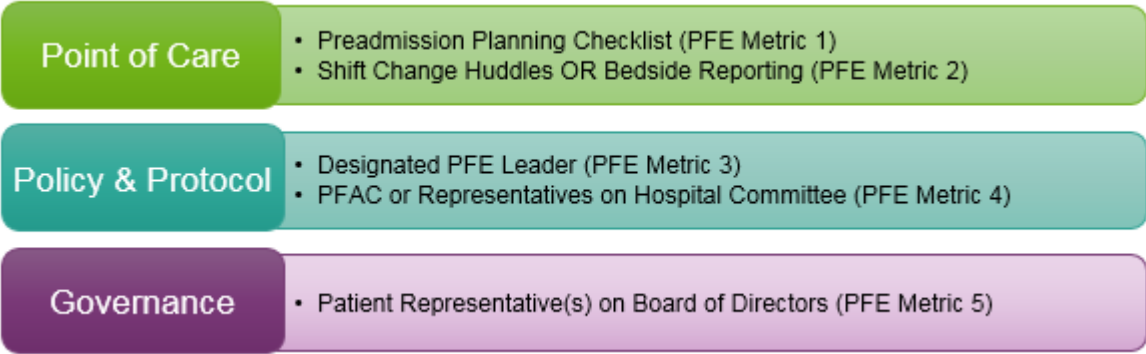


# PfP Strategic Vision Roadmap for Person and Family Engagement—Metric Digest

## PFE Metric 1: Preadmission Planning Checklist

Person and family engagement (PFE) helps hospitals address what matters most to patients and families and improves hospitals’ ability to achieve long-term improvements in quality and safety. Five PFE metrics<sup>1</sup> guide the implementation of PFE within the Partnership for Patients (PfP). The purpose of the five PFE metrics is to ensure that hospitals have, at a minimum, structures and practices that enable active patient and family partnership at three levels of the hospital setting: point of care, policy and protocol, and governance (see Exhibit 1).

**Exhibit 1: Partnership for Patients PFE Metrics, by Level of Hospital Setting**



This document provides guidance on the purpose and implementation of **PFE Metric 1 (preadmission planning checklist)**, including how to apply six PFE strategies to meet the metric in meaningful and equitable ways. The Person and Family Engagement Contractor for PfP has developed a metric digest for each PFE metric that draws from the [PfP Strategic Vision Roadmap for Person and Family Engagement](#). Please refer to the full Roadmap for further information on definitions and core principles of PFE, the role of PFE in patient safety, the intersection of PFE and health equity, and six PFE strategies to meet the five PFE metrics.

<sup>1</sup> The five PFE metrics are preadmission planning checklist (metric 1), shift change huddles OR bedside reporting (metric 2), designated PFE leader (metric 3), PFAC or representatives on hospital committee (metric 4), and patient representative(s) on board of directors.

## Preadmission Planning Checklist (point of care)

**PfP Metric Language.** Hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission.



**Do We 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.

### **Alternative: Hospital has no scheduled admissions**

Hospitals are encouraged to consider and pursue options for achieving the intent of the metric. However, if a hospital does not conduct any scheduled admissions, PFE metric 1 does not apply. HIINs should calculate the percentage of hospitals implementing the metric based only on the hospitals in the HIIN that conduct scheduled admissions.



**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. The metric focuses on the use of the checklist by admissions staff, an admitting nurse or physician, or other healthcare professional to guide a conversation with patients and families at the earliest point possible before or during their care. Ideally, patients and families also receive a physical copy of the checklist. 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.



