



Patient + Family Engagement Measure Module

Compass Hospital Quality Improvement Contractor (HQIC)

"Person and family engagement goes beyond informed consent. It is about proactive communication and partnered decision-making between healthcare providers and patients, families, and caregivers. It is about building a care relationship that is based on trust and inclusion of individual values and beliefs."

PFE Core Principles

- + **PFE involves active partnership.** PFE is about moving toward interactions in which patients and families have shared power, responsibility, and decision-making authority.
- + **PFE happens at multiple levels.** Partnership occurs not only at the point of care but also in the development of organizational policies and procedures, in organizational governance, and in the larger community. Achieving the outcomes of PFE is best accomplished when PFE is integrated across each of these levels.
- + **PFE is about identifying and responding to patient- and family-identified needs and desired outcomes.** A shift toward PFE means working with patients and families to understand and integrate their goals, preferences, and desired health outcomes into hospital care. Success is defined not just by traditional outcomes (e.g., the resolution of clinical conditions) but also by whether patients achieve *their* desired health outcomes.

PFE Core Principles

- + **PFE is a partnership that requires individual and system behavior change.** PFE involves structuring systems or care processes to create engagement opportunities (e.g., conducting nurse shift change reports at the bedside), facilitate individual behavior change, and foster engagement across the care continuum.
- + **In PFE, “family” is defined broadly and by the individual.** Family members, friends caregivers, and other care partners are a critical component of PFE. The principles of PFE mean that individuals receiving care define the individuals that constitute their “family.”

Benefits of PFE

- + When your approach to care centers on patients and families, they become allies in your efforts to improve quality and safety. They contribute through “informed choices, safe medication use, infection control initiatives, observing care processes, reporting complications, and practicing self-management.” All this translates into measurable improvements in quality and safety. (AHRQ*)
- + Hospitals with a PFAC have better Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores than hospitals without a PFAC.
- + Hospitals with a PFAC perform better on quality measures than hospitals without a PFAC.
 - Pressure ulcers
 - Sepsis and septic shock
 - 30-day hospital-wide readmission

IPFCC (June 2018). Strategically Advancing Patient and Family Advisory Councils in New York State Hospitals. Funded by the NYS Health Foundation.

*Agency for Healthcare Research and Quality (AHRQ)

Measure Overview

The below measure is required, and the individual metrics will appear quarterly to be answered within the data portal. They are in “yes/no” format. Numerical data is not required.

Patient + Family Engagement

RO	Patient + Family Engagement	<ol style="list-style-type: none">1. Implementation of a planning checklist for patients known to have a planned admission to the hospital (e.g., for elective surgery)2. Implementation of a discharge planning checklist3. Conducting shift change huddles and bedside reporting with patients and families4. Designation of an accountable leader in the hospital who is responsible for person and family engagement5. Hospitals having an active Person and Family Engagement Committee (PFE) or other committees where patients are represented and report to the Board
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Metric 1

Implementation of a planning checklist for patients known to have a planned admission to the hospital (e.g., for elective surgery)

- + **Intent:** For all scheduled admissions, hospital staff discuss a checklist of items to prepare patients and families for the hospital stay—and invite them to be active partners in their care. While there is not a standard checklist that must be used by all hospitals, the checklist should facilitate conversation about topics such as: (1) what patients should expect during their stay (e.g., course of care, pain management); (2) patients' concerns and preferences for their care; (3) potential safety issues (e.g., preadmission medicines, history of infections); and (4) relevant home issues that may affect discharge, such as needs for additional support, transportation, and care coordination.
- + **Do you meet the metric?** Yes, if: Hospital has a physical planning checklist for patients with scheduled admissions, **AND** At admission, hospital staff discuss the checklist with patient and family.

