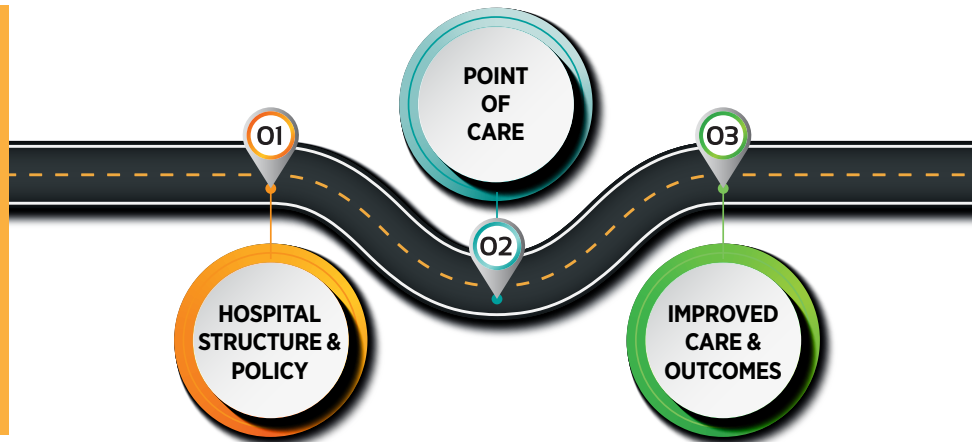


## Patient and Family Engagement Roadmap

Three tracks divide the work into a manageable framework.



*A review of five nationally tracked patient and family engagement metrics (Missouri HIIN-participating hospitals data) notes Missouri hospitals and providers lag in definitively and strategically engaging with patients and families. This roadmap supports engagement and achievement of twelve patient and family engagement metrics endorsed by CMS' Partnership for Patients and adapted from the Michigan Keystone Center's Patient and Family Engagement resource.*

*Resources to support achievement of these metrics can be found on the Missouri Hospital Association's website at [www.mhanet.com/pfe.aspx](http://www.mhanet.com/pfe.aspx).*

100%

*MHA's Statewide PFAC challenges every hospital in the state of Missouri to identify at least one non-employee patient or family member to serve on at least one committee within the organization by July 2019.*

*View the challenge's progress at [www.mhanet.com/pfac.aspx](http://www.mhanet.com/pfac.aspx)*



## **Track #1: Hospital Structure and Policy** **“Formally recognize my importance in my health care experience.”**

Hospitals and health care systems should develop structure and policy that supports and expects broader patient and family engagement. Common examples include doing away with visiting hours, ensuring hospital committees and teams have patient and family representatives as key members, and have a dedicated staff member assigned to PFE activities.

- ▶ **Metric #1: Hospital has a person or functional area, who may also operate within other roles in the hospital that is dedicated and proactively responsible for PFE and systematically evaluates PFE activities.**
- ▶ **Metric #2: Educate staff as part of hiring, performance evaluation, orientation and continuing education on how to include patients and family members in their care.**
- ▶ **Metric #3: Hospital communicates PFE vision and values, supports PFE in all policies and programs, and has dedicated resources for these efforts.**
- ▶ **Metric #4: Family and/or personal representatives, as determined by the patient, are respected as essential members of patient’s health care team, sharing information and providing support. They aren’t viewed as visitors, and their presence and participation are welcomed 24/7 providing safety can be maintained.**



## Track #2: Hospital Engages Patient and Family in Their Care “Nothing about me without me.”

Hospitals and health care systems should seek to engage the patient and family in every aspect of their care during all care episodes. Education, providing information, viewing the patient and family as critical members of the care team, and discussing and agreeing on next best steps not only enhances the patient and provider experience, but also is a high predictor of patient follow-through and increased activation in their health outcomes. Examples include discussing plans of care prior to hospital visit when possible, being active participants in bedside shift reports and multidisciplinary care rounds – not just a passive listener to the “experts” – and ensuring patients and family know how to assert themselves to ask questions and speak up regarding care needs that matter to them, such as hand hygiene practices, activities of daily living and pain management goals. Knowing what to expect from the care experience helps patients, families and providers achieve successful outcomes.

- ▶ **Metric #1: Patients receive guidance and counsel on decision aids to improve patient-provider shared decision-making. Patients are empowered to participate, feel safe, and trust the care team, and are welcomed and comforted.**
- ▶ **Metric #2: Patients and families are informed at admission of family-initiated rapid response teams, with a verbal review of guidelines. Patients and families are encouraged to call for RRT if the patient’s health changes notably.**
- ▶ **Metric #3: Patients and families are advised of physician/multidisciplinary rounds and are invited and encouraged to participate to the degree in that they wish to be involved.**
- ▶ **Metric #4: The hospital conducts shift change huddles and bedside handoff reporting that actively involves patients and family members in all feasible cases.**



## Track #3: Hospital Engages Patient and Family to Improve Care Experience and Outcomes

“Let me help you improve the care I receive.”

Hospitals and health systems should formally recruit patient and family members who are not employees to participate on care improvement teams up to and including governing boards. Patients and family members have been critical to providing insight on non-value added care issues, mitigating patient harm events, and streamlining and improving processes. They provide “fresh eyes” to the health care team, giving feedback about what works and what doesn’t – saving valuable time and resources for all. Most importantly, hospitals and providers need to understand that patients and families desire to be part of the solution and appreciate providing feedback that results in action. Additionally, those who engage patients and families regularly increase staff and provider resiliency, satisfaction and engagement.

- ▶ **Metric #1: There are systems in place to encourage partnerships among patients, families and care providers, i.e. through the patient chart, patient portals, email, bulletin/whiteboards, pagers, sharing of contact information, etc., and a process has been developed that allows patients and/or families to easily provide feedback on care. This also includes making quality and safety measures available to consumers in a format that is simple to understand and easily accessible – developed with PFE input, understanding and shared data access.**
- ▶ **Metric #2: Prior to admission, hospital staff provide and discuss a discharge planning checklist with every patient who has a scheduled admission, allowing for questions or comments.**
- ▶ **Metric #3: A process has been developed to gather the voice(s) of the patient, family and/or caregiver in the root cause analysis of an adverse or near miss event and to engage trained patient-family advisors in serious safety event reviews.**
- ▶ **Metric #4: Hospital has at least one former/current patient(s) that serve on a patient safety or quality improvement committee or team and/or serves in a non-fiduciary capacity on a governing board.**