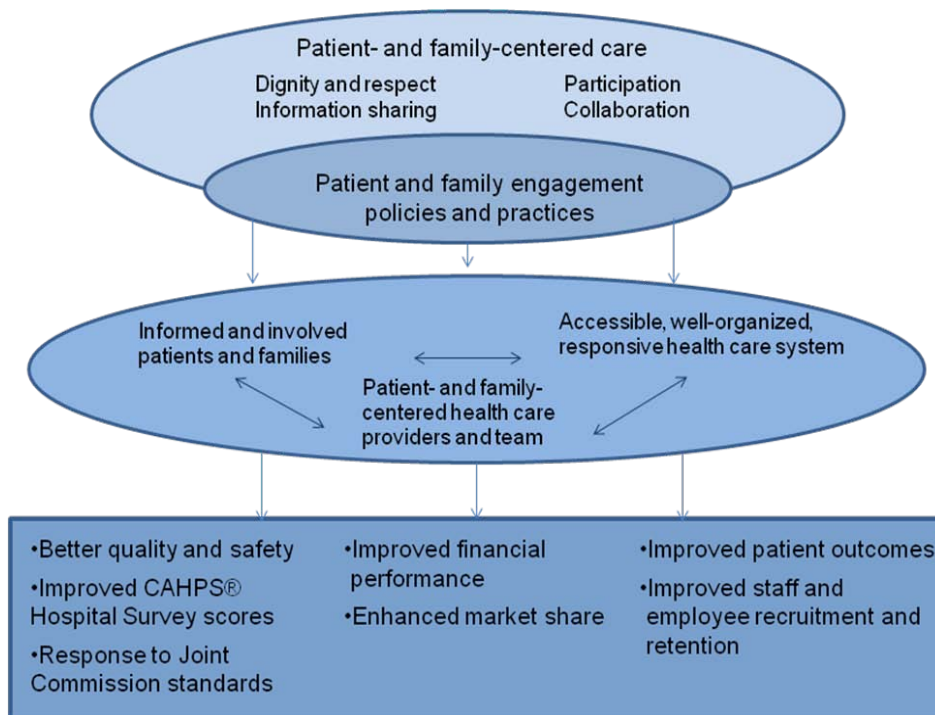
The goal of patient and family engagement is to create an environment where hospital leaders, clinicians, hospital staff, patients, and families work together as essential partners in improving the quality and safety of hospital care.

**Patient and family engagement is not a new or separate initiative. It is a critical part of what your hospital is already doing to improve quality and safety.**

As shown in Exhibit 1, Patient and family engagement helps your hospital:

- Improve quality and safety.
- Improve financial performance.
- Improve CAHPS® Hospital Survey scores.
- Improve patient outcomes.
- Enhance market share and competitiveness.
- Improve staff recruitment and retention.
- Respond to the Joint Commission standards.

## Exhibit 1. Patient and Family Engagement Improves Multiple Aspects of Hospital Performance



## What are the Benefits of Patient and Family Engagement?

**Overall improvements in quality and safety.** Engaging patients and families translates into measurable improvements in quality and safety.(1) With a patient- and family-centered approach to care, patients and families are allies for quality and safety through “informed choices, safe medication use, infection control initiatives, observing care processes, reporting complications, and practicing self-management.”(2) MCGHealth Medical Center saw measurable improvements as a result of changes to their visitation policy. This move to promote family presence and engagement led to a 62 percent reduction in medication errors, a 40 percent reduction in falls, and a 50 percent decrease in length of stay.(3)

**Improved financial performance.** Research from the Gallup Management Journal shows that patient and family engagement “consistently predicts hospital performance on an array of crucial business outcomes, including EBITA (earnings before the deduction of interest, tax, and amortization) per adjusted admission and net revenue per adjusted admission.”(4) Patient- and family-centered care and engagement also decreases litigation and malpractice claims, with fewer complaints and lawsuits against health care providers.(5) It leads to lower costs per case due to fewer complications and shorter length of stay.(6, 7) It can improve patient flow, improve bed capacity, and reduce overcrowding, with engaged patients and families serving as an early warning system for potential bottlenecks in care processes and helping to identify areas for improvement.(8) On the other side, a lack of patient- and family-centeredness and patient and family engagement can have negative financial consequences in the form of delays and waste due to higher call volume, repetitive patient education efforts, increased diagnostic tests, and a greater need for referrals.(9, 10)

**Improved CAHPS® Hospital Survey scores and patient experiences of care.** Many of the CAHPS® Hospital Survey measures reflect key elements of patient and family engagement—particularly those related to patient-provider communication, pain management, medications, and the provision of discharge information. Hospitals that have implemented strategies to improve patient engagement have seen subsequent improvements in patients’ ratings of care.(11) At MCGHealth Medical Center, implementing patient and family engagement strategies on one unit led to an increase in patient satisfaction scores from the 10<sup>th</sup> to the 95<sup>th</sup> percentile.(3)

In 2012, Medicare will institute the national hospital value-based purchasing program. Under this program, achievement and improvement on patient experiences of care scores (based on the CAHPS® Hospital Survey) will be used to calculate value-based incentive payments.(12, 13) This means that financial reimbursement will be tied to benchmarked performance on the CAHPS® Hospital Survey, and hospitals will be financially rewarded or penalized based on their performance on specific CAHPS® Hospital Survey measures.

**Better patient outcomes.** Engaging patients and families through improved communication and other practices has a positive effect on patient outcomes – specifically, emotional health,

symptom resolution, functioning, pain control, and physiologic measures such as blood pressure and blood sugar levels.(14, 15) In addition, strategies that promote patient and family engagement can help hospitals reduce their rate of preventable readmissions.(16)

**Enhanced hospital market share and competitiveness.** For many hospitals, establishing a brand identity around patient and family engagement becomes a competitive differentiation in the marketplace. In survey of over 2,000 patients, 41 percent indicated they would be willing to switch hospitals for a better patient experience.(17) By incorporating patient- and family-centered care into their business model, Cleveland Clinic increased their market share with increases in both new and returning patients. Similarly, as a result of patient and family engagement strategies, Griffin Hospital in Connecticut saw growth in both inpatient and outpatient volume.(7)

**Increased employee satisfaction and retention.** Patient and family engagement strategies also help improve employees' satisfaction with their work. This, in turn, leads to higher levels of retention and an improved ability to recruit quality talent. At Bronson Methodist Hospital, implementing patient- and family-centered care practices led to a decrease in the average nurse turnover rate (from 21.3 to 7.3 percent). The organization estimates that higher nursing staff retention has led to a savings of \$3 million over 5 years.(18)

**Better response to the Joint Commission standards.** Patient and family engagement helps hospitals respond to the Joint Commission standards that recognize the need for patients and families to be “active and informed decision makers throughout the course of care.”(19) Exhibit 2 provides the Joint Commission standards that relate to patient and family engagement.

## **Exhibit 2. The Joint Commission Standards that Relate to Patient and Family Engagement**

**PC.02.01.21\*** The hospital effectively communicates with patients when providing care, treatment, and services.

**PC.02.02.01** The hospital coordinates the patient's care, treatment, and services based on the patient's needs.

**PC.02.03.01** The hospital provides patient education and training based on each patient's needs and abilities.

**PC.04.01.05** Before the organization discharges or transfers a patient; it informs and educates the patient about his or her follow-up care, treatment, or services.

**R1.01.01.03\*** The hospital respects the patient's right to receive information in a manner he or she understands.

**R1.01.02.01** The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.

\*New standard in January, 2010. Compliance will be included in the accreditation decision no earlier than January 2012.

