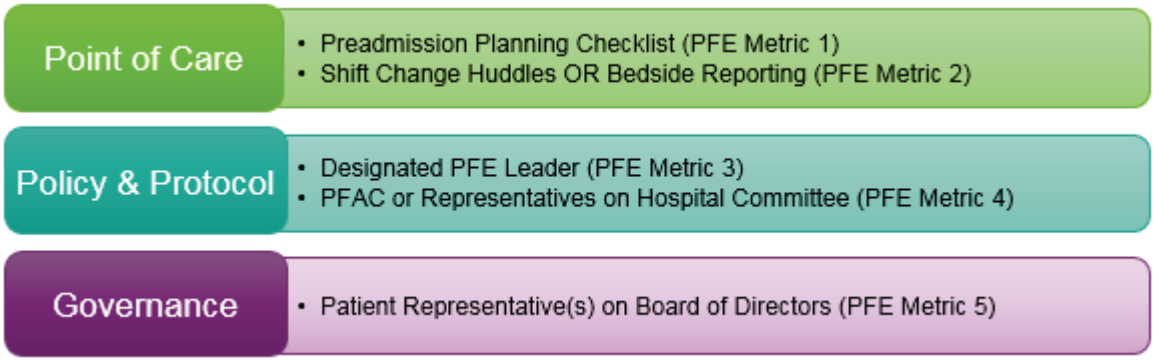
PfP Strategic Vision Roadmap for Person and Family Engagement—Metric Digest

PFE Metric 4: PFAC or Representatives on Hospital Committee

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[1] 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 4 (PFAC or representatives on hospital committee)**, 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.

[1] 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.

PFE 4 PFAC or Representatives on Hospital Committee (policy & protocol)

PfP Metric Language. Hospital has an active Patient and Family Advisory Council (PFAC) **OR** at least one patient who serves on a patient safety or quality improvement committee or team.

Do We Meet the Metric? YES, if:

- Patient and/or family representatives from the community have been formally named as members of a PFAC or other hospital committee, **AND**
- Meetings of the PFAC or other committees with patient and family representatives have been scheduled and conducted.

Alternative: None

The two options possible for accomplishing this metric are designed to accommodate hospitals with varying levels of experience working with PFAs. While a PFAC is the recommended best practice, it also is acceptable for a hospital to identify and prepare at least one PFA (and, ideally, at least three to four) from the community to serve on an existing hospital committee, such as the hospital's Patient Experience or Quality Improvement committees.

Intent. The intent of this metric is for hospitals to develop formal relationships with PFAs from the local community—who are former patients and represent the patient population—who can provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts. The relationship may be via a mechanism such as a PFAC or involvement on other hospital committees in which advice, input, and active involvement from patients and family advisors is gathered on a regular basis. Patient representatives on hospital committees should have all the same rights and privileges of all other committee members, and efforts should be made to enable these representatives to share their unique perspective as patients or family members at meetings. Ultimately, this metric confirms that a hospital systematically incorporates patients and care partners as advisors when addressing operations or quality improvement activities.

Benefits. Partnering with PFAs at the organizational level brings the perspectives of patients and families directly into the planning, delivery, and evaluation of care. More specifically, PFAs can (1) offer insights into what the hospital does well and areas where change may be needed, (2) help develop priorities and make improvements based on patient- and family-identified needs, and (3) serve as a link between the hospital and the broader community. The long-term benefits of working with PFAs include improvements in overall systems and processes of care, including reduced errors and adverse events, improved health outcomes for patients, and better experiences of care.[2]

[2] Charmel PA, Frampton SB. Building the business case for patient-centered care. *Healthc Financ Manage* 2008;62(3):80–5.

Tips to Maximize Impact

- Be intentional during the recruitment process; some patients and family members may not be ready or do not have the skill set to serve as PFAs. Utilizing specific processes for referral, application, and interviewing helps identify candidates who are the best fit and allows candidates to self-select out of the process as desired.
- Partner with trusted community groups (e.g., faith communities, social service agencies, advocacy groups) that have deep relationships with the populations underrepresented to assist in recruitment and outreach to PFAC or advisor opportunities.
- Before working with PFAC members or advisors on specific projects, provide a clear description of the project, activities, scope of work, related work that has been done in the past, and how advisor input will be used.
- Help PFAs articulate and tell their stories in a constructive way that highlights opportunities for partnership at all levels of the hospital setting.
- Ask for feedback from and provide feedback to PFAs about the impact of their individual and collective contributions on an ongoing basis so that the experience is meaningful for them.

