

# **UH Patient and Family Engagement**

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# How Healthcare Found Me



# Patient and Family Engagement (PFE)

A set of **behaviors** by patients, family members, and health professionals and a set of **organizational policies and procedures** that foster both the **inclusion of patients and family members** as active members of the health care team and **collaborative partnerships with providers** and provider organizations to improve quality and safety within a health care organization.

- Agency for Healthcare Research and Quality, (AHRQ 2013).

# PFE is a strategy

PFE is the activity,  
the verb



Patient and Family Centered  
Care and HRO (#LikeOurOwn)  
is the culture, the noun



**OUTCOMES** in patient safety,  
quality, and experience

# What is a Patient and Family Partnership Council (PFPC)?

A Partnership Council is a formal group that meets regularly for active collaboration between clinicians, hospital staff, and patient and family partners on policy and program decisions.

- Agency for Healthcare Research and Quality (AHRQ, 2013).

# What is a Patient and Family Partner (PFP)?

A PFP is a former or current patient and family member of the hospital, who is emotionally, physically, and mentally ready to volunteer and partner with the organization to make improvements. This is typically a patient who is interested in being actively involved in their care or the care of a family member and has offered constructive feedback in the past.

- Agency for Healthcare Research and Quality (AHRQ, 2013).

# Patient Family Advisor Skills Exchange: **Prepare for Impact**

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# Patient Family Advisor Skills Exchange (PFASE)

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Presented to 250+ PFAs

Curriculum evolved with the handprint of many across the years

Preparation Course

Based on the 5 Core Competencies

*“The PFASE is like menthol up your nose, it clears your mind and energizes your work”*

