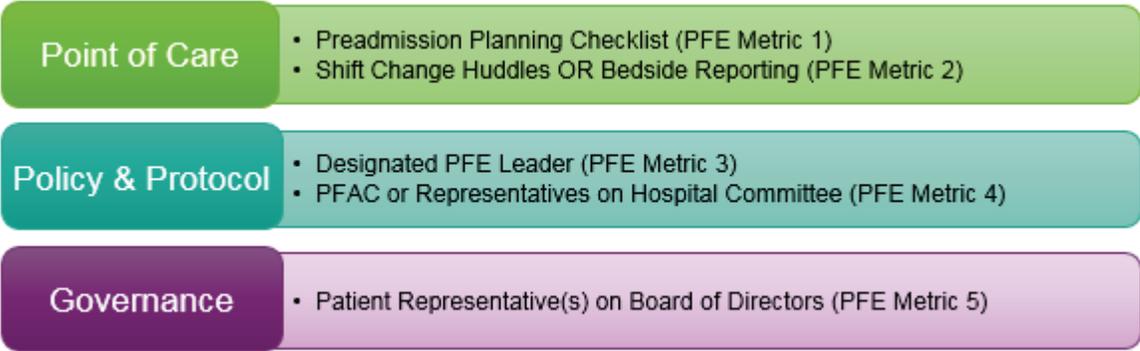


# PfP Strategic Vision Roadmap for Person and Family Engagement—Metric Digest

## PFE Metric 3: Designated PFE Leader

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 3 (designated PFE leader)**, 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.

**PfP Metric Language.** Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE.



**Do We 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.

**Alternative: None**

This activity should be possible in all hospital types and structures.



**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.



**Benefits.** Designating an individual helps integrate the work of PFE into a hospital's organizational structure, systematize PFE, promote accountability, and ensure continued progress toward a strategic vision of PFE. It also helps establish and sustain a culture of PFE that moves beyond short-term changes to integrate the core principles of PFE throughout the hospital. Finally, it sends a strong signal to hospital leaders, clinicians, staff, patients and care partners, and community members about the hospital's commitment to partnering with patients and families to provide high-quality and safe care.



**Tips to Maximize Impact**

- To the extent possible, integrate the person/position into an existing office or department that supports patient safety, patient experience, and/or quality improvement initiatives to leverage existing resources.
- Have the person/position with responsibility for PFE report directly to hospital leadership to elevate and reinforce the critical role of PFE in the hospital.

- Associate the following responsibilities with PFE oversight and accountability:
  - Working with hospital leaders—e.g., creating strategic plans for PFE, collaborating with leaders to implement PFE best practices.
  - Identifying, implementing, and overseeing PFE activities—e.g., recruiting, training, and overseeing the work of PFAs and PFACs, reporting accomplishments.
  - Assessing and continually improving PFE performance—e.g., establishing and disseminating short- and long-term PFE goals, developing and assisting with evaluation, monitoring, and feedback activities.
- Develop processes for evaluating the activities and impact of the PFE leader that are inclusive of diverse patient and family participation, input, and feedback.

The **Appendix** provides suggested activities to meet PFE metric 3.



### **PFE Metric 3 Success Story**

#### ***Evidence-based practices help Barton Healthcare leaders wear multiple hats to promote and support PFE.***

In 2013, the CEO of Barton Healthcare in South Lake Tahoe, California—a member of the Health Services Advisory Group (HSAG) HIIN—asked the hospital’s director of quality improvement to look into starting a PFAC. To get started, the director of quality improvement formed a subgroup with the director of public relations and the patient safety officer. The subgroup members maintained their existing work, volunteering time for the new project due to their belief in the value of PFACs. The subgroup researched evidence-based best practices to build on existing knowledge related to PFACs and to make their business case to leadership. They also utilized existing budgets from various departments to fund the development of the PFAC, including the costs associated with hosting PFAC meetings. Today, Barton Health’s annual PFAC budget of about \$500 covers snacks and supplies for meetings. To learn more, access the materials from the [May 2017 PFE Learning Event](#), “How to Help Hospitals Get Started on the PFE Journey.”