**Benefits.** 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.

The use of a planning checklist can help—

Patients and family members	Clinicians and hospital staff
<ul style="list-style-type: none"> <li>• Clarify expectations about what will happen before, during, and after their hospital stay.</li> <li>• Feel more confident about being active partners in the quality and safety of their care.</li> </ul>	<ul style="list-style-type: none"> <li>• Understand the patient's specific care goals, preferences, needs, and concerns.</li> <li>• Identify the person who will serve as the patient's care partner helping in care and care planning during and after the stay.</li> </ul>

Patients and family members	Clinicians and hospital staff
<ul style="list-style-type: none"> <li>• Get to know the clinicians and staff on their care team and their roles.</li> <li>• Be better prepared to participate in key discussions about their care, including bedside rounding, shift change huddles, and discharge planning meetings.</li> <li>• Share information and ask questions about potential safety issues including those related to discharge planning (e.g., options for continuing care, post-discharge care instructions, and options for accessing community-based resources).</li> </ul>	<ul style="list-style-type: none"> <li>• Invite patients and their care partners to be active members of their healthcare team.</li> <li>• Understand preadmission medication regimens and therapy, allowing for better medication reconciliation and identification of potential medication errors.</li> <li>• Identify and proactively address potential safety issues, risks, and care needs.</li> <li>• Prepare patients and care partners and plan for a safe discharge.</li> </ul>



### Tips to Maximize Impact

- Work with clinicians, hospital staff, and patient/family advisors to ensure the checklist reflects the safety and quality needs and concerns of patients, families, clinicians, and hospital staff.
- Educate clinicians and staff about the benefits of using a checklist and train them on its use, including how to invite patients and families to partner in their care.
- Provide patients and care partners with a copy of the checklist prior to admission, allowing them to identify questions or concerns for discussion with clinicians and staff.
- Inform patients and care partners of any services that will help them participate in the planning checklist discussion (e.g., sign or language interpreters, patient navigators, community partners, peer mentors) and how they can access them.
- Document the conversation with the patient and care partner and share the information with the entire care team to promote ongoing communication throughout the stay and to improve patient safety.

**Appendix A** provides suggested activities to meet PFE metric 1. **Appendix B** provides a sample preadmission planning checklist, which HIINs and hospitals can tailor to meet their needs.



### PFE Metric 1 Success Story

*Michigan Medicine’s pre-op guidebooks include simple checklists to prepare patients for surgery, helping to reduce hospital readmissions.*

Michigan Medicine, a premier academic medical center and part of the Vizient HIIN, created two pre-op guidebooks to share and discuss with patients prior to surgery: [Preparing and Recovering from My Hip Replacement Surgery](#) and [Preparing and Recovering from My Knee Replacement Surgery](#). The guidebooks include simple “Checklists for Success” that help patients prepare for surgery by providing information on items and over-the-counter medications to purchase, how to get ready the day before the surgery, information to bring to the surgery, recovery planning tips, and more.

Patients receive the guidebooks in required pre-op classes and also can get the guidebooks in clinics, receive them in the mail, or access them online. Michigan Medicine solicited input from staff and patients to develop the guidebooks, asking past and recent patients questions about their pre- and post-surgery experiences—for example, what patients wished they had known prior to surgery, what they wished they had asked during their care, and what did (or did not) work well during their stay. The guidebooks have helped Michigan Medicine reduce readmissions, length of stay, skilled nursing facility admissions, and opioid usage. In addition, the guidebooks have increased patient preparedness, with patients providing feedback that “everybody knows what to do.” To learn more, access the materials from the [July 2017 PFE Learning Event](#), “How to Create Opportunities to Engage with Patients and Families at Admissions and Beyond.”

### Resources for PFE Metric 1


- What you need to know before and after surgery (World Health Organization): [http://www.who.int/surgery/publications/patients\\_communication\\_tool.pdf?ua=1](http://www.who.int/surgery/publications/patients_communication_tool.pdf?ua=1)
- Your Guide for Total Knee Replacement Success (AMITA Health): <http://www.alexianbrothershealth.org/upload/docs/Our%20Services/AH%20Knee%20Replacement%20Education%20Booklet.pdf>
- Preparing and Recovering from My Hip Replacement Surgery (Michigan Medicine, University of Michigan): <https://medicine.umich.edu/dept/orthopaedic-surgery/patient-care-services/hip-knee-replacement/patient-surgery-information>
- PFE Metric Learning Modules: Metric 1 (Partnership for Patients): <https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx?CategoryID=836896&EntryID=107954>

For additional resources, please visit the Partnership for Patients Library:  
<https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx>

## Appendix A. Applying the PFE Strategies to Meet the PFE Metrics in More Meaningful and Equitable Ways



Six overarching strategies are designed to help hospitals implement PFE practices—including the five PFE metrics—in ways that reflect and operationalize the core PFE principles.<sup>2</sup> The six strategies<sup>3</sup> are organizational partnership; patient and family preparation; clinician and leadership preparation; care, policy, and practice redesign; measurement and research; and transparency and accountability.