*-Alice Gunderson, St. Francis*

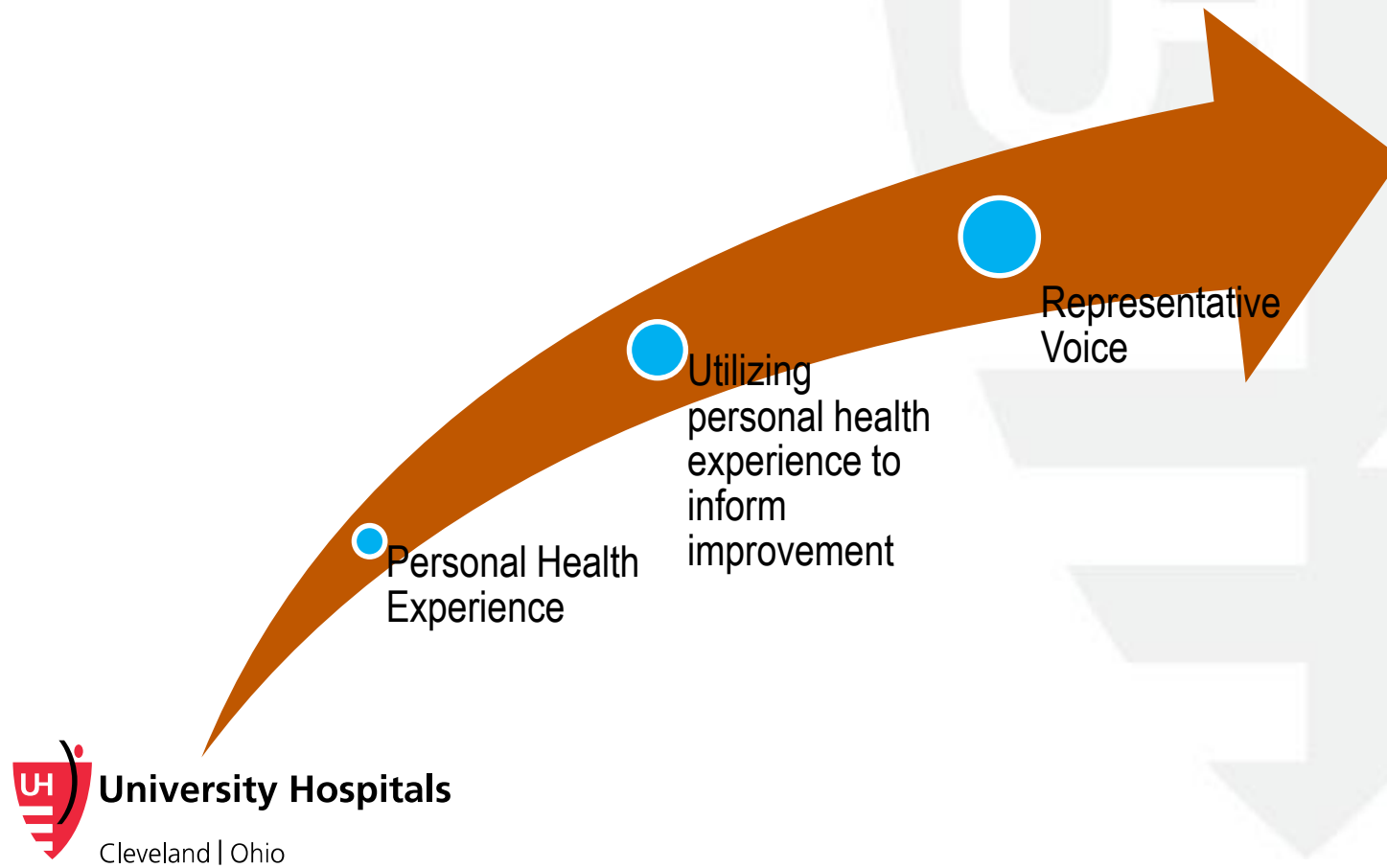


# Core Competencies

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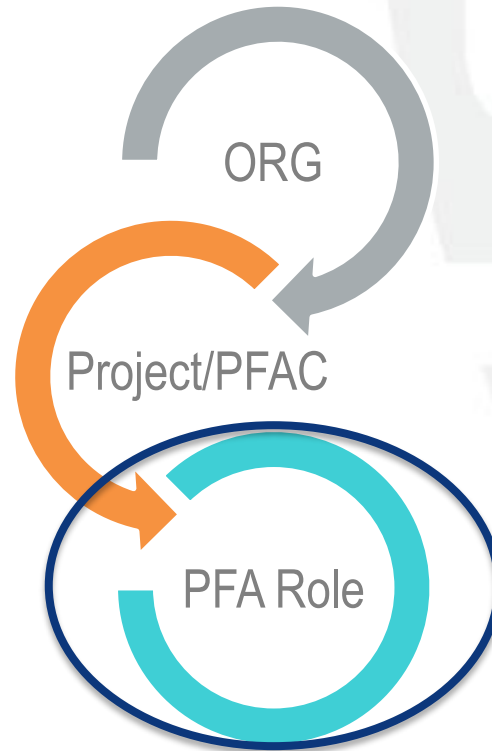