For more information: The Joint Commission. Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals. Oakbrook Terrace, IL: The Joint Commission; 2010.

## Key Take-Aways

Efforts to increase patient and family engagement and patient- and family-centered care at your hospital can improve multiple aspects of your hospital's performance. Benefits associated with increased patient and family engagement include improvements in financial performance, patient outcomes, and overall improvements in quality and safety.

<sup>1</sup>The Guide was developed for the Agency for Healthcare Research and Quality (AHRQ), in the U.S. Department of Health and Human Services, by a collaboration of partners with experience in and commitment to patient and family engagement, hospital quality, and safety. Led by the American Institutes for Research (AIR), the team included the Institute for Patient and Family-Centered Care (IPFCC), Consumers Advancing Patient Safety (CAPS), the Joint Commission, and the Health Research and Educational Trust (HRET). Other organizations contributing to the project included Planetree, the Maryland Patient Safety Center (MPSC), and Aurora Health Care

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# **Component 3**

***Topic Area 2:***

**Organizational  
Assessment Tools  
&**

***Topic Area 3:***

**Implementation  
Strategies**



The *Guide to Patient and Family Engagement in Hospital Quality and Safety* (the *Guide*) is an evidence-based resource to help hospitals improve quality and safety by engaging patients and family members.<sup>1</sup> The goal of patient and family engagement is to create an environment where clinicians, hospital staff, patients, and families work together as partners to improve the quality and safety of care.

This document outlines three steps to help hospitals start the process of using the strategies and tools in the *Guide*:

- Step 1: Get commitment from and the support of hospital leadership.
- Step 2: Form a multi-disciplinary team to identify specific areas for improvement and select the *Guide* strategies to implement.
- Step 3: Implement and evaluate the strategies.

It is important to remember that there are multiple pathways for implementing the *Guide*, and that hospitals will need to work within their individual environments and contexts.

## Step 1: Get Commitment From and the Support of Hospital Leadership

Having leaders who can advocate for and participate in change initiatives significantly increases the likelihood of learning, innovation, and sustainability.<sup>(1, 2)</sup> Hospital leaders communicate the importance of partnering with patients and family members, provide resources, and set the tone for effective partnerships.

In some cases, the impetus for patient and family engagement originates from the top leadership level (i.e., the hospital board, the C-suite, or clinical leadership). In other cases, the impetus comes from unit leaders or other key individuals. In all cases, organizational change for patient and family engagement requires strong leadership at multiple levels:

- **Boards of directors** play a critical role in “setting the tone” for the entire organization.<sup>(3)</sup>
- **Senior leaders** (e.g., members of the C-suite) ensure that the organizational transformations required for patient and family engagement efforts occur.
- **Clinical leaders** such as the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) assume responsibility for the ongoing program, set expectations for superior performance, model behaviors, and mobilize improvement efforts.<sup>(4-6)</sup>
- **Other hospital leaders** such as unit managers ensure that engagement efforts occur on a daily basis.

## How to bring senior leadership on board

You can reach out to leaders using a variety of methods to promote, reinforce, and sustain the message about patient and family engagement. For example, you can talk to hospital leaders in meetings, conduct leadership “rounds,” or ask hospital leaders to accompany patients and family members on a “walk-about.” Knowing your leadership audience and what issues are likely to be most compelling (e.g., financial, personal stories) will help you make the argument. Also remember that building a base of support and obtaining buy-in is not a one-time occurrence. Regular communication emphasizes the ongoing opportunities for and benefits of patient and family engagement.(7)

**Talk to hospital leaders in meetings.** Ask for time on the agenda at regular senior leadership and board meetings, at clinical leader meetings, or at clinician staff meetings. If possible, ask a patient or family member who has received care at your hospital to attend the meeting with you. One of the most powerful ways to convince senior leaders of the merits of patient and family engagement is to create connections with patients and family members.(8, 9) If a patient or family member cannot attend in-person, solicit and share a few stories.

When talking to hospital leaders, keep your arguments short and sweet. Consider the following issues:

- How does patient and family engagement relate to and help achieve your hospital’s strategic goals? How does patient and family engagement relate to performance “dashboards” that include metrics related to key strategic areas outlined in the mission statement, vision statement, and strategic plan?
- How can patient and family engagement help your hospital realize quality and safety improvements (for example, improvements in CAHPS® Hospital Survey scores)?
- How can patient and family engagement help differentiate your hospital from other competitors? What are these competitors doing with regard to patient and family engagement?
- How does patient and family engagement relate to issues of local or regional importance? For example, have there been any high profile stories about hospital quality or safety issues? Are there existing or proposed legislative mandates related to patient and family engagement (such as Massachusetts’ mandate that hospitals create patient and family advisory councils)?
- What do you want leaders to do? How are you asking them to help support patient and family engagement at your hospital?

### **Guide Resources in Component 3**

*The Guide to Patient and Family Engagement: What Is It, and How Does It Benefit Our Hospital?* is a PowerPoint presentation with talking points about the benefits of patient and family engagement and the support that is needed.

*How Patient and Family Engagement Benefits Your Hospital* contains more detailed information about why patient and family engagement is important.

*Supporting Patient and Family Engagement: Best Practices for Hospital Leaders* provides specific advice and suggestions about how senior leaders can create a supportive environment for patient and family engagement.

**Have leaders conduct “rounds” with patients and families.** Leadership rounds are regular announced or unannounced visits in which leaders interact directly with patients and families, either by visiting current patients on specific units, or by inviting patients and family members to scheduled “chat sessions.” Leadership rounds offer the opportunity for leaders to observe staff, clinicians, patients, and family members and talk with them in a non-threatening way about quality, safety, and other related issues. Rounds often include personal discussions with patients and staff that allow leaders to hear firsthand what is happening on the front lines of care and solicit suggestions for improvement.(10-12) These conversations can give leaders a good sense of the potential value of patient and family engagement and help inform dialogue in the board room.(13) A good way to get board members involved is to hold leadership rounds before regularly scheduled board meetings.

**Invite staff and leadership to do a “walk-about.”** Walk-about help hospital leaders explore the hospital experience through the eyes of patients and family members. If possible, invite several patients or family members to participate in this activity. Begin at the first point of entry into the hospital (e.g., the parking lot), and continue to the inpatient unit and throughout the unit, including the patient room, treatment rooms, admitting area, family lounge, and other areas visible to patients and families. At each point, observe how the hospital welcomes, engages, and supports patients and families. These findings will give a different context for meetings and discussions.

**Guide Resource**      *Component 2, Implementation Handbook: Organizational Partnership Materials* has detailed information about how to conduct a walk-about. See *Appendix A, Strategy 1: Working With Patient and Family Advisors*.

## Step 2: Form a Multi-disciplinary Team to Identify Areas for Improvement and Select the *Guide* Strategies to Implement

The goal of patient and family engagement is to create an environment where hospital leaders, clinicians, hospital staff, patients, and families work together as partners to promote improvements in care. Therefore, it is helpful for all of these groups to be represented on a multi-disciplinary team that has responsibility for planning and implementing your patient and family engagement efforts. As an initial step, this multi-disciplinary team can help identify areas for improvement and select *Guide* strategies to implement.

### Recruit team members

The composition of this team will vary depending on what works best for your hospital. Consider including hospital leaders, clinician and hospital staff “champions,” other key staff, and patient and family advisors.