"Be brave and share [quality] data… Organizations need to be thoughtful about transparency—and provide the same data to PFAs. PFAs cannot commit to co-design if they are not working with the same data as hospital leaders, clinicians, and staff."

– Libby Hoy, Founder/CEO, PFCCpartners

"Hospitals should follow up with PFAs to share the outcomes of the project and how it will be sustained—PFAs want to feel like contributors and not participants…PFAs want to know that the hospital staff are equally committed to PFE."

– Laura Lundquist, PFA, Sutter Health

"Just do it—start small, be brave, and serve food."

– Christine O'Farrell, Director of Quality Management, Barton Healthcare

The **Appendix** provides suggested activities to meet PFE metric 4.

PFE Metric 4 Success Story

Maine Coast Memorial Hospital PFAC helps hospital achieve zero falls rate.

Maine Coast Memorial Hospital (MCMH), a small rural hospital in Ellsworth, Maine, and a member of the Vizient HIIN, decided to create a PFAC after hearing about the value that PFACs provided at other hospitals. Specifically, MCMH wanted to address safety and quality issues through its PFAC, referred to as a Patient and Family Partnership Council for Quality and Safety. The PFAC brainstormed potential initiatives at its inaugural meeting and decided to tackle patient falls—falls rates in the medical-surgical unit were above the national average, despite efforts to educate nurses and patients. In addition, MCMH had a multidisciplinary patient falls taskforce that was willing to partner with the PFAC. The PFAC launched the "Catch a Falling Star" program to

identify and address strategies—based on the patient perspective—to reduce and prevent patient falls, including strategies related to signage, which MCMH quickly implemented. The PFAC launched in January 2015 and, in the first quarter of 2015, the hospital experienced a 0.67 percent falls rate and improved to a zero falls rate in the second quarter. The PFAC has supported numerous other hospital initiatives since its successful contributions to efforts to reduce patient falls. To learn more, read the case study, "Patient Safety and Quality Spotlight: Using a Patient and Family Partnership Council for Quality and Safety," available from Vizient, and access the materials from the June 2016 PFE Learning Event, "Developing and Sustaining Partnerships That Improve Patient Safety."

Resources for PFE Metric 4

- Strategy 1: Working with patients and families as advisors, Guide to patient and family engagement in hospital quality and safety (Agency for Healthcare Research and Quality): http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy1/index.html
- How to create and sustain a PFAC toolkit (Partnership for Patients): http://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx?CategoryID=836879&EntryID=110660
- Tools to foster collaboration with patient and family advisors (Institute for Patient- and Family-Centered Care): http://www.ipfcc.org/resources/downloads-tools.html
- Tips for group leaders on involving patients and families on committees and task forces (Institute for Patient- and Family-Centered Care): http://www.ipfcc.org/resources/tipsforgroupleaders.pdf
- PFE Metric Learning Modules: Metric 4 (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.[3] The six strategies[4] 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 4: PFAC or Representatives on Hospital Committee

PFE strategy	Tactics
 **Organizational partnership**	• If hospital already has PFAs, solicit suggestions for opportunities to expand PFAC or advisor work (e.g., creating new PFACs, workgroups, or committees; identifying projects with which PFACs can be involved). • Ask existing advisors to assist with recruiting, interviewing, training, and mentoring new advisors. • Explore how to provide advisory opportunities that can meaningfully accommodate language and literacy needs. Consider alternative ways of participating or creating more than one advisory group, if support needs require it (e.g., Spanish-speaking advisory council).

[3] 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.