### PFE Strategies to Support Effective Implementation of PFE Metric 1: Preadmission Planning Checklist

PFE strategy	Tactics
 <p><b>Organizational partnership</b></p>	<ul style="list-style-type: none"> <li>• Get feedback from patients and families to better understand how they experience your current admission process. What information would they have liked to have that they did not get? What would have helped them feel more prepared for discharge? What is the best way for patients and families to receive this information (e.g., in person, phone call, mailing)?</li> <li>• Ask patient and family advisors (PFAs), including those that represent vulnerable populations, to review the preadmission planning checklist and processes to suggest improvements that better address patient and family preferences and needs and key safety and quality issues.</li> <li>• Ask PFAs to review other admission materials to provide feedback on how well they support and reinforce the messages of the preadmission discharge planning checklist and address the needs and concerns of patients.</li> <li>• Work with PFAs to develop processes for ensuring that the preadmission planning checklist is used throughout the hospital stay and in the discharge planning process.</li> </ul>

<sup>2</sup> The core PFE principles are (1) PFE involves active partnership; (2) PFE happens at multiple levels; (3) PFE is about identifying and responding to patient- and family-identified needs and desired outcomes; (4) PFE is a partnership that requires individual *and* system behavior change; (5) “Family” is defined broadly and by the individual; (6) PFE must consider the values, preferences, and needs reflected in diverse populations; and (7) PFE is not a “check the box” activity—implementation quality affects results.

<sup>3</sup> The strategies listed below are adapted from the “[Roadmap for Patient and Family Engagement in Healthcare: Practice and Research](#)” and include information gathered during interviews with the 17 HENs in PFP 2.0. Developed by AIR, with funding from the Gordon and Betty Moore Foundation, the Roadmap reflects a unified vision for achieving meaningful PFE across the healthcare system and lays out a path to broader PFE by providing specific strategies, that, when implemented, can help achieve the goals of better care experiences, better health, lower costs, and improved safety.

PFE strategy	Tactics
 <p data-bbox="373 293 611 358"><b>Patient and family preparation</b></p>	<ul data-bbox="642 248 1896 909" style="list-style-type: none"> <li>• Provide patients and family members with information to help them prepare for and understand their hospital stay—for example, what to bring to the hospital; the types of care providers they will be interacting with (attending physicians, residents, interns, physician assistants, nurse practitioners, nurses, nurses’ aides, other care staff); how often they will interact with these care providers and in what ways; what routine processes they will experience (e.g., monitoring of vital signs); and any tests or additional procedures associated with their specific admission.</li> <li>• Provide patients and family members with the opportunity to ask questions prior to, during, and after their hospital stay.</li> <li>• Help patients and family members understand what they can do during their hospital stay to be engaged in the quality and safety of care provided, including who to talk to if they have questions or information to share, including how they are feeling.</li> <li>• Educate patients and families about expectations for their active participation during the hospital stay—for example, asking questions, providing clinical care staff with important information about their health, and speaking up when something doesn’t feel “right.”</li> <li>• Inform patients and families about opportunities for partnership during the hospital stay, such as participating in bedside rounds, nurse bedside shift report, discharge planning, and others.</li> <li>• Encourage patients and families to participate in a discussion with admission staff about the preadmission planning checklist and to voice their preferences, concerns, and needs, including those related to language, health literacy, and/or cultural beliefs.</li> </ul>
 <p data-bbox="373 971 579 1068"><b>Clinician, staff, and leadership preparation</b></p>	<ul data-bbox="642 925 1896 1268" style="list-style-type: none"> <li>• Inform clinicians and staff about the use and purpose of the preadmission planning checklist, including why it is important and how it can help engage patients and families.</li> <li>• Educate clinicians and staff about how the preadmission planning checklist should be discussed and used at various stages during the hospital stay to adjust the care plan as needed to reflect patients’ and families’ preferences, needs, and concerns.</li> <li>• Delineate key roles and responsibilities to ensure accountability for reviewing and discussing the checklist with patients and family members.</li> <li>• Educate providers in exhibiting cultural competence while using the checklist; promote self-awareness of biases and of variation in cultural meanings, stigma, or other cultural sensitivities and avoidance of stereotypes or generalizations.</li> </ul>