# Arch of Learning for Participants



# Orientation of Patient Family Advisors

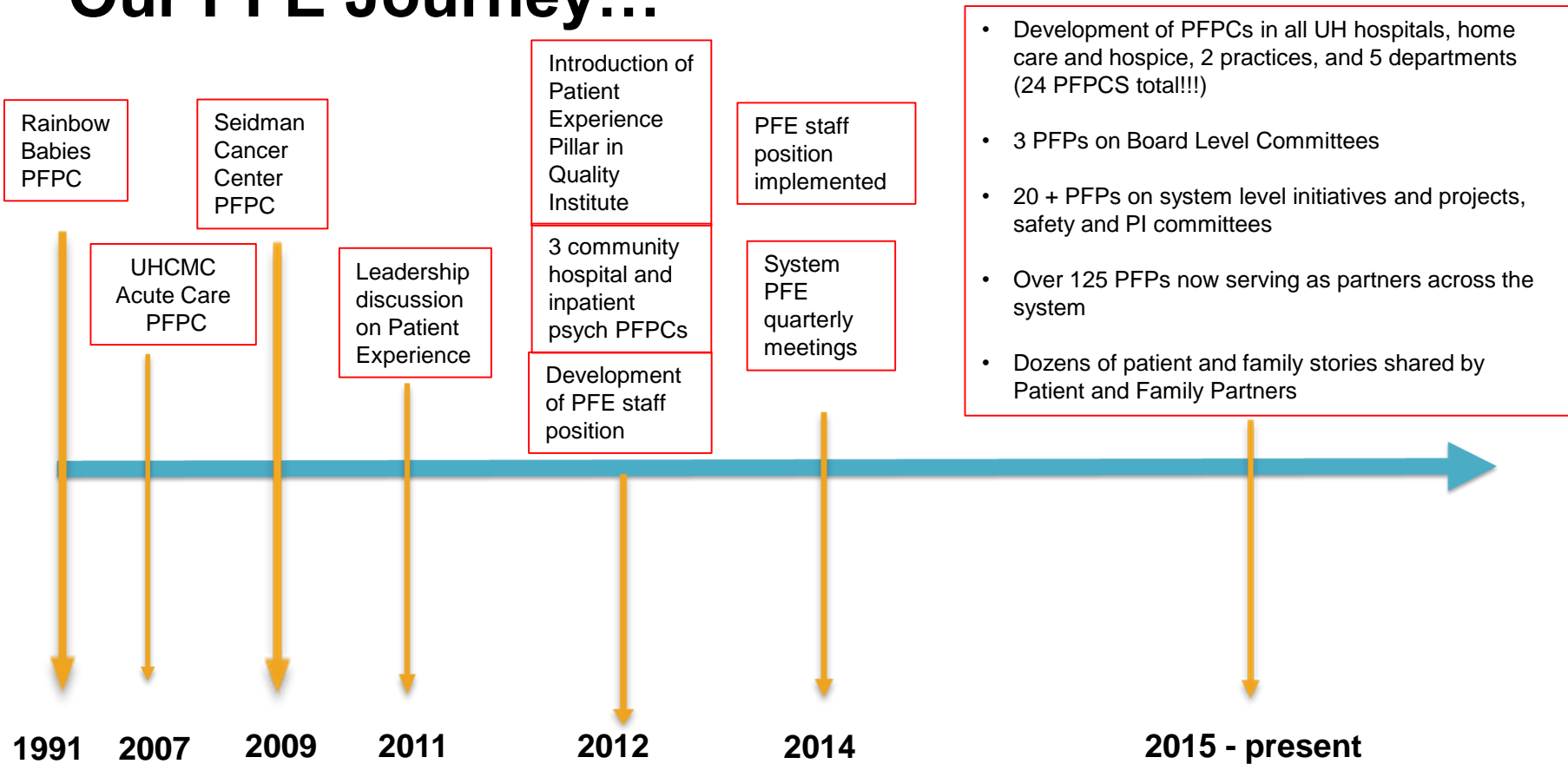
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# PFE Best Practices

- Patient story telling
- Development and operational utilization of Partnership Councils
- Partnering on inpatient units
- Active participation by presidents/CEOs
- Partnering on quality, safety, and experience committees
- Active participation by quality leaders
- Active participation with Innovation Team

# Our PFE Journey...



# CMS Person and Family Engagement model



## Point of Care (Communications)

- Teach and educate patients & families
- Involve patients & families
- Provide patients with access to information
- Bedside change of shift report
- Discharge planning checklist

## Policy & Protocol

- Patient and family partner on quality/safety committees
- PFPCs

## Governance

- Patient and Family Partner serves on the Board



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# CMS PFE Metrics

1. Prior to admission, hospital staff provides and discusses a discharge planning checklist with every patient that has a scheduled admission, allowing questions or comments from the patient or family.
2. Hospital conducts both shift change huddles for staff and does bedside reporting with patients and family members in all feasible cases.
3. Hospital has a dedicated person or functional area that is proactively responsible for Patient and Family Engagement and systematically evaluates Patient and Family Engagement.
4. Hospital has an active Patient and Family Engagement Committee (PFEC) OR at least one former patient that serves on a patient safety or quality improvement committee or team.
5. Hospital has at least one or more patient(s) who serve on a Governing and/or Leadership Board and serves as a patient representative.

# **Launch and intent of The UH System PFE Executive Committee**

The intent of this executive working committee is to develop internal education, marketing materials, best practices, processes and strategies for Patient and Family Engagement across the UH enterprise as it pertains to HRO.