[4] 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
 **Patient and family preparation**	• Hold an information session to help former patients and care partners who may be interested in serving as advisors understand the role, responsibilities, time commitments, type of training and support provided, and any compensation available (e.g., reimbursement for travel or child care expenses). Hold information sessions in various areas to expand reach to diverse patients and care partners who may be interested in serving on the PFAC. • Leverage peer-to-peer support programs and connections to help recruit members from vulnerable patient populations to serve on the PFAC. • Partner with the hospital's Volunteer Services Program to select advisors and hold an orientation session to describe expectations, roles, responsibilities, and procedures. Provide training to prepare them to interact confidently with hospital leaders, clinicians, and staff. • If hospital already has advisors, identify existing advisors who can serve as mentors to new advisors during the onboarding process. • Prior to working with PFAC members or advisors on specific projects, provide a clear description of the project, activities, scope of work, related work that has been done in the past, and how advisor input will be used. • Educate advisors about key quality and safety terms and ensure that plain language is used in all materials and conversations.
 **Clinician, staff, and leadership preparation**	• Gather information about clinician, staff, and leadership ideas for changes and improvements. • Talk to hospital leaders about the benefits, importance, and value of working with PFAs or including advisors as members of quality and safety teams. Identify and address attitudes, beliefs, and experiences that may serve as potential barriers to effective partnership with advisors. • Hold small-group meetings to encourage clinicians, staff, and leaders to brainstorm ideas for involving PFACs and patients in specific projects. • Identify clinicians and staff who can serve as informal leaders and champions for working with PFAs and PFACs. • Provide training for leaders, clinicians, and staff about how to work effectively with PFAs. • Work with the PFAC to develop training activities for clinicians on culturally competent care.

PFE strategy	Tactics
 **Care, policy, and process redesign**	• Identify a staff liaison to oversee and coordinate PFA and PFAC work, including recruiting and training advisors, identifying opportunities for projects; ensuring that PFACs and quality and safety teams are functioning effectively, and reporting to hospital leadership about accomplishments. • Specify eligibility criteria for patient PFAC membership or participation on a quality or safety committee, develop recruitment and interview processes that enable the ongoing identification and selection of effective PFAs, and interview potential candidates to determine match between hospital's needs and patient's interests. • Outline general roles and responsibilities of PFAC members or quality and safety committee members and, with new PFAC members, draft a general mission statement and charter for the PFAC. • Ensure that PFAC education and training materials are available in various communication formats and languages; use plain language and ensure access to sign or language interpreters. • Identify several projects for PFACs to work on or opportunities to bring advisors on to quality and safety teams. Where possible, obtain input from patients, families, staff, and the community to identify priority projects. Determine where priorities align with hospital priorities and where they differ. • Develop a longer-term vision for working with advisors while planning smaller, immediate action steps. • Identify opportunities for extending work with advisors outside of the hospital walls (e.g., as advisors for community health).

PFE strategy	Tactics
 **Measurement and research**	• Identify metrics to track accomplishments (e.g., number of advisors recruited, number of active advisors, number and type of efforts in which advisors are involved, examples of work completed, outcomes of projects on which advisors participated). • Review the composition of the PFAC and the advisory program to determine opportunities to ensure the membership reflects all populations served, especially vulnerable populations. • Collect data about PFA experiences (e.g., extent to which they felt prepared to participate, extent to which they felt their input was welcomed, extent to which they felt their participation affected the work and outcomes). • Collect data from clinicians and staff about their experiences working with PFAs (e.g., extent to which they believe advisor input was helpful, extent to which they believe advisor input affected outcomes of the work). • Identify and monitor measures related to specific quality and safety issues or projects on which advisors work. • Collect data to track PFAC activities, experiences, and impact on hospital policies and practices as they relate to equity and disparity issues.
 **Transparency and accountability**	• Share data and information equally with advisors. • Encourage chairs of quality and safety committees to model transparency and ownership of quality- and safety-related issues. • Establish feedback procedures. Follow up with PFACs and advisors about how their input was or was not used and provide clear explanations when input was not used. • Share accomplishments with hospital leadership. Communicate accomplishments publicly in multiple ways (e.g., on the hospital website, in staff trainings, in board meetings, in community meetings). • Share success stories and examples of areas in which PFAC input helped inform efforts to improve quality and safety, specifically related to disparities and equity. • Share improvements and lessons learned with other hospitals.