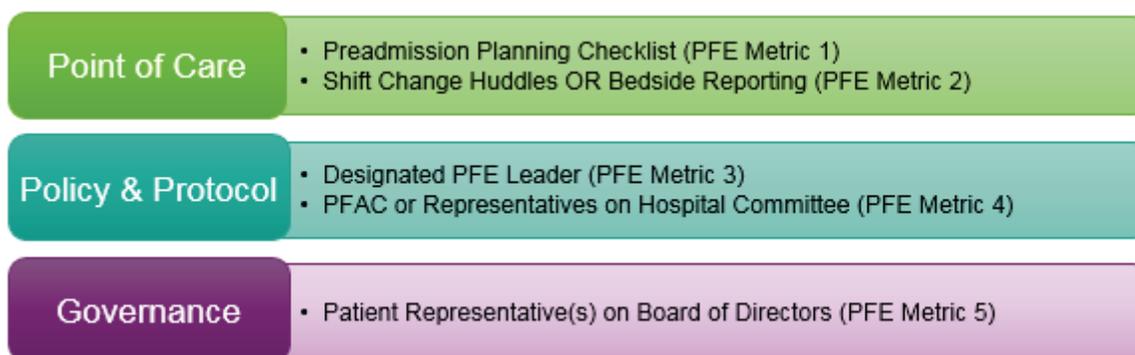


PfP Strategic Vision Roadmap for Person and Family Engagement—Metric Digest

PFE Metric 5: Patient Representative(s) on Board of Directors

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 metrics¹ 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 5 (patient representatives on board of directors)**, 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
5

Patient Representative(s) on the Board of Directors (governance)

PfP Metric Language. Hospital has one or more patient(s) who serve on a governing and/or leadership board as a patient representative.



Do We Meet the Metric? YES, if:

- The hospital has at least one position on the board designated for a patient or family member who is appointed to represent that perspective, **OR**
- If a specific board representative is not possible, the hospital has implemented one of the alternatives to the metric to incorporate the perspective of patients and families when making hospital governance decisions (see options below under “Alternative”).
- Hospitals are encouraged to consider and pursue options for achieving the intent of the metric.

Alternative:

While designating at least one patient representative on the board is the preferred mechanism to ensure co-governance, certain laws, policies, or circumstances may not allow the formation of a patient or family representative seat on the board. In these cases, hospitals are encouraged to pursue alternative options that achieve the intent of this metric and qualify as a “yes” response, including the following:

- Asking for PFAC input on matters before the board and incorporating a PFAC report into the board agenda.
- Identifying elected or appointed board members to serve in a specific role, with a written role definition, representing the patient and family voice on all matters before the board.
- Requiring all board members to conduct activities that connect them closer to patients and families, such as visiting actual care units in the hospital two times per year and/or attending two PFAC meetings per year.



Intent. The intent of this metric is to ensure that at least one board member with full voting rights and privileges provides the patient and family perspective on all matters before the board, similar to other board members who represent specific interests in the community. While current board members may have had experiences as patients at the hospital (or as family members of patients), the intent is to bring in individuals who do not serve the board in any other professional capacity and whose sole purpose is to be a patient representative and contributor. The goal of this activity is to ensure that the board includes patient and family perspectives when making governance decisions at the hospital.



Benefits. Developing a governance structure that supports and exemplifies partnership with patients and family advisors signals and solidifies an organization’s commitment to PFE at the highest level. PFA partnership at this level ensures that governance decisions reflect patients’ and families’ priorities, values, and needs.



Tips to Maximize Impact

- Consider incremental but meaningful steps—for example, establishing a PFAC as a first step toward meeting this metric.
- Thoughtfully recruit PFAs to the board with consideration toward the diversity of the community, personal characteristics, and passion for the hospital’s mission.
- Provide training to the PFA to prepare them to serve effectively on the board.

Appendix A provides suggested activities to meet PFE metric 5. **Appendix B** provides a sample role description for the patient or family representative on the board of directors.



PFE Metric 5 Success Story

PFAs at St. Francis Medical Center are “equal partners” on local governing board.