#### **Resources for PFE Metric 3**

- Staff liaison to patient and family advisory councils and other collaborative endeavors (Institute for Patient- and Family-Centered Care): [http://www.ipfcc.org/resources/Staff\\_Liaison.pdf](http://www.ipfcc.org/resources/Staff_Liaison.pdf)
- Working with patients and families as advisors: Implementation handbook (Agency for Healthcare Research and Quality): [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1\\_Implement\\_Hndbook\\_508\\_v2.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf)
- PFE Metric Learning Modules: Metric 3 (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. 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 3: Designated PFE Leader

PFE strategy	Tactics
 <p><b>Organizational partnership</b></p>	<ul style="list-style-type: none"> <li>• Develop relationships and partnerships with other healthcare organizations and stakeholders to engage in peer-to-peer learning, including best practices on how to create and support a position for a designated PFE leader.</li> <li>• Ask Patient Advocates (employed at the hospital) and PFAs to provide feedback about how PFE could be systematized within the organization, including their perspectives about the best ways to ensure oversight and coordination of policies and procedures that support PFE.</li> <li>• Ask Patient Advocates and PFAs to help develop a job description for the PFE oversight position and participate in interviewing candidates.</li> <li>• Once the functional area/individual is identified, ask Patient Advocates and PFAs to provide feedback about how the office, department, or individuals who have responsibility for PFE oversight are functioning from the patient and family perspective. What are the areas of strength? Where is there room for improvement?</li> <li>• Create linkages with community agencies and organizations that support the hospital’s vulnerable populations and engage them as experts to help PFE leadership learn about and interact regularly with these diverse populations.</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><b>Patient and family preparation</b></p>	<ul style="list-style-type: none"> <li>• Inform patients and families where responsibility for PFE oversight lies within the organization, provide names and roles of key individuals, and provide information about how to contact and provide feedback to them.</li> <li>• Ensure that PFAC members and advisors know who has responsibility for PFE oversight, including communicating PFAC feedback, work, and accomplishments to hospital leadership. Provide information about how to contact and provide feedback to the office or individuals with responsibility for PFE oversight.</li> <li>• Have the PFE leader conduct PFE rounding to reinforce the importance of their engagement and confirm that communications and education efforts were successfully understood by patients and family members. Consider preparing a PFAC member to participate on these rounds.</li> </ul>
 <p><b>Clinician, staff, and leadership preparation</b></p>	<ul style="list-style-type: none"> <li>• Inform clinicians and staff, including Patient Advocates, about who is responsible for PFE oversight in the organization and ensure that clinicians and staff understand the specific roles and responsibilities of individuals with accountability for PFE, including how these individuals will work with and support clinicians and staff.</li> <li>• Educate leadership about how identifying a functional area or individual with responsibility for PFE will benefit the organization, including improving accountability for performance.</li> <li>• Include the PFE leader in organizational discussions and decisions to ensure that his or her valuable insights are heard and considered by those at the top of the organization.</li> <li>• Identify a patient engagement executive and physician sponsor for each entity across the hospital system.</li> <li>• Develop tools, guided by the PFE leader, to help clinicians better implement PFE with vulnerable populations.</li> </ul>

PFE strategy	Tactics
 <p><b>Care, policy, and process redesign</b></p>	<ul style="list-style-type: none"> <li>• Determine where the individual or office with responsibility for PFE oversight will sit within the organizational structure. Who will they report to? Who will report to them? What groups does their work overlap or intersect with? Does their location signal that this is important to leadership?</li> <li>• Identify the specific activities for which the functional area or person has responsibility and develop a clear position description. Is responsibility shared with other offices, groups, or individuals?</li> <li>• Identify mechanisms for touch points and regular communication with hospital leadership.</li> <li>• Plan for distribution of knowledge and responsibilities to ensure sustainability (e.g., ensure that oversight of PFE is not contingent upon the contributions of a single individual).</li> <li>• Create a corporate structure that allows for multiple PFE champions. For example, create subcommittees to address different aspects of PFE (e.g., Patient Education Subcommittee, Staff Education Subcommittee, Patient Experience Subcommittee) and designate leaders for each of these committees. Invite PFAs to serve as members on these committees.</li> <li>• Include staff leader for cultural competency or diversity on PFE leadership team.</li> </ul>
 <p><b>Measurement and research</b></p>	<ul style="list-style-type: none"> <li>• Research where responsibility for PFE is situated within the organizational structure of other hospitals.</li> <li>• Identify processes for assessing the effectiveness of the functional area or person with responsibility for PFE implementation and evaluation (e.g., individual performance evaluation, leadership or board review of functional area). Ensure that these processes are inclusive of diverse patient and family participation, input, and feedback.</li> <li>• Identify metrics that can be used to assess performance of functional area or person based on expectations and job description (e.g., number of PFE initiatives launched and related outcomes; number of PFAs or PFACs established; number of projects, committees, or workgroups that included patients and families; whether PFAs felt prepared to participate).</li> </ul>
 <p><b>Transparency and accountability</b></p>	<ul style="list-style-type: none"> <li>• Create opportunities for visibility where individuals who have responsibility for PFE can interact with clinicians, staff, patients, and the broader community.</li> <li>• Report on evaluation metrics of the PFE leader or functional area’s impact on clinical care processes and diverse patient and family experiences.</li> <li>• Share experiences and lessons learned with other hospitals, hospital staff, patients, families, and the community at large.</li> </ul>