PFE strategy	Tactics
 <p><b>Care, policy, and process redesign</b></p>	<ul style="list-style-type: none"> <li>• Examine the process around the use of the preadmission planning checklist. Identify changes that may be needed to ensure that the checklist moves beyond a static document to one that facilitates discussion, is updated throughout the hospital stay, and is incorporated into patients’ records.</li> <li>• Review how the preadmission planning checklist is currently being distributed to all patients—regardless of age, race or ethnicity, language, or disability—to determine whether it is reaching all patients and family members at the appropriate time and via a mechanism that is most appropriate for them.</li> <li>• Identify who has responsibility for reviewing the preadmission planning checklist with patients and family members and ensure that this task is integrated with the admission process and workflow.</li> <li>• Identify barriers that may be affecting the ability of specific members of your patient and family population to engage. For example, is there a need for interpreters or language translation services to better improve engagement in the process?</li> </ul>
 <p><b>Measurement and research</b></p>	<ul style="list-style-type: none"> <li>• Collect data about the demographic and socioeconomic status of the hospital’s patient population and the surrounding community to account for and assess potential barriers to use or applicability in the development of the checklist.</li> <li>• Develop plans for collecting and recording information about use of the checklist, including clearly defining what it means to “use” a preadmission planning checklist in a way that reflects the core principles of PFE.</li> <li>• Set specific goals to assess progress against (e.g., to provide and discuss the preadmission planning checklist with 100 percent of patients who have planned admissions).</li> <li>• Collect patient, family, clinician, and staff feedback about the planning checklist and use it to refine the tool and processes related to its use. Ensure that feedback is solicited from vulnerable populations.</li> <li>• Conduct small tests of change to identify the most effective processes for using the preadmission planning checklist.</li> <li>• Develop plans to collect data on how the checklist improves the patient and clinician experience and safety outcomes.</li> </ul>
 <p><b>Transparency and accountability</b></p>	<ul style="list-style-type: none"> <li>• Let patients and families know about the emphasis placed on preadmission planning, why it is important for quality and safety, how it can help facilitate discharge planning and reduce readmissions, and what your hospital is doing to make improvements.</li> <li>• Report data collected about use of the preadmission planning checklist to leaders, clinicians, staff, and patients and families. Capture successes and acknowledge areas for improvement. Stratify data by various patient characteristics (e.g., REaL) to identify any gaps in use that may be present.</li> </ul>

## Appendix B. Sample Preadmission Planning Checklist

For all scheduled admissions, hospital staff should discuss a checklist of items to prepare patients and families for the hospital stay. Through this process, hospital staff should invite patients and families to be active partners in their care. Admissions staff, an admitting nurse or physician, or other healthcare professional should use the checklist to guide a conversation with patients and families at the earliest point possible before or during their care.

**PFE Metric 1:** Hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission.

Although hospitals are not required to provide a physical checklist to patients to meet PFE Metric 1, it is best practice to do so. Hospitals that wish to do so can tailor and provide the following checklist to patients and their care partners to facilitate a discussion—at the earliest point possible—about how to be partners on their care team to help ensure safety and reduce harm. For hospitals that do not provide a planning checklist to patients and their care partners, this sample checklist can be used to identify topics to discuss with patients and their care partners. This sample checklist is not intended to replace hospitals' existing preadmission and admission materials or discharge instructions and materials for patients. Rather, it is designed to supplement these materials by preparing patients and their care partners to anticipate discharge to another facility or home.

