

HEN (now HIIN) PFE Metrics

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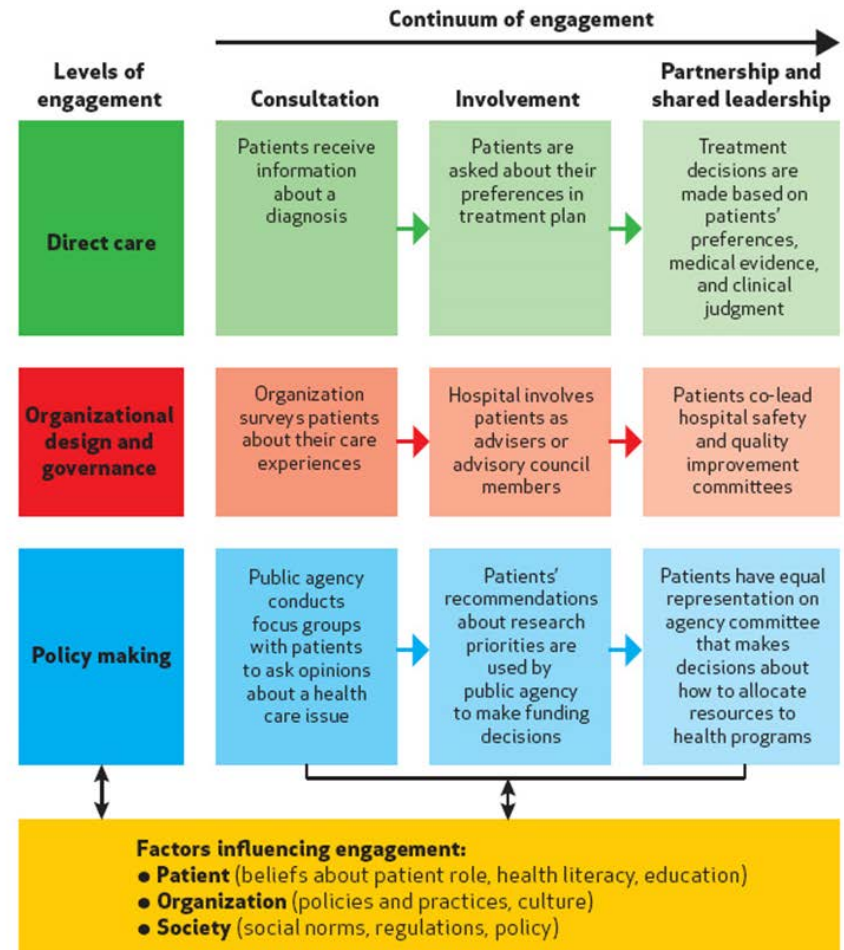
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Healthy Communities

HEN 2.0 PFE Metrics: Purpose

- Ensure that hospitals have structures and practