



Quality Resource Brief

TRIPLE AIM ACHIEVEMENT • MAY 2016

The Missouri Hospital Association will periodically release tips and tools to assist hospitals in achieving the Triple Aim — better health, better care, lower costs. These resources, and many more, can be accessed at www.mhanet.com/quality-and-health-improvement

Patients and Families: Health Care's Untapped Resource

Hospitals are faced with increasing fiscal pressures, limited resources and expanding expectations from patients, payers, staff and other stakeholders regarding the overall experience and quality of care patients receive. Given the current complexity of the health care system, hospitals must use every resource possible to meet these demands.

Patients and their families — two untapped resources — have the power to partner with the health care team to reduce harm and adverse events, improve the patient experience across the care continuum, drive down health care costs, and address health-related issues within their communities. They are well-positioned to guide health care delivery and assist providers in understanding how best to meet a patient's and family's needs. Another benefit is that patients and families are willing to engage and provide their expert point of view at little to no cost.

WHAT IS PATIENT AND FAMILY ENGAGEMENT?

According to the Institute for Patient- and Family-Centered Care, patient and family engagement involves “collaborating with patients and families of all ages, at all levels of care and in all health care settings while acknowledging that families, *however they are defined*, are essential to a patient's health and well-being.”ⁱ

Engaging patients and families goes beyond just a single hospital episode. PFE is a critical component of long-term planning and policy development at the organizational level, as well as overall health care policy — from the bedside to the boardroom and beyond.ⁱⁱ

It is critical that PFE be viewed as a systematic and integral aspect of how care is delivered and not as “just another project.”ⁱⁱⁱ This is counter-productive to achieving positive relationships with patients and families and realizing improvement.

PFE may simply start through actively involving the patient in their care plan through bedside huddles. Organizations with more advanced PFE have systemic involvement by designating patients and family members to serve on process improvement teams and as board members — bringing their voice to each decision made.

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Studies have shown that PFE has a direct, positive impact on critical aspects of hospital operations beyond safe, quality care. Financial performance, patient experience and employee satisfaction also note improvements when patients and families are a part of the team.ⁱⁱⁱ

Establishing a culture of safety that is focused on meeting patients and families where they are and allowing them to create a positive health care experience is a win-win scenario. Hospitals fulfill their mission of serving and caring for patients — while achieving solid financial margins and gaining a competitive edge — all while patients and families are members of the health care team who are empowered, informed and healthier. As hospitals strive toward achieving the Triple Aim of better health, better care and lower costs, engaging patients and families in health care delivery is a critical component for success.

The American Hospital Association’s Health Research and Education Trust Patient and Family Engagement [Resource Compendium](#) was created to support increasing PFE in health care organizations and providers. Many hospitals across the nation already have used the resources in the compendium to integrate patients and families into designing, developing and delivering care. This guide provides one-stop access to numerous resources to support integration and engagement of patients and families at your organization.



WHAT THE EXPERTS ARE SAYING

“Engaging patients, families and communities has the potential to be a “game changer” in the transformation of the health care system in the United States.”ⁱ

“Patient and family advisors help us provide care and services based on patient- and family-identified needs rather than our assumptions.”ⁱⁱ

“Leadership is one of the most important drivers of patient-centered care in hospitals and health systems.”ⁱⁱⁱ

“While PFE does require time, resources and leadership, there is a return on the investment, and PFE likely aligns with existing organizational goals and strategic objectives.”ⁱⁱⁱ

“2,000 surveyed patients indicated 41 percent would be willing to change hospitals for a better experience.”ⁱⁱⁱ



MHA's TOP 10 RECOMMENDED ACTIONS TO KICK-START PATIENT AND FAMILY ENGAGEMENT

1. **Change begins with leadership.** Start by reading the “Executive Summary,” “Getting Started” and “Leadership” sections of the compendium, then identify one way to include patients and families in care at your organization.
2. **Conduct an assessment.** What is the current level of PFE at your organization? This assessment can identify where it is working and where there are opportunities to increase or improve engagement.
3. **Identify opportunities.** Identify pertinent roles that patient and family advisors could fill and bring value. Pick one and identify potential candidates to work with the team.
4. **Talk to patients and families.** At the unit level, include patients and families in bedside rounding and reporting. Talk to them during these rounds, encouraging input and suggestions to improve their care experience. Talk *with* them, not *at* them during the rounds – this is critical to building relationships. Use patient interview tools to ask critical questions.
5. **Work backwards.** Identify a story of patient harm that demonstrates how working with the patient and family more closely could have prevented harm in a specific situation. Share this story throughout your organization to make the need for engagement personal. Then, brainstorm solutions with the team!
6. **Start small.** Talk about PFE in teams. Are you discussing an issue or new process? Bring the patient’s voice to the discussion by considering the situation from their point of view. What questions would you ask as the patient? What would make sense and what would not?
7. **Implement “Ask Me 3.”^{iv}** This is a simple way to facilitate conversation and improve discharge communication between patients and health care providers.
8. **Get physicians on board.** Do you have a physician who is passionate and communicates well with patients? Engage them as a physician champion to help support the PFE culture change in your organization. They are key for gaining buy-in and driving change.
9. **Steal shamelessly.** Reach out to other hospitals to learn how they are implementing PFE in their organization. Understanding what does and doesn’t work saves resources and frustration for everyone.
10. **Call MHA!** Staff is available to support members from getting started to evaluating current engagement activities. Call 573/893-3700 today!

ENDNOTES

- ⁱ Patient and Family Engagement. (2015, June). Rockville (MD): Agency for Healthcare Research and Quality. Retrieved from: <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/howtogetstarted/index.html>
- ⁱⁱ Health Research & Educational Trust. (2015, December). *Patient and family engagement resource compendium*. Chicago (IL): Health Research & Educational Trust. Retrieved from www.hpoe.org
- ⁱⁱⁱ Guide to Patient and Family Engagement in Hospital Quality and Safety. (2013, June). Rockville (MD): Agency for Healthcare Research and Quality. Retrieved from <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/guide.html>
- ^{iv} National Patient Safety Foundation. (2016). *Ask Me 3: Good questions for your health*. Retrieved from <http://www.npsf.org/?page=askme3>