- **Hospital leaders.** To be effective, patient and family engagement must be integrated into organizational culture. Therefore, involving hospital leadership is critical to promote and support change. Hospital leaders (e.g., board members, CEO, CMO, CNO) may not need to be involved on an everyday basis, but consider ways that the committee can report to and engage senior leadership on an ongoing basis. Also think about other leaders to involve (e.g., unit directors, nurse managers).
- **Clinician and staff “champions.”** Respected by their peers within their area of expertise, “champions” help achieve buy-in by engaging their peers on a different level than top management.(3, 4) Over time, these champions can help convince their peers of the quality and safety benefits of patient and family engagement, and also model best practices and behaviors.(14) Look for individuals who have an interest in working with patients and family members, who are respected by their peers, and who have the passion and skill set necessary for planning patient and family engagement efforts.
- **Other key staff.** Think about including other staff members who can help promote and support patient and family engagement. These staff members will depend on your organization, but may include child and family life specialists; social workers; heads of quality and safety committees; and staff from patient affairs, family services, patient- and family-centered care, or quality improvement departments.
- **Patient and family advisors.** If your hospital already works with patient and family advisors, ask several advisors to sit on the multi-disciplinary committee. If your hospital does not have experience working with patient and family advisors, look for several patients or family members who have had recent care experiences at your hospital and who are interested in helping to make improvements.

**Guide Resource**      *Component 2, Implementation Handbook: Organizational Partnership Materials* has detailed information about how to identify and recruit patient and family advisors.

## Identify areas for improvement

Ask the multi-disciplinary team to gather and review a variety of information to help prioritize areas for improvement. This information will provide insights about your hospital's strengths and indicate areas where changes may be needed.

**Review quality information and data related to core hospital processes.** Look at how your hospital is doing and where you need to improve. For example, many of the CAHPS® Hospital Survey measures reflect key elements of patient and family engagement—particularly those related to patient-provider communication, pain management, medications, and the provision of discharge information. You may also want to examine recent events at the hospital, both positive and adverse, to help identify priorities.

**Review the hospital's mission statement and strategic plan.** Mission statements and strategic plans serve as tangible, ongoing reminders of your hospital's priorities and where it would be most appropriate to focus your efforts. Look for ways in which the *Guide* can help further the hospital's mission and short- and long-term strategic goals.

**Get input from clinicians, hospital staff, patients, and families.** Gathering information about experiences, ideas for changes and improvements, and questions or concerns from these different parties can help define the care experience at your hospital. It can also help create a shared vision of what the ideal experience would look like, which can then assist you in identifying which of the *Guide* strategies to prioritize.

**Assess the degree to which your hospital's current policies and practices reflect best practices for patient and family engagement.** Conducting an initial assessment of your organization's patient and family engagement and patient- and family-centered care policies helps you understand where your organization can make improvements. It also provides you with baseline data by which to assess improvements.

**Resources**      *Strategies for Leadership – Patient- and Family-Centered Care Hospital Self-Assessment Inventory* assists hospitals in defining and evaluating engagement efforts. From the American Hospital Association and the Institute for Patient- and Family-Centered Care. Available at: [www.aha.org/aha/content/2005/pdf/assessment.pdf](http://www.aha.org/aha/content/2005/pdf/assessment.pdf)

*Patient- and Family-Centered Care Organizational Self-Assessment Tool* is a checklist developed to help hospitals evaluate whether specific aspects of their organization have a patient- and family-centered focus. From the Institute for Healthcare Improvement and the National Initiative for Children’s Healthcare Quality. Available at: [www.patientsafetyinstitute.ca/English/toolsResources/GovernancePatientSafety/AssessImprovePatientSafetyCulture/Documents/Organizational%20Assessment.pdf](http://www.patientsafetyinstitute.ca/English/toolsResources/GovernancePatientSafety/AssessImprovePatientSafetyCulture/Documents/Organizational%20Assessment.pdf)

*AMA Ethical Force Program Toolkit* is designed to help organizations assess how effectively they communicate and identify how to target resources for improvement. From the American Medical Association’s Ethical Force Program.® Available at: [www.ama-assn.org/ama/pub/physician-resources/medical-ethics/the-ethical-force-program.shtml](http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/the-ethical-force-program.shtml)

It is important to realize that your organization cannot be truly “patient- and family-centered” if families are restricted in their presence. Therefore, another critical step is reviewing (and changing if needed) your organization’s policy related to visitation and family presence. The term “family” has many meanings. It includes bonds created by marriage, ancestry, close friendships, shared child rearing, and romantic relationships. It should be up to the patient to define who their “family” is and how they want them involved. Furthermore, families should be "respected as part of the care team— never visitors— in every area of the hospital, including the emergency department and the intensive care unit."(15)

In November 2010, the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services (DHHS) announced a new rule granting patients the right to choose their own visitors during a hospital stay. Under this rule, hospitals are required to explain to all patients their rights to choose who may visit them during an inpatient stay and to note that “visitors” may include family members, friends, or any other type of visitor. For hospitals, the consequences of not adhering to this broad definition of visitors could include being barred from participating in the Medicare and Medicaid programs.(16)

**Resources**

*Are Families Considered Visitors in Our Hospital or Unit?* A checklist from the Institute for Patient- and Family-Centered Care designed to help hospitals examine their practices and infrastructure to assess how well patient and family presence and participation is supported. Available at: [www.ipfcc.org/advance/arefamiliesvisitors.pdf](http://www.ipfcc.org/advance/arefamiliesvisitors.pdf)

*Changing Hospital Visiting Policies and Practices: Supporting Family Presence and Participation: Executive Summary* provides guidelines with respect to changing hospital visitation policies and practices, including examples of policies. Available at: [www.ipfcc.org/visiting.pdf](http://www.ipfcc.org/visiting.pdf)

## Select the *Guide* strategy or strategies to implement

After collecting and reviewing information to identify needs, select the *Guide* strategy or strategies that your hospital will implement. The *Guide* is designed to be a flexible set of strategies and tools. Hospitals can implement as many or as few of the strategies as desired, although incremental investment leads to increasing benefits. If hospitals choose to implement multiple strategies, they can be implemented together or in sequence.

In selecting initial strategies to implement, consider how you can provide opportunities for success. For example, select one strategy to implement on a small scale (e.g., on a single unit). Use the lessons learned from the single-unit pilot implementation to refine your approach, and then spread to more units. In this way, you can build on your successes as a pathway to broader dissemination and wider-scale change.

Included in the *Guide* are:

**Component 2: Organizational Partnership Materials.** Tools to help hospitals begin working with patients and family members as organizational-level advisors, by providing a mechanism for involving patients and family members in policymaking; facility design; and the planning, delivery, and evaluation of care.

### **Component 3: Hospital Stay Active Involvement Materials – Working with Patients and Families at the Bedside**

- *Strategy 2: Communication Packet: Communicating to Improve Quality.* Tools to improve communication between patients, family members, clinicians, and hospital staff from the point of admission, including giving patients a clearer understanding of how to ask questions, who to go to for information or help, and how to participate in their care.
- *Strategy 3: Bedside Change of Shift.* Tools to support the safe handoff of care between nurses by involving the patient and family in the change of shift report for nurses.
- *Strategy 4: Discharge Plan: IDEAL Discharge Planning.* Tools to engage patients and family members in the transition from hospital to home, with the goal of reducing medication errors, adverse events, and preventable readmissions.

## Step 3: Implement and Evaluate the Strategy

### Implementation

An implementation handbook accompanies each of the four strategies included in the *Guide*. These handbooks contain information, guidance, and specific instructions to help your organization plan and implement the strategy. Use your multi-disciplinary team to provide additional input about how to adapt the strategies and tools in the *Guide* to ensure effective use at



your hospital. Hospitals that are top performers in quality, safety, and patient and family engagement set time-specific goals, establish measures of improvement, use a standardized process for implementation, measure progress toward goals, and provide timely feedback about that process.(4, 17, 18)

Hospitals may wish to begin by implementing the *Guide* strategies in units where the strategies are most likely to succeed. This allows you to convey the successes and lessons learned to units where implementation may encounter more resistance.