*Note:* The checklist was developed by the Patient and Family Engagement contractor with input from HIINs, hospital staff, patient and family advisors, HIIN staff, and PFE committees.



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# HOW TO PREPARE FOR A SAFE HOSPITAL STAY

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You and your care partner are important members of your hospital care team. Other members include doctors, nurses and staff who will care for you during your hospital stay.

**We invite you to partner with us in your care.** Just like you, our goal is to make sure that you get the best and safest care.

Use this checklist to help you get ready for your admission to the hospital and your hospital stay. The staff member who admits you to the hospital will review and talk to you about this information and also answer any questions you might have.

## ► Before Admission to the Hospital

**Choose at least one trusted family member or friend to be your care partner. A care partner is someone who can:**

- Help you with your care and making decisions about your care
- Support your recovery in the hospital and at home after you leave
- Help make sure that your preferences, values and goals are used in care planning



**Bring the following important items with you to the hospital:**

- List of all medicines you take including over-the-counter medicines, vitamins and supplements (include reason for taking, dose, time you take and how you take them)
- Allergies to medications or food
- Names and phone numbers of your primary care doctors and specialists
- Your insurance information
- Your wishes about care and treatment in case you become unable to speak for yourself (bring any written forms you have such as an Advance Directive for Care or Living Will)
- A small notebook to keep track of important information

**Talk to your doctor who is admitting you to the hospital to get the information you want and need about:**

- Your treatment or surgery
- Diagnosis or condition
- Tests you will have
- Medicines you will be given
- How your pain will be safely managed
- How long you will be in the hospital and if it is likely you will need to go to a rehabilitation hospital or skilled nursing facility before you go home
- Any physical therapy or other therapies you will receive in the hospital



Hospital Name  
Address  
Address 2  
Address 3

Phone  
Phone 2  
Email  
Web address

## ► When You Are Admitted to the Hospital

Learn about who is on your team by asking:

- Who will be taking care of you and what they will do
- How to contact them
- How to contact the hospital's patient advocate



Find out about how you and your care partner can share and get information and be part of care planning. This includes:

- During **rounds** when your doctors, others on the team and you plan your care
- During **nurse change of shift report** when one nurse is finishing a shift and shares important information about your care with the nurse starting the shift
- In **planning meetings for discharge or transition** to your home or another care setting
- On a **whiteboard** in your hospital room
- Through an **online patient portal**

**Safety is key! We all work together to make sure your care is safe. Speak up at any time with any concerns you have. Talk with your team about the best ways to:**

- Make sure everyone washes their hands – family, friends, staff and doctors
- Help prevent infections
- Help prevent pressure injuries (sometimes called bed sores)
- Protect yourself from falling
- Make sure your patient identification is correct and is checked especially before tests, procedures and being given medicines
- Make sure that all doctors, nurses and staff introduce themselves and explain what they are going to do before giving you any medicine or before a treatment or test
- Make sure your surgery site is correctly marked on your body or you are getting the correct test or procedure
- Be aware of side effects of treatment and medicines
- Learn about symptoms and danger signs to watch out for
- Know what to do and who to talk to about concerns if you or your care partner thinks something does not seem “right”

## ► Before You Leave the Hospital

Talk with your team as early as possible about how you and your care partner can get ready to leave the hospital. You will get specific discharge instructions before you leave the hospital but you can talk with your team at any time about:

- Your medicines and what they are for and how to take them properly
- Serious signs and symptoms to look out for once you get home, what to do if you see them and who to call if you have concerns
- What to expect in your recovery
- Instructions for care related to your surgery or treatment
- Instructions for what you should and should not eat and drink
- Need for additional therapy, home care, support or equipment at home
- Follow-up appointments
- How doctors and staff will share information with your primary care doctors and specialists