Metric 2

Implementation of a discharge planning checklist

- + **Intent:** Similar to the planning checklist for admissions, When used effectively, the planning checklist is part of a process in which patients and families are encouraged to be active members of the healthcare team by sharing and receiving information, asking questions, and participating in care planning throughout the hospital stay. The planning checklist provides an invitation for patients and families to partner with the clinical care team throughout the stay to help ensure high-quality and safe care and to proactively address issues that may affect readmissions.
- + **Do you meet the metric?** Yes, if: Hospital has a physical discharge planning checklist for patients with scheduled admissions, **AND** prior to and during discharge, hospital staff discuss the checklist with patient and family.

Metric 3

Conducting shift change huddles and bedside reporting with patients and families

- + **Intent:** The intent of this metric is to include patients and care partners as active participants in as many conversations about their care as possible throughout the hospital stay. They should have the opportunity to question, correct or confirm, and learn more about the next steps in their care as it is discussed between nurses changing shifts and/or clinicians making rounds. Patients and care partners should be encouraged and prompted by clinical staff to be active participants in these meetings to whatever degree they desire and to add to the information being shared between nurses or other clinicians.
- + **Do you meet the metric?** YES, if: In as many units as possible, but in a minimum of at least one unit, nurse shift change huddles **OR** clinician reports/rounds occur at the bedside and involve the patient and/or care partners.

Metric 4

Designation of an accountable leader in the hospital who is responsible for person and family engagement

- + **Intent:** The intent of this metric is to ensure that PFE efforts are built into the management of hospital operations and given the attention and resources needed to be successful and sustained over time. The hospital should identify at least one staff member who is responsible and accountable for overseeing PFE efforts at the hospital, including identifying, implementing, monitoring, and evaluating PFE activities. Hospitals may also designate multiple individuals within an office or department (e.g., Patient Experience Office, Quality Improvement) as having responsibility for PFE efforts. The person(s) responsible for PFE at the hospital does not need to have a specific title or position or be 100 percent focused on PFE, but all hospital staff should be aware that this person coordinates the hospital's PFE plans and activities.
- + **Do you meet the metric?** YES, if: There is a named hospital employee (or employees) responsible for PFE efforts at the hospital either in a full-time position or as a percentage of time within their current position, **AND** Appropriate hospital staff and clinicians can identify the person named as responsible for PFE at the hospital.

Metric 5

Hospitals having an active Person and Family Engagement Committee (PFE) or other committees where patients are represented and report to the Board

- + **Intent:** The intent of this metric is for hospitals to develop formal relationships with PFAs from the local community—who are former patients and represent the patient population—who can provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts. The relationship may be via a mechanism such as a PFAC or involvement on other hospital committees in which advice, input, and active involvement from patients and family advisors is gathered on a regular basis. Ultimately, this metric confirms that a hospital systematically incorporates patients and care partners as advisors when addressing operations or quality improvement activities.
- + **Do you meet the metric?** YES, if: Patient and/or family representatives from the community have been formally named as members of a PFAC or other hospital committee, **AND** the committee either directly or indirectly reports to the Board. Example: The PFAC minutes are recorded and reported at the organizational Quality meeting. The Quality meeting minutes are directly reported to the Board.

References

- + Agency for Healthcare Research and Quality. (n.d.) *Information to Help Hospitals Get Started*. https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/How_PFE_Benefits_Hosp_508.pdf
- + American Institute for Research. (2017) *PFE Metrics to Improve Patient Safety and Health Equity Second Edition*. www.air.org
- + Centers for Medicare and Medicaid Services. (2020) *Person and Family Engagement Toolkit: A Guide for Measure Developers*. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/CMS_PFE_Toolkit_2020.pdf
- + IPFCC (June 2018). *Strategically Advancing Patient and Family Advisory Councils in New York State Hospitals*. Funded by the NYS Health Foundation.
- + U.S. Department of Veterans Affairs. (2010). *Facing down PTSD, vet is now soaring high*. http://www.mentalhealth.va.gov/featureArticle_Feb.asp



Thank You for Watching!

Follow up with your CIC with any questions or further clarifications.

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