As a required condition by the California Attorney General for a merger and acquisition transaction, St. Francis Medical Center (SFMC) in Southeast Los Angeles, a part of Verity Health and a member of the Health Services Advisory Group (HSAG) HIIN, created a local governing board to consult on changes to medical services, community benefit programs, charity care services, collection policies, and capital purchases. The board included community representatives from SFMC’s 30 primary service zip codes, in addition to SFMC staff and representatives from the Los Angeles County Board of Supervisors. PFAs on the board were recruited based on their status as a patient or family member of a patient, as well as their ability to be constructive and match their personal mission with the hospital’s mission to improve care delivery and organizational performance. The PFAs also had to represent the community that the hospital served and be able to speak on behalf of all patients and families, among other criteria. PFAs on the board said they knew they had achieved equal partnership with other board members when people solicited their opinions and felt comfortable meaningfully discussing and challenging their ideas. To learn more, access the materials from the [August 2017 PFE Learning Event](#), “How to Help Hospitals Get Buy-in for PFE at the Governance Level.”

Resources for PFE Metric 5

- How-to guide: Governance leadership (get boards on board) (Guide from the Institute for Healthcare Improvement): <http://www.ihl.org/resources/pages/tools/howtoguidegovernanceleadership.aspx>
- Guidelines for using patient stories with boards of directors (Institute for Healthcare Improvement): <http://www.ihl.org/resources/pages/Tools/GuidelinesforUsingPatientStorieswithBoardsofDirectors.aspx>
- PFE Metric Learning Modules: Metric 5 (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.² The six strategies³ 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 5: Patient Representative(s) on the Board of Directors

PFE strategy	Tactics
 <p>Organizational partnership</p>	<ul style="list-style-type: none"> • Ask PFAs to attend board meetings to share their stories of how they developed into their role as a PFA and their impact on quality and safety to illustrate the value of having one or more patient members on the governing or leadership board. • Work with PFAs and board members to understand potential barriers to effective participation on governing or leadership boards by a patient member. • Include members of vulnerable populations intentionally to ensure that traditionally marginalized voices are heard and represented.

² 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.

³ 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>Patient and family preparation</p>	<ul style="list-style-type: none"> • Leverage peer-to-peer support programs and connections to help recruit members from vulnerable patient populations to serve on governing or leadership boards. • Provide training for the patient board member to describe expectations, roles, responsibilities, and procedures. • Identify someone who can serve as a resource for or mentor to the patient member of the governing or leadership board. • Educate patient governing and leadership board members about quality and safety issues, financial terms, PFE, and overall responsibilities of the governing/leadership board. Prepare them to interact effectively at an equal level with other board members. • Provide culturally and linguistically appropriate educational tools, materials, and resources with examples of how to engage as a representative on governing or leadership boards.
 <p>Clinician, staff, and leadership preparation</p>	<ul style="list-style-type: none"> • Provide training to hospital board members about quality and safety issues, health equity, and PFE, including orientation for all new board members. • Provide training to hospital board members about how to partner effectively with patient representatives on the board. • Share success stories and effective practices from other hospitals who have worked with patients as members of boards and governing bodies.
 <p>Care, policy, and process redesign</p>	<ul style="list-style-type: none"> • Develop role descriptions for patient board members that include qualifications, responsibilities, and expectations. • Develop selection criteria and a vetting process for patient board members to ensure that the patient perspective is represented via the inclusion of individuals who identify themselves as patients first. Ensure that selection criteria include consideration of diversity so that patient board members are representative of the community that the hospital serves. • Identify and address barriers to full and effective participation by patient board members (e.g., ability to travel, timing of meetings, voting rights). • Develop processes for peer-to-peer guidance and mentorship of struggling board members (patients and others). • Include opportunities for education about and review of PFE initiatives and related issues at each board meeting.

PFE strategy	Tactics
 <p>Measurement and research</p>	<ul style="list-style-type: none"> • Develop metrics to understand how patient member(s) have been included (e.g., percentage of meetings at which patient board member was present, whether patient board member has decision-making authority equal to other members). • Collect data to track representatives' involvement in the activities of the governing board, as well as their experiences and impact on hospital policies and practices. • Conduct self-evaluations and assessments of the board annually. Use the assessments to identify education needs or process improvements. • Identify specific initiatives or system-level measures that can be used to assess board performance relative to PFE.
 <p>Transparency and accountability</p>	<ul style="list-style-type: none"> • Make public the organization's commitment to include a patient member of the board. • Report on the diversity of board representatives. • Share results of board self-assessments and evaluations, including areas for improvement, with leaders, clinicians, staff, patients, families, and the community. • Share success stories and examples of areas in which representative input helped to inform efforts to improve quality and safety, specifically related to disparities and equity. • Continually develop the board's capability and share best practices with other hospital leaders.

