

A Road Map to Patient and Family Engagement

Recommended Policies & Practices for Hospitals



Revised: August 2015

Developed with guidance from the MHA Keystone Center Patient and Family Engagement Council.

Introduction: Patient- and Family-Centered Care (PFCC)

According to the [Institute for Patient- and Family-Centered Care \(IPFCC\)](#), PFCC is an approach to the planning, delivery and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers as well as patients and families through respect and dignity, information sharing, participation and collaboration¹. It is through patient and family engagement (PFE) strategies, which looks to foster collaboration between patients, families and clinicians working together toward mutually agreed-upon goals, that one builds a patient- and family-centered healthcare system.

PFE relies on **four Core Concepts**¹, outlined below:

- **Respect and Dignity.** Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing.** Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration.** Patients and families are also included on an institution-wide basis. Healthcare leaders collaborate with patients and families in policy and program development, implementation and evaluation; in healthcare facility design; and in professional education, as well as in the delivery of care.

A patient can be defined as anyone who is a consumer of the healthcare system, meaning that they receive care from any combination of healthcare professionals, including physicians, nurses, physical therapists and others. The IPFCC defines “family” as “two or more persons who are related in any way—biologically, legally or emotionally. Patients and families define their families.”²

Prioritizing PFE improves patient care and numerous measures of hospital performance. Furthermore, PFE is an integral part of a given unit's culture. Embracing the implementation of PFE protocols can improve both patient and provider satisfaction, foster better internal and external communication and ultimately lead to healthier patients who receive care in a highly reliable system. Because PFE is one of the MHA Keystone Center's foundational concepts, the MHA Keystone Center is committed to incorporating PFE efforts into all its activities and assisting Michigan hospitals with advancing and sustaining PFCC by leveraging existing resources, identifying best practices and building on existing networks.

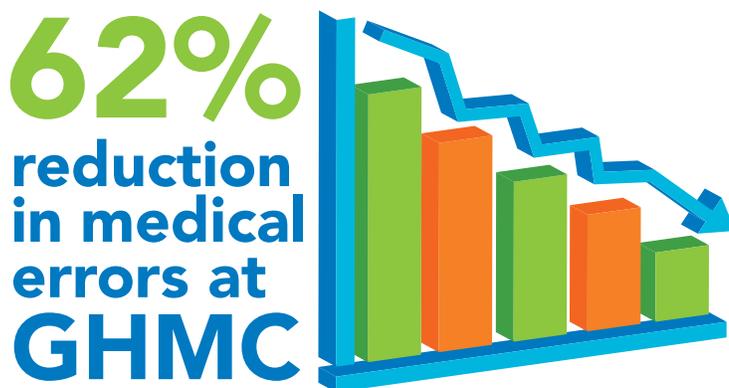
Why Patient and Family Engagement (PFE)?

The shift to PFCC can be traced to the 2001 Institute of Medicine report² that identified the importance of patient-centered care as one of the six interrelated factors constituting high-quality care. Due to the growing evidence and momentum, PFE efforts have been expanding globally in the past decade, contributing to new norms constituting today's rapidly changing healthcare landscape.

According to the [AHRQ Guide to Patient and Family Engagement](#),⁵ PFE efforts can:

- Improve quality and safety (additional information below)
- Improve financial performance (additional information below)
- Improve Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospital Survey Scores
- Improve patient outcomes
- Enhance market share and competitiveness
- Increase employee satisfaction and retention
- Help meet The Joint Commission standards

Improved Quality and Safety



Data suggests that many adverse events in hospitals occur as the result of a breakdown in communication between healthcare team members and the patient and family. By emphasizing effective communication and collaborative decision-making processes, PFE can reduce the risks that lead to adverse events. Research shows that hospitals that implement patient-centered strategies perform better on core quality measures. For example, after implementing changes

to its visitation policy with the goal of promoting patient and family engagement, Georgia Health Medical Center (GHMC) saw a 62 percent reduction in medical errors, a 40 percent reduction in falls and a 50 percent decrease in length of stay⁴. Emory Healthcare, a large academic teaching system in Atlanta, partnered with patients and families to implement bedside change of shift reporting to ensure the full engagement and voice of patients and families. Not only did they see an increase in patient satisfaction, but quality outcomes also improved with a decrease in pressure ulcers from 8.15 to 2.5 percent, and decrease in patient falls from 3.24 to 2.85 falls per patient days.⁵