<b>Resource</b>	For more information about planning, implementing, and evaluating quality improvement strategies, visit the Institute for Healthcare Improvement’s “Improvement Methods” Web site. Available at: <a href="http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods">www.ihl.org/IHI/Topics/Improvement/ImprovementMethods</a>
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## Evaluation

Organizations engaging in patient and family engagement initiatives need to create structures and metrics to evaluate their impact. Ongoing evaluation:

- Assesses the effectiveness of interventions and whether they should be continued, expanded, or made permanent.
- Identifies and addresses any needed problems to stimulate ongoing improvement.
- Keeps key stakeholders apprised of progress in meeting key priorities related to patient and family engagement.
- Keeps individuals engaged and enthusiastic by demonstrating whether goals and objectives are being met.(7)

Evaluation of patient and family efforts can also inform the annual performance review, compensation, and determinations of awards and recognition for both individuals and departments. Hospitals can incorporate patient and family engagement measures into existing performance “dashboards” that include metrics related to key strategic areas outlined in the mission statement, vision statement, and strategic plan. Initially, such measures may relate to processes, such as having a patient or family advisor on a short-term project. Over time, metrics included on dashboards may evolve into more outcomes-oriented measures, such as CAHPS® Hospital Survey scores, including overall scores and scores on questions that relate more directly to the patient and family experience and level of patient and family engagement.

Exhibit 1 on the next page provides an example of how two hospitals used survey questions to assess issues related to patient and family engagement.



## Exhibit 1. Hospital Examples: Adding Questions to Patient Experience of Care Surveys to Assess Patient and Family Engagement Strategies

Valley View Hospital in Glenwood Springs, Colorado, added survey questions to their experiences of care survey to address five issues related to patient and family engagement:<sup>(13)</sup>

- Staff effort to include patients in decisions about treatment.
- Extent to which patient and family are educated on how to report concerns related to care, treatment, services, and patient safety.
- Extent to which patient and family are educated on how to request additional assistance if an urgent response is needed.
- Extent to which staff check two forms of identification before giving medications, drawing blood, or transporting for a test.
- Extent to which staff cleaned/sanitized their hands before examining the patient.

The University of Washington Medical Center added these questions to its survey:<sup>(13)</sup>

- Degree to which patient and family could participate in care decisions.
- How well staff explained their roles in care.
- Degree to which staff supported family members throughout the health care experience.
- Degree to which the patient's choices were respected to have family and friends present during care.
- Degree to which staff respected the family's cultural and spiritual needs.

## Key Take-Aways

Hospitals will need to work within their specific environments to implement the *Guide*. Although organizational change is not easy, it is also important to remember that implementing the *Guide* is no more difficult than making other improvements in the hospital. It takes time to implement and expand new initiatives, but hospitals cannot do things the way they have always been done and expect radical improvements. A careful process of getting commitment from leadership, obtaining multi-disciplinary input, identifying areas for improvement, selecting *Guide* strategies to implement, and evaluating efforts can help ensure success and help hospitals reap the maximum benefits.

<sup>1</sup>The Guide was developed for the Agency for Healthcare Research and Quality (AHRQ), in the U.S. Department of Health and Human Services, by a collaboration of partners with experience in and commitment to patient and family engagement, hospital quality, and safety. Led by the American Institutes for Research (AIR), the team included the Institute for Patient and Family-Centered Care (IPFCC), Consumers Advancing Patient Safety (CAPS), the Joint Commission, and the Health Research and Educational Trust (HRET). Other organizations contributing to the project included Planetree, the Maryland Patient Safety Center (MPSC), and Aurora Health Care

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# ***The Guide to Patient and Family Engagement in Hospital Quality and Safety:***

**What Is It, and How Does It Benefit Our Hospital?**

**[Insert hospital name, presenter name and  
title, date of presentation]**

# Today's presentation

- What is patient and family engagement?
- Benefits of patient and family engagement and costs of not pursuing it
- *Guide to Patient and Family Engagement*
- Moving forward: What do we need to do?

# **Patient and family engagement: Improving the care we provide**

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# Hospital quality

- Patients get care that is safe
- Patients get the right care for their condition
- Patients get care they need when they need it
- Patients get care that makes wise use of resources
- No differences in treatment based on race, ethnicity, income, education, or social status
- Care is patient- and family-centered

# What is patient and family engagement?

- Critical component of patient- and family-centered care
- Patient and family engagement means involving patients and family members as:
  - ◆ Members of the health care team
  - ◆ Advisors working with clinicians and leaders to improve policies and procedures



# Goal of patient and family engagement

- To create an environment where hospital leaders, clinicians, hospital staff, patients, and families all work together as partners to improve the quality and safety of hospital care

# Benefits of patient and family engagement

- Overall improvements in quality and safety
  - ◆ Reduction in medical errors
  - ◆ Decreased length of stay
- Improved financial performance
  - ◆ Better earnings and revenue
  - ◆ Decreases in litigation and malpractice claims
  - ◆ Improved patient flow and increased bed capacity

# Benefits of patient and family engagement

- Improved CAHPS® Hospital Survey scores
- Better patient outcomes
- Increased market share and competitiveness
- Increased employee satisfaction and retention
- Better response to the Joint Commission standards

# Benefits of patient and family engagement

## Patient and family engagement:

- Is consistent with our mission and vision  
[Insert mission statement]
- Helps us meet our strategic priorities  
[Insert relevant priorities, such as reputation, CAHPS® Hospital Survey scores, the Joint Commission standards]
- Is the right thing to do  
[Share story from patient or family, or have them share their story]

# Costs of not pursuing patient and family engagement

Potential negative effects on:

- Market share
- Ability to hire and retain quality staff
- Reputation
- Financial incentives based on CMS mandates and health care reform (e.g., value-based purchasing)

# *The Guide to Patient and Family Engagement*

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What is it?

What do we want to do?

# *Guide to Patient and Family Engagement*

- Evidence-based strategies that reflect critical opportunities for engagement
- Tools for hospital leaders, managers, clinicians, patients, and families to encourage patient and family engagement at a hospital level and in their direct care

# *Guide to Patient and Family Engagement*

**Includes 4 strategies to support engagement:**

1. Working With Patients and Families as Advisors
2. Working With Patients and Families at the Bedside: Communicating to Improve Quality
3. Working With Patients and Families at the Bedside: Nurse Bedside Shift Report
4. Working With Patients and Families at the Bedside: IDEAL Discharge Planning



# Moving forward

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What do we need from you?

# What do we need from you?

- Staff time to [implement strategy] OR
- Staff time to form a multi-disciplinary team to assess our hospital and decide which strategy to implement
- [Note: Be specific of what support you need and who will be responsible for the initiative]

# What else can you do?

- Communicate the hospital's vision and values related to patient and family engagement
- Model collaboration and communication with patient and family members
- Support the necessary infrastructure and resources
- Involve and support clinicians and hospital staff
- Integrate patient and family engagement with personnel practices and policies

- [Note: you may wish to end the presentation in one of the following ways:
  - ◆ *Download and show the AHA Video: Patient- and Family-Centered Care: Partnerships for Quality and Safety*
  - ◆ Ask a patient or family member to speak to leadership about their experiences receiving care at your hospital]

# Thank you!

- For questions or more information:  
[Insert contact name and information]

The *Guide to Patient and Family Engagement in Hospital Quality and Safety* (the *Guide*) is an evidence-based resource to help hospitals improve quality and safety by engaging patients and family members.<sup>1</sup> The goal of patient and family engagement is to create an environment where clinicians, hospital staff, patients, and families work together as partners to improve the quality and safety of care.