Appendix B. Sample Role Description: Patient or Family Representative on the Board of Directors

Person and Family Engagement in Partnership for Patients

PFE Metric 5: Patient or Family Representative on the Board of Directors - Sample Role Description

To support hospitals in their efforts to meet PFE Metric 5 (Patient Representative(s) on Board of Directors), the Patient & Family Engagement Contractor (PFEC) for Partnership for Patients (PfP) has developed the following sample language.⁴ This language is intended to help hospitals understand and communicate desired characteristics, qualifications, and responsibilities of individuals who will represent patient and family interests on the Board. Additional strategies and tactics to meet PFE Metric 5 are included in the [PfP Strategic Vision Roadmap for PFE](#).

Important Notes: How to Use this Role Description

- **Begin with your hospital's existing position description for Board members.** Then include language specific to the patient or family representative role to meet the intent of this metric. Although these members will represent the patient and family perspective, this position should serve in the same capacity as all other full voting Board members.
- **PFE Metric 5 is intended to ensure that a Board member has the specific responsibility of representing and/or presenting the patient and family perspective in governance decisions.** However, hospitals may vary in how this perspective is incorporated into its existing Board structure. The requirements, duties, and qualifications outlined below may inform a hospital's approach, but should be adapted to fit the structure and format of the Board's unique configuration. For example, you may add a seat to your existing Board or delegate a current position on the Board to focus solely on representing the patient and family perspective.
- **As with any role description, the below example outlines an idealized candidate.** Hospitals should be flexible and realistic as they consider potential candidates for the position. Ideally, the position should be filled by a patient or family member who has received services from the hospital, but this individual also should meet all other qualifications required of other Board members.

Board Member Position: Patient or family representative on **[insert Hospital/Medical Center name]** Board of Directors

⁴ Much of this language draws from the following sources: (1) [American College of Healthcare Executives \(ACHE\) Basic Responsibilities of a Board and Its Members](#), (2) [PfP August 2017 PFE Learning Event](#), featuring St. Francis Medical Center (Health Services Advisory Group HIIN), and (3) The Valley Hospital (New Jersey Hospital Association HIIN) Patient and Family Advisor job description.

Function: To participate in the governance of the hospital by serving as a Board member with full voting rights and privileges, providing the patient and family perspective on all matters before the Board, similar to other Board members who represent specific interests in the community.

Core Requirements:

Patient or family representatives on the Board of Directors must have the ability to:

- Understand the broader perspectives and experiences of patients and families who receive care at the hospital or from the health system, including those from different social, economic, cultural, and religious backgrounds, and demographics other than their own
- Uphold the hospital's and Board's code of ethics and commitment to confidentiality
- Understand and support the hospital's strategic initiatives and goals
- Offer insights and constructive feedback
- Participate in Board orientation, continuing education, Board evaluations, and self-appraisals
- Commit the time to attend and prepare for required meetings as outlined by the hospital

Specific Duties:

- Ensure that hospital governance decisions reflect patient and family perspectives, priorities, values, and needs
- Present opportunities for improvement from the patient and family perspective
- Participate in hospital program and policy development, review, implementation, and evaluation while providing the patient and family perspective
- Educate fellow Board members and hospital staff about patient- and family-centered care and best practices for partnering with patients and families
- Seek out opportunities and encourage Board members to interact directly with patients and families who receive care at the organization and those who serve in patient and family advisor/leadership roles
- Prepare for and attend all annual, regular, and special Board meetings
- Help establish CEO evaluation criteria and participate in decisions related to supporting, rewarding and, when necessary or desirable, changing top management
- Elect officers at annual Board meetings
- Assist as appropriate in fundraising activities
- Represent the hospital to and in the community

Qualifications:

- Experience as a former (within 3 to 5 years) patient or family member/care partner at the hospital who has not served the Board in any other professional capacity
- Experience working as a patient or family advisor who collaborates with healthcare professionals at the hospital or health system level in planning, implementing, and/or evaluating change and improvement
- Must be collaborative, solution-oriented, community-oriented, respectful, and professional, and possess organizational awareness and the ability to lead change