Improved Financial Performance

Patient- and family-centered care has been shown to improve financial performance through decreased litigation and malpractice claims and lower cost per case due to fewer complications and shorter length of stay.⁶

According to a 2007 study⁷ on the Planetree model of patient-centered care, the hospital unit receiving the PFE intervention “consistently maintained a lower mean length of stay” versus the control unit. Lowering length of stay consequently lowers the cost per case accrued by the hospital. A 2013 study⁸ conducted in a large health system found that “patients with the lowest level of activation had costs that were 21 percent higher than patients with the highest level of activation,” evidencing the more direct financial benefit of PFE implementation in hospitals.



21% difference in costs between patients with the highest and those with the lowest levels of engagement

MCG Health System reported a decrease in malpractice claims and litigation after implementing PFCC practices



In addition to shorter length of stay, PFCC can also lead to a decrease in litigation and malpractice claims. As research indicates, malpractice suits often are the result of differences in expectations between the patient and their caregivers as well as poor communication between the patient and family leading to misunderstanding of the patient views and perspective.⁹ By making PFCC “central to organizations values, strategic plan and personnel policies and practices,”

healthcare organizations can greatly maximize their resources. This is evidenced by MCG Health System in Augusta, GA, which has become the most cost-efficient hospital in the University Health System Consortium, reporting a decrease in malpractice claims and litigation after the implementation of PFE “at all levels of care.”

A Road Map to Patient and Family Engagement (PFE)

Recommended Policies & Practices for Michigan hospitals

The recommended policies and practices, developed with the guidance of the MHA Keystone Center Patient & Family Engagement Council, are fundamental to improved quality of care for patients in hospitals. The MHA Keystone Center asks that each facility commit to implementing at least two practices a year from the list below.

Infrastructure

- 1. Hospital has policies to support PFE and dedicated resources for this effort.**
Resource:
 - [AHA and IPFCC: "Patient- and Family-Centered Care: A Hospital Self-Assessment Inventory"](#)
- 2. The principles of patient- and family-centered care, including active PFE, are taught or shared as part of hiring, performance evaluation, orientation and continuing education.**
Resource:
 - [AHRQ: "Supporting Patient and Family Engagement: Best Practices for Hospital Leaders"](#)
- 3. There are systems in place to encourage partnerships among patients, families and care providers (chart, patient portal in EMR, email, bulletin/white boards in patient's room, pagers, telephone contact) and patients receive guidance and counsel on decision aids to improve patient-provider shared decision making.**
Resource:
 - [AHA and IPFCC: "Patient- and Family-Centered Care: A Hospital Self-Assessment Inventory"](#)
- 4. Hospital provides for the voice of patients at each Board of Directors meeting.**
Resource:
 - [AHRQ: "Supporting Patient and Family Engagement: Best Practices for Hospital Leaders"](#)

Staffing

- 5. Hospital has a person, who may also operate within other roles in the hospital, and/or functional area that is dedicated and proactively responsible for PFE and systematically evaluates PFE activities (e.g., open chart policy, PFE trainings, establishment and dissemination of PFE goals).**
Resource:
 - [AHA: "Engaging Health Care Users: A Framework for Health Individuals and Communities"](#)
- 6. Hospital has an active PFE committee, council and/or partnership OR at least two former patients that serves on a patient safety, quality, process improvement committee or team. Further, these 'patient advisors' are trained to become active participants.**
Resources:
 - [IPFCC: "Creating Patient and Family Advisory Councils"](#)
 - [IPFCC: "Partnering With Patients and Families to Enhance Safety and Quality: Mini Toolkit"](#)

Deployment

- 7. At admission, hospital staff share their initial care plan with the patient and their family, and invite their questions and input in care planning throughout their hospital stay.**

Resources:

 - [CMS: "Your Discharge Planning Checklist"](#)
 - [Robert Wood Johnson Foundation: "Care About Your Care"](#)
- 8. Patients and families are informed at admission of family-initiated rapid response teams (RRT) with verbal review of guidelines and are encouraged to call for RRT if patient's health changes notably.**

Resources:

 - [IHI: Condition Help \(H\) Toolkit](#)
 - [American Nurse Today: "Family initiated rapid response team"](#)
- 9. Hospitals conduct change-of shift reporting at the bedside inviting patients and family members to participate to the degree in which they wish to be involved.**

Resources:

 - [AHRQ: "Nurse Bedside Shift Report Implementation Handbook"](#)
 - [IHI: "ISHAPED Patient-Centered Approach to Nurse Shift Change Bedside Report"](#)
- 10. Patient and families are advised of physician/multidisciplinary rounds and are invited and encouraged to participate to the degree in which they wish to be involved.**

Resources:

 - [C.S. Mott Children's Hospital: "Engaging Patients and Families in Multidisciplinary Rounds"](#)
 - [Cincinnati Children's Hospital Medical Center: "Navigating Patient- and Family-Centered Care Rounds"](#)
- 11. Family and/or personal representative, as determined by the patient, are respected as essential members of patient's healthcare team, sharing information and providing support and not viewed as visitors. Their presence and participation is welcomed 24/7 providing safety can be maintained.**

Resource:

 - [IPFCC: Better Together – Partnering with Families](#)
- 12. A process has been developed to identify and include the voice of the patient, family or caregiver in the root-cause analysis process.**

Resource:

 - [Oregon Patient Safety Commission: The Right Thing – Including Patients and Families in Root Cause Analysis](#)

For additional resources, please visit the Patient and Family Engagement Community on the MHA Community, a secure online networking website that allows MHA-member hospital staff and volunteers to collaborate, share information and facilitate quality and safety activities. The PFE Community also houses educational materials and resources, such as the [Michigan Hospital Resource Guide to Patient and Family Engagement](#), which can act as a starting point for hospitals looking to implement PFE strategies and provides an array of resources for individuals or organizations seeking to advance their PFE efforts.

References

- ¹ Institute for Patient- and Family-Centered Care. "Advancing the Practice of Patient- and Family-Centered Care." Web. 7 July 2015. <http://community.mha.org/communities/community-home/librarydocuments/viewdocument?DocumentKey=2aa540f8-da44-46e1-b36f-7348ab3f46f4&Tab=>>.
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- ³ Institute of Medicine. "Crossing the Quality Chasm: A New Health System for the 21st Century," (March 2001). Web. 7 July 2015. <http://iom.nationalacademies.org/~media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf>.
- ⁴ Agency for Healthcare Research and Quality. "How Patient and Family Engagement Benefits Your Hospital." Web. 13 July 2015. <http://community.mha.org/communities/community-home/librarydocuments/viewdocument?DocumentKey=a6c7c841-b302-4f8d-b9fb-d7fe13bd3757&Tab=&Site=MHA%20eweb>.
- ⁵ Connor, M, Marshall, R. "Changing the view that families are visitors in adult hospital settings." Presented at Hospitals Moving Forward with Patient- and Family-centered Care.
- ⁶ American Hospital Association. "Engaging Health Care Users: A Framework for Healthy Individuals and Communities," (January 2013). Chicago: American Hospital Association, 2012 Committee on Research, Benjamin K. Chu and John G. O'Brien, co-chairs.
- ⁷ Agency for Healthcare Research and Quality. "Guide to Patient and Family Engagement in Hospital Quality and Safety." <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/guide.html>.
- ⁸ Stone, S. "A Retrospective Evaluation of The Planetree Patient Centered Model of Care Program's Impact on Inpatient Quality Outcomes" (2007). Web. 7 July 2015.
- ⁹ Hibbard, J. "Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' 'Scores'," Health Affairs (2013). Web. 7 July 2015.
- ¹⁰ Tongue, MD, J. "Communication Skills for Patient-Centered Care." The Journal of Bone & Joint Surgery 87-A.3 (2005): 652-58. Web. 9 July 2015.

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