# UH System PFE Executive Committee Goals

1. Marketing campaign to recruit volunteers
2. Develop internal PFE education
3. Identify and develop quantitative and qualitative PFE measurement
4. Execute utilization of AHRQ readiness assessment tool for PFP participation of quality committees
5. Ongoing development of point of care PFE education for patient and families on how to be active partners in their care
6. Execute Patient Experience Volunteer program
7. Development of HAC transparency tools
8. Execute annual IHI/NICHQ “Patient and Family Centered Care Organizational Self-Assessment Tool” for each entity to participate in

# PFE Metric 1 (Point of Care)

## Preadmission planning checklist:

Hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission to the hospital (e.g., for elective surgery)

## Intent

- Checklist serves as a mechanism to prepare patients and families for the hospital stay – and invite them to be active partners in their care
- Checklist can be used to guide a conversation with patients and families at the earliest point possible before or during their care about concerns, preferences, and issues related to the hospital stay

# 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

# PFE Metric 2 (Point of Care)

## **Shift change huddles OR bedside reporting:**

Hospital conducts shift change huddles and bedside reporting with patients and family members in all feasible cases

### **Intent**

- Include the patient and/or family member in as many conversations about their care as possible throughout the hospital stay
- The patient and/or family member is able to hear, question, correct or confirm, and/or learn more about the next steps in their care as it is discussed between nurses changing shifts or clinicians making rounds

# Why this is important

- Enables the opportunity to correct errors and clarify 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

# PFE Metric 3 (Policy and Protocol)

## Dedicated PFE leader:

Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE

## Intent

- PFE built into hospital management and operations
- Visible leadership within the hospital
- Manages PFE plans and activities
- Has time dedicated to PFE

# 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 who has authority and responsibility for PFE
- Provides a face and name to the hospital's PFE culture

# PFE Metric 4 (Policy and Protocol)

## **PFPC or representative on hospital committee:**

Hospital has an active Patient and Family Partnership Council **OR** at least one patient who serves on a patient safety or quality improvement committee or team

## **Intent**

- Hospital has a formal relationship with PFPs who help guide hospital operations, policies, procedures, and quality improvement efforts
- May be via Patient and Family Partnership Council OR inclusion of PFPs on hospital quality or safety (or related) committee
- PFPs have the same rights and privileges as all other committee members



# 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

# PFE Metric 5 (Governance)

## Patient representative(s) on board of directors:

Hospital has one or more patient(s) who serve on a governing and/or leadership board as a patient representative

### Intent

- Ensure that at least one Board member with full voting rights and privileges provides the patient and family perspective on all matters before the Board
- Ultimate goal is to ensure that the Board works with patient and family perspectives when making governance decisions at the hospital

# Alternatives

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

# Point of Care and Deference to Expertise

A patient or family member alone can confirm whether:

- A plan of care was explained thoroughly
- The clinical information provided was fully understood
- Their questions and fears were appropriately addressed
- Care was tailored to their specific needs
- They felt safe
- Systems worked efficiently and effectively
- Each was treated as a person — a whole person — and not simply as a chart or a medical record

# Outcomes of this Committee

1. Increase employee engagement
2. Increased Patient and Family Experience and Patient Satisfaction scores
3. Increase patient and family partner participation using IHI/NICHQ assessment tool
4. Decrease in SSEs, HACs, and readmissions

# Why are we doing this?

- Hearing the patient and family perspective helps us to understand the delivery of care experience.
- Patient and Family Partners are thought leaders, with skill sets, who use their talent and expertise to enhance the patient experience.
- Like other industries, customers are engaged and asked what they think; we all have an opportunity to replicate this practice in the healthcare setting.
- By working with Patient and Family Partners, it can advance our knowledge in understanding the needs of patients and families.
- By promoting that UH is practicing PFE we have the opportunity to increase market share by Patient and Family Partners referring family and friends to the UH system.

# University Hospitals

- Recognition from AHA, HRET and Vizient as a national leader in PFE
- Our work has been shared at the:
  - National Academy of Medicine
  - National Patient Safety Foundation
  - AHA/HRET retreat during the Leadership Summit
  - Vizient, Premier, and CMS PfP webinars
  - OHA webinars and OHA Quality Summit
  - Quality and Safety Education for Nurses
  - The Beryl Institute
  - American Academy of Pediatrics
  - PFCCpartners webinars

Thank you.