This document is for hospital leaders and describes what they can do to set the contextual environment for change.

Strong hospital leadership is essential for creating and sustaining a supportive environment for patient and family engagement.(1-5) Leaders who advocate for and participate in change initiatives significantly increase the hospital's ability to innovate and sustain change.(4, 6) Leaders help to:

- Communicate the hospital's vision and values related to patient and family engagement.
- Model collaboration and communication with patients and family members.
- Provide the necessary infrastructure and resources.
- Involve and support clinicians and hospital staff in patient and family engagement initiatives.
- Integrate patient and family engagement into personnel policies and practices.

## Communicate the Hospital's Vision and Values Related to Patient and Family Engagement

Leaders who establish and communicate the vision for patient and family engagement help ensure that all hospital staff recognize the importance of patient and family engagement for improving safety and quality of hospital care.

**Align the hospital's mission and vision statements to support patient and family engagement.** Mission and vision statements are tangible representations to clinicians, staff, patients, and families of your hospital's commitment to patient and family engagement. They create a pathway for change, and foster a shared sense of purpose by prioritizing critical elements.(7) Ideally, your hospital's mission statement will articulate a clear commitment to patient and family engagement; reflect the perspectives and input of all involved parties, including clinicians, staff, patients, and family members;(8) and clearly articulate simple elements that can be easily repeated and embedded in routine activities.(9) Exhibit 1 provides an example of a hospital mission statement which shows a commitment to patient and family engagement.

### Exhibit 1. Cooper University Hospital's Mission Statement

- A patient is an individual to be cared for, not a medical condition to be treated.
- Each patient is a unique person with diverse needs.
- Each staff member is a caregiver, whose role is to meet the needs of each patient.
- Our patients are our partners and have knowledge that is essential to their care.
- Our patients' family and friends are also our partners in our patients' well-being, and we welcome their involvement.
- Access to understandable health information is essential to empower patients to participate in their care, and it is our responsibility to provide access to that information.
- The opportunity to make decisions is essential to the well-being of our patients. It is our responsibility to maximize patients' opportunities for choices and to respect those choices.
- Our patients' well-being can be enhanced by an optimal healing environment.
- In order to effectively care for our patients, we must also care for each other.
- Patient- and family-centered care is the core of a high quality health care system and a necessary foundation for safe, effective, timely, and equitable care.

**Incorporate patient and family engagement into the strategic plan.** As a mechanism to implement concepts from the mission statement, your hospital's strategic plan can lay out how patient and family engagement fits into organizational priorities and processes on a daily,

operational basis. For example, as part of a process to integrate various entities under a common organizational umbrella and identity, the University of Wisconsin Health (UWH) revised its strategic plan, adding “service excellence” as a formal strategic pillar. In defining what service excellence meant, the strategic plan clearly emphasized the organization’s focus on patient- and family-centered care, with patient and family engagement being a major part of that effort. To make that plan a reality, organizational leaders supported several specific initiatives, including allowing family members on hospital units 24 hours a day, creating patient and family advisory councils, and integrating patients and families on various quality and safety committees.(10)

**Repeatedly communicate your organization’s mission, vision, and commitment to patient and family engagement.** An essential role for senior leadership is disseminating clear messages about the importance of patient and family engagement. As the former CEO of Cincinnati Children’s Hospital notes, sometimes one has to “be pushy” about expectations. In every talk, leaders should reinforce your hospital’s vision for patient and family engagement, and note that patient and family engagement is not a choice, it is an expectation. Find ways to communicate with staff on a regular basis (for example, via email or audio/video messages). For example, the CEO of UWH sends out a weekly one-page communication to each staff member that focuses on the organization’s key strategic priorities, including patient and family engagement.(10)

Likewise, the CEO or another senior leader at Enloe Medical Center in Chico, California, sends out messages about patient and family engagement-related issues each week that can be accessed on a dedicated phone line by any employee. E-mails encourage staff to listen to the messages; messages are also posted in hard copy in areas where employees and physicians congregate.(1)

**Incorporate patient and family stories whenever possible.** Leaders can use patient and family stories to convey the type of care your hospital is striving to provide. In discussing successes or failures, tell stories about patients, not just statistics. Some organizations have created a policy whereby every meeting begins with a “mission moment” during which a staff member shares a story about a particular patient or reads a patient letter. The patient story establishes the tone for the meeting and serves as a reminder to discuss issues with the patient and family in mind.(1)

**Share outcomes related to patient and family engagement.** Top performing hospitals monitor, report, and share data about quality, safety, and patient satisfaction measures with clinicians and staff. By sharing data about your organization, it helps staff identify areas for improvement. It also allows them to see where the hospital is doing well – by sharing positive experiences, you can celebrate successes and help hospital staff learn from each other.



## Model Collaboration and Communication With Patients and Family Members

By “talking the talk” and “walking the walk,” hospital leaders emphasize the importance of patient and family engagement and model how to engage in best practices on a daily basis.(11)

**Conduct leadership rounds regularly with staff, patients, and family members.** Rounding connects senior leaders and board members with patients and families, and also sends a clear signal to staff that leadership is committed to patient and family engagement. For example, at Alegent Health at Midlands in Nebraska, the COO regularly conducts leadership rounds, often taking pictures of things that he finds inspiring and then sharing the photos in presentations and newsletters to celebrate and reinforce patient- and family-centered practices.(1) Including patients and family members on leadership rounding teams can send an even stronger message about the importance of patient and family input and insight.

**Establish channels for direct communication with patients and family members.** Senior leaders can communicate and interact directly with patients and family members in ways that publicly emphasize two-way communication. For example, the former CEO of the University of Colorado Hospital started a program whereby patients and family members could send him feedback about their experience via email. He responded to each email personally and often forwarded relevant messages to appropriate staff so that they could see the feedback, whether positive or negative.(2) This program sent a strong signal to the entire organization about the importance of listening to patients and families.

**Involve patients and families in the development of policies and procedures.** Leaders can involve patients and family members as hospital-level advisors and enforce the authentic involvement of these advisors. For example, you can require that any planning initiative include patients and family members as part of the team before they can move forward.

**Attend meetings of Patient and Family Advisory Councils to discuss hospital priorities and seek input from council members.** At hospitals within UWH, the CEO, CMO, and Senior Vice President for Patient Care Services periodically attend meetings of the patient and family advisory councils.(10) At Duke University Health, the chancellor of the health system, senior leaders from the system’s hospitals, the system-level patient safety officer and chief nursing officer regularly attend meetings of Duke’s Patient Advocacy Council.(12) The chancellor of the health system and other senior leaders also participated in the original interviewing and selection process for the Patient Advocacy Council.(12)

## Provide the Necessary Infrastructure and Resources

Although hospitals do need not to make major investments to effectively implement patient and family engagement strategies, moving forward does require resources to create and maintain opportunities for patient and family engagement.

### **Create an organizational structure with a place for patient and family engagement.**

Creating an organizational structure with a place for patient and family engagement helps ensure responsibility and accountability for progress. The specific organizational structure for patient and family engagement and patient- and family-centered care varies from organization to organization. For example, Cincinnati Children’s Hospital created a core corporate function, housing patient- and family-centered care under the Senior Vice President for Quality and Transformation. Some organizations elect to set up a small, dedicated office or department to support patient- and family-centered care, such as MCGHealth’s Center for Patient and Family-Centered Care.(2) Other organizations have created a Steering Committee for Patient- and Family-Centered Care or a Patient Experience Team with responsibility for these functions.

### **Provide resources for staff positions to support patient and family engagement.**

Additional staff may be needed to develop, implement, integrate, and coordinate various initiatives, such as recruiting, selecting, and training patient and family advisors or establishing patient and family advisory councils. Important roles here include staff “champions,” patient- and family-centered care coordinators, or staff liaisons to patient and family advisors (for more about staff liaisons, see the *Component 2, Working With Patients and Families as Advisors: Implementation Handbook*). These key staff members at the operational level help translate the vision you articulate into practical programs and procedures. These individuals are often existing employees, such as nurse leaders, with institutional memory and the necessary connections at both administrative and clinical levels to “get things done.”(2) Patient and family engagement activities can take up a meaningful portion of the champion’s time. For example, at SUNY Upstate in Syracuse, NY, the champion spends roughly three-quarters of her time on activities related to patient- and family-centered care, including integrating such activities throughout the organization.(2)

**Provide opportunities for ongoing education and training.** Training and education needs will vary by institution. For some organizations, investing in temporary or permanent “coaches” helps with the transition to patient and family engagement. For example, the University of Washington Medical Center’s Office of Medical Affairs employs a nurse who serves as “MD Coach.” The coach observes residents as they conduct patient interviews and assessments, and provides feedback on their skills in communicating with and engaging patients and family members.(1) Other organizations provide opportunities for formal education, training sessions, or retreats. MCGHealth held a series of 4 hour, offsite retreats that focused on patient- and family-centered care, after which staff were required to develop an “action plan” tailored to their sites.(2) Mid-Columbia Medical Center in Oregon hosted a 5 day cultural orientation process for all employees featuring an “experience center” that allowed staff to act as a patient.

**Build in longer-term resources for the expansion of activities.** Longer-term, investment in new resources or the upgrading of existing resources may be necessary to further your organization’s commitment to patient and family engagement.(13) For example, hospitals may

wish to invest in information technology and create patient portals and Web sites that facilitate the ability of patients and family members to access vital information about the hospital and their own care (e.g., about facilities and services, clinical information), communicate with physicians, make appointments, view personal health information, or retrieve test results. As another example, hospitals may invest in the built environment. Because the quality of the physical environment in which care is provided represents a critically important component of patient- and family-centered care, hospitals may wish to dedicate resources to physically alter patient rooms or common spaces in accordance with patient- and family-identified needs(9).

## **Involve and Support Clinicians and Hospital Staff in Patient and Family Engagement Initiatives**

Changing to a culture of quality, patient safety, and patient and family engagement will be more likely to succeed if senior leaders include hospital staff and physicians in the change process from the beginning, listen to and address their concerns, and support them throughout the process.

**Offer a range of opportunities for involvement in planning, implementation, and evaluation.** These opportunities should complement the availability and schedule of clinicians and hospital staff so that it is not seen as “one more thing to do.” By including staff in all phases of initiatives, you can help address staff concerns and create buy-in for patient and family engagement. For example, involve staff in the development of statements of core values and new practices, ask nurses to help revise job expectations, or invite front line staff to participate in the planning process for new patient and family engagement initiatives.

**Communicate regularly and openly with staff.** During face-to-face dialogue, you can reiterate your organization’s commitment to patient and family engagement and make sure staff has the support they need to continue in these efforts.(1) Some leaders set aside specific times to be available to staff through “fireside chats,” “town-hall” meetings, breakfast sessions, and other venues, creating a systematic process that gives every employee this opportunity at least once a year. During conversations with staff, it is important to be open about challenges. Emphasize that patient and family engagement is a journey, not a destination, and acknowledge that your organization will continue to learn from both successes and failures.

**Create opportunities for peer-to-peer learning.** Creating mechanisms to bring together physician and other clinical staff leaders gives staff the opportunity to problem-solve about potential challenges associated with your hospital’s patient and family engagement journey. For example, a Physician Advisory Council at Aurora Health Care in Milwaukee, Wisconsin gives physician leaders an opportunity to discuss the challenges of implementing changes throughout the system. To further leverage this peer-to-peer approach, several Aurora physicians produced video modules that tell fellow physicians how they incorporate patient and family engagement into everyday practice.(1)

## Integrate Patient and Family Engagement Into Personnel Policies and Practices

Integrating patient and family engagement into personnel policies and practices transforms patient and family engagement from something that is “nice to do” to something that is necessary.

**Incorporate patient and family engagement into job descriptions.** Senior leaders can make sure personnel policies create clear expectations for behavior and hold employees accountable by revising job description responsibilities. Even minor tweaks can serve as a reminder to staff that patient and family engagement is a part of their everyday jobs. Job descriptions that incorporate patient and family engagement can guide recruitment and hiring processes within the organization and serve as a template for evaluating and rewarding performance.(2) Physician contracts also can be revised to specify patient and family engagement practices. Exhibit 2 provides a job description that incorporates patient- and family-centered care practices.

### Exhibit 2. Job Descriptions That Incorporate Patient- and Family-Centered Care Practices

#### Revising job description responsibilities

The University of Washington Medical Center in Seattle, Washington, revised job descriptions for front-line clinical staff to incorporate patient- and family-centered care practices. (1)

Original text (related to one responsibility):

“Assess patient pain interfering with optimal level of function or participation in rehabilitation.”

Revised text:

“In discussion with patient and/or family, assess patient pain interfering with optimal level of function or participation in rehabilitation.”

**Set expectations during the hiring and orientation process.** Hiring and new employee orientation processes are opportunities to set appropriate expectations about patient and family engagement. Having patient and family members interview potential hires and take part in new employee orientations is one way to send a particularly powerful message to new staff. At MCGHealth, new employee orientation includes a session on patient- and family-centered care principles, standards, and practices, and the role of Patient and Family Advisors.(2) Exhibit 3 provides an example of how patient and family engagement can be incorporated into the hiring and orientation processes.

### Exhibit 3. Incorporating Patient- and Family-Centered Care in the Hiring and Orientation Process

#### Translating vision into expectations

Vanderbilt Children’s Hospital makes patient and family engagement an integral part of both the hiring and orientation process. As part of the process of defining core values, hospital leaders created a framework for continuous learning known as FOCUS (Family-centered care, One team, Continuous improvement, Unique environment for children, and Service excellence). Using FOCUS, leaders restructured hospital processes and policies, including recruitment and hiring, to reflect these values. Prospective employees now learn about FOCUS during the application and interviewing process and discuss if and how they have used such values. Once hired, employees learn more about FOCUS during orientation, learning how to translate FOCUS values into individual behaviors. New employees also sign a statement indicating their commitment to FOCUS values.(2) These efforts serve to set very clear expectations for all new hires about the importance of patient- and family-centered care and patient and family engagement within the organization.

**Create a “compact” with medical and other staff.** Virginia Mason Medical Center in Seattle, Washington, developed a physician compact focusing on each party’s role and obligations in promoting patient and family engagement. Signed by both parties, the document replaced an unspoken compact that defined a relationship based on “entitlement, protection, and autonomy” with a new one focused on the patient.(9)

**Include patient and family engagement in annual performance reviews.** Vanderbilt Children’s Hospital incorporates patient- and family-centered care values into its annual appraisal process by asking each employee to describe an example of how he or she has applied these values in the past year.(2)

**Tie compensation to patient and family engagement.** Tying compensation structures, including annual raises or bonuses, to measures of patient and family engagement sends a powerful message about the importance of active collaboration with patients and family members. For example, MCGHealth uses compensation to promote patient-and family-centered care by allocating a significant portion of the \$40 million available in annual staff bonuses to performance on related competencies.(2) Any financial incentives should apply at all levels of the organization, from senior leaders to medical staff to front-line employees.

**Create non-financial rewards and recognition.** Managers can use newsletters, “employee-of-the-month” programs, and other awards or prizes to recognize and honor individuals or departments who go above and beyond in terms of their efforts to practice patient and family engagement.(1) For example, one academic medical center awards a “mobile” patient satisfaction trophy each quarter to the department with the highest score on a particular Press Ganey satisfaction survey question and to the department that shows the most improvement each quarter. These awards have a major impact on staff morale and behaviors. Winning departments

receive tremendous recognition within the organization, including being featured prominently in an internal newsletter.(14)

## Key Take-Aways

Senior leaders have a tremendous role in ensuring that the hospital environment is conducive to the success of patient and family engagement. Leaders communicate the hospital's vision and values related to patient and family engagement; model collaboration and communication with patients and family members; provide the necessary infrastructure and resources; involve and support clinicians and other hospital staff in patient and family engagement initiatives; and integrate patient and family engagement into personnel policies and practices.

<sup>1</sup>The Guide was developed for the Agency for Healthcare Research and Quality (AHRQ), in the U.S. Department of Health and Human Services, by a collaboration of partners with experience in and commitment to patient and family engagement, hospital quality, and safety. Led by the American Institutes for Research (AIR), the team included the Institute for Patient and Family-Centered Care (IPFCC), Consumers Advancing Patient Safety (CAPS), the Joint Commission, and the Health Research and Educational Trust (HRET). Other organizations contributing to the project included Planetree, the Maryland Patient Safety Center (MPSC), and Aurora Health Care.

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# **Component 3**

***Topic Area 4:***

**Additional Resources**



## Ways to Learn More

This document contains links to resources on the following topics:

- [Getting started with patient- and family-centered care and patient and family engagement](#)
- [Assessing patient- and family-centered care practices at your hospital](#)
- [Quality improvement](#)
- [Patient safety](#)
- [Working with patients and families as advisors](#)
- [Improving discharge practices](#)
- [Other resources for improving patient- and family-centered care practices](#)
  - [Patient- and family-activated rapid response teams](#)
  - [Improving informed consent practices](#)

## General resources

### Agency for Healthcare Research and Quality (AHRQ)

AHRQ is a U.S. government agency that is part of the Department of Health and Human Services. AHRQ funds, conducts, and disseminates research to improve the quality, safety, efficiency, and effectiveness of health care. Their Web site has information to help patients, families, clinicians, leaders, and others make informed decisions about health care.

Available at: [www.ahrq.gov](http://www.ahrq.gov)

### Getting started with patient- and family-centered care and patient and family engagement

#### Advancing the Practice of Patient- and Family- Centered Care: How to Get Started

A guide from the Institute for Family-Centered Care that describes patient- and family- centered care and emphasizes how hospital leaders can initiate the practice and use it to help fulfill the hospital's overall mission.

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

## **Strategies for Leadership: Patient- and Family- Centered Care**

A toolkit from the American Hospital Association and the Institute for Family-Centered Care that includes a video, hospital self-assessment tool and other materials aimed to help hospitals partner with patients and their families in health care.

Available at: <http://www.aha.org/aha/issues/Quality-and-Patient-Safety/strategies-patientcentered.html>

## **Patient and Family Engagement**

A resource from the National Priorities Partnership that explains what patient and family engagement is and provides tools organizations can use to learn more about the concept.

Available at: <http://www.nationalprioritiespartnership.org/PriorityDetails.aspx?id=596>

## **Institute for Healthcare Improvement (IHI)**

Non-profit organization dedicated to improving health care. Website contains resources and improvement tools to promote health care quality and safety for providers.

Website: [www.ihl.org](http://www.ihl.org)

## **Transforming Care at the Bedside**

A resource from the Institute for Healthcare Improvement and the Robert Wood Johnson Foundation created to establish “Safe and reliable care, vitality and teamwork, patient-centered care and value-added care processes.”

Available at:

<http://ihi.org/IHI/Programs/StrategicInitiatives/TransformingCareAtTheBedside.htm>

## **Planetree**

Non-profit membership organization focused on implementing patient and family-centered models of care, the development and dissemination of successful practices, and the recognition and designation of exemplar organizations.

Web site: [www.planetree.org](http://www.planetree.org)

## Assessing patient- and family-centered practices at your hospital

### **Strategies for Leadership – Patient- and family-centered care Hospital Self-Assessment Inventory**

An assessment inventory from the American Hospital Association and the Institute for Patient- and Family- Centered Care. Designed to assist hospitals and health care staff in defining and evaluating engagement efforts.

Available at: [www.aha.org/aha/content/2005/pdf/assessment.pdf](http://www.aha.org/aha/content/2005/pdf/assessment.pdf)

### **Patient- and family-centered care Organizational Self-Assessment Tool**

A checklist from the Institute for Healthcare Improvement and the National Initiative for Children’s Healthcare Quality. Developed to help hospitals evaluate whether specific aspects of their organization have a patient and family centered focus.

Available at:

[www.patientsafetyinstitute.ca/English/toolsResources/GovernancePatientSafety/AssessImprovePatientSafetyCulture/Documents/Organizational%20Assessment.pdf](http://www.patientsafetyinstitute.ca/English/toolsResources/GovernancePatientSafety/AssessImprovePatientSafetyCulture/Documents/Organizational%20Assessment.pdf)

### **Are families considered visitors in our hospital or unit?**

A checklist from the Institute for Patient- and Family-Centered Care designed to help hospitals examine their practices and infrastructure to assess how well patient and family presence and participation is supported.

Available at: [www.ipfcc.org/advance/arefamiliesvisitors.pdf](http://www.ipfcc.org/advance/arefamiliesvisitors.pdf)

### **AMA Ethical Force Program Toolkit**

The American Medical Association’s Ethical Force Program® has created a [toolkit](#) to help hospitals assess how effectively they communicate, so they can target resources for improvement exactly where they're needed.

Available at: <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/the-ethical-force-program.shtml>

## Quality improvement

### **Agency for Healthcare Research and Quality (AHRQ): Quality Information and Improvement**

The Agency for Healthcare Research and Quality (AHRQ) in the Department of Health and Human Services maintains a section of their Web site with tools, resources, and case studies related to quality improvement along with links to quality information for consumers.

Available at: <http://www.ahrq.gov/qual/qualix.htm>

### **How to Improve**

A resource about the Model for Improvement developed by the Associates in Process Improvement that guides hospitals in setting goals, measuring outcomes, and implementing changes for organizational enhancement.

Available at:

<http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>

### **Patient-Centered Care Improvement Guide and Long-Term Care Improvement Guide**

These free, downloadable guides from Planetree include organizational self-assessment for acute and long-term care settings, evidence for the business case for patient-family centered care, and tools and resources for changing hospital and health care culture.

Available at: <http://www.planetree.org> or <http://pickerinstitute.org/>

### **Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety**

A listing of annual reports from the Joint Commission that present scientific data on quality, safety and outcomes for medical issues in hospitals nationwide.

Available at: <http://www.jointcommissionreport.org/performance/results/sentinel.aspx>

### **The CAHPS Improvement Guide: Practical Strategies for Improving the Patient Care Experience**

A resource from the Agency for Healthcare Research and Quality that identifies the usefulness of Patient and Family Advisory Councils and provides tips on implementing a Council within a health care organization.

Available at: <http://www.cahps.ahrq.gov/qiguide/content/interventions/P-FAAdvisoryCouncils.aspx>

## Patient safety

### **Agency for Healthcare Research and Quality (AHRQ): Patient Safety Tools and Resources**

The Agency for Healthcare Research and Quality (AHRQ) in the Department of Health and Human Services maintains a section of their Web site with research findings, tools, resources, and training related to patient safety.

Available at: <http://www.ahrq.gov/qual/pstools.htm>

### **Consumers Advancing Patient Safety (CAPS)**

Organization that envisions a partnership between consumers and health care providers to create healthcare systems that are safe, compassionate, and just. Information and resources for patients and providers.

Website: [www.patientsafety.org](http://www.patientsafety.org)

### **Josie King Foundation**

Information and resources about patient safety, the prevention of medical errors, and how health care providers and consumers can work together.

Website: [www.josieking.org](http://www.josieking.org)

### **National Patient Safety Foundation (NPSF)**

Organization dedicated to improving the safety of patients through education and raising public awareness. Information about patient safety issues and a variety of resource links.

Website: [www.npsf.org](http://www.npsf.org)

### **Speak Up Initiatives**

A national campaign launched by the Joint Commission and the Centers for Medicare and Medicaid Services that encourages patients to take a more informed and involved role to prevent errors. Includes brochures, posters and other materials on various patient safety topics.

Available at: <http://www.jointcommission.org/patientsafety/speakup/>

## Working with patients and families as advisors

### **Institute for Patient- and Family-Centered Care (IPFCC)**

Organization that provides leadership to advance the understanding and practice of patient- and family-centered care. Guidance, information, and resources related to multiple aspects of patient- and family-centered care and involving patients and family advisors in the planning, delivery, and evaluation of care.

Website: [www.ipfcc.org](http://www.ipfcc.org)

### **A Patient and Family Advisory Council Workplan: Getting Started**

A workplan from the Institute for Family-Centered Care that helps hospitals initiate and organize a family advisory council.

Available at: [http://www.ipfcc.org/advance/IFCC\\_Advisoryworkplan.pdf](http://www.ipfcc.org/advance/IFCC_Advisoryworkplan.pdf)

### *Examples of Patient and Family Advisory Councils in Action:*

**MCGHealth** in Augusta, GA has more than 225 trained patient and family advisors who are members of patient and family advisory councils, sit on quality and safety teams, and contribute to facility design processes.

Available at: [www.mcghealth.org/patient-family-centered-care/McgContentPage.aspx?nd=2546](http://www.mcghealth.org/patient-family-centered-care/McgContentPage.aspx?nd=2546)

**Memorial Regional Hospital** in Hollywood, FL has Patient and Family Resource Centers that provide useful health information to patients and the community. The hospital's Patient and Family Advisory Councils provide direct input on many organizational policy and engagement efforts.

Available at: [www.mhs.net/patients/pfcc/](http://www.mhs.net/patients/pfcc/)

**Dana-Farber Cancer Institute** in Boston, MA established the Adult Patient and Family Council to assist patients and their families collaborate with hospital staff, become involved in overall patient care and participate in cancer programs and services.

Available at: [www.dana-farber.org/pat/pfac/adult-advisory/default.html](http://www.dana-farber.org/pat/pfac/adult-advisory/default.html)

**The Wilmot Cancer Center** in Rochester, NY has a 19 member Patient and Family Advisory Council that strengthens coordination between patients, families, and their health care provides as well as promotes patient and family advocacy in their health care environment.

Available at: [www.urmc.rochester.edu/cancer-center/patient-families/advisory-council.cfm](http://www.urmc.rochester.edu/cancer-center/patient-families/advisory-council.cfm)

**Cincinnati Children’s Hospital Medical Center** in Ohio has a 38 member Family Advisory Council that empowers families to take part in their loved ones’ health care experiences.

Available at: [www.cincinnatichildrens.org/about/fcc/family/](http://www.cincinnatichildrens.org/about/fcc/family/)

**The Children’s Hospital of Philadelphia** established The Family Advisory Council to represent patient and family perspectives during the development of organizational programs, projects, and policies.

Available at: [www.chop.edu/visitors/family-centered-care/family-centered-care-programs-at-chop.html?id=88268](http://www.chop.edu/visitors/family-centered-care/family-centered-care-programs-at-chop.html?id=88268)

## Improving discharge practices

### Your Discharge Planning Checklist

A checklist provided by the Centers for Medicare and Medicaid Services that lists important things patients and their families can do and be aware of during hospital discharge.

Available at: <http://www.medicare.gov/publications/pubs/pdf/11376.pdf>

### Taking Charge of your Healthcare: Your Path to Being an Empowered Patient

This toolkit, developed by the Consumers Advancing Patient Safety organization, provides patients and families the tools that will help smooth their transition from hospital to their next destination, as well as encourage better communication with providers.

Available at: <http://www.patientsafety.org/page/transtoolkit/>

### Project RED (Re-Engineered Discharge)

The RED intervention focuses on 11 discrete, mutually reinforcing components and has been proven to reduce rehospitalizations and improve patient satisfaction. Funded by grants from the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health (NIH)-National Heart, Lung and Blood Institute (NHBLI).

Available at: <http://www.bu.edu/fammed/projectred/>

## **The Care Transitions Intervention**

A 4-week program where patients with complex care needs and family caregivers receive specific tools and work with a Transition Coach™ to learn self-management skills that will ensure their needs are met during the transition from hospital to home. Reduced readmissions and encouraged patients and families to take more active role in their care. Funded by the John A. Hartford Foundation and the Robert Wood Johnson Foundation.

Available at: <http://www.caretransitions.org/>

## **BOOSTing (Better Outcomes for Older adults through Safe Transitions) Care Transitions resource room**

Materials developed by the Society of Hospital Medicine to help hospitals optimize their discharge process. Funded by the John A. Hartford Foundation.

Available at:

[http://www.hospitalmedicine.org/ResourceRoomRedesign/RR\\_CareTransitions/CT\\_Home.cfm](http://www.hospitalmedicine.org/ResourceRoomRedesign/RR_CareTransitions/CT_Home.cfm)

## **Other resources for improving patient- and family-centered care practices**

### *Patient- and family-activated rapid response teams*

#### **Developing a Patient/Family-Activated Rapid Response Team**

The University of Pittsburgh Medical Center assembled a team called Condition Help that rapidly responds to hospital patients who feel their needs are being inadequately addressed during a medical emergency.

Available at: <http://www.rwjf.org/pr/product.jsp?id=30391>

#### **Condition H Toolkit**

Maryland Patient Safety Center developed a toolkit to provide hospitals and other facilities the tools and resources to implement effective patient and family activated rapid response teams.

Available at:

[http://www.marylandpatientsafety.org/html/collaboratives/condition\\_h/toolkit/index.html](http://www.marylandpatientsafety.org/html/collaboratives/condition_h/toolkit/index.html)

#### **Guide to Deploying Rapid Response Teams**

The Institute for Healthcare Improvement created a “How-to” Guide for deploying rapid response teams as part of their 5 Million Lives Campaign.

Available at: <http://www.ihl.org/IHI/Programs/Campaign/RapidResponseTeams.htm>



## *Improving informed consent practices*

### **A Practical Guide to Informed Consent**

A guide from Temple Health that thoroughly describes informed consent and offers tips to improve the process for health care staff and patients.

Available at: <http://www.templehealth.org/ICTOOLKIT/html/ic toolkitpage1.html>

### **Informed Consent and Authorization Toolkit for Minimal Risk Research**

A toolkit from AHRQ that focuses on informed consent for research purposes. The principles used to create and implement informed consent documents and processes can be adapted across the hospital setting.

Available at: <http://www.ahrq.gov/fund/informedconsent/ic toolkit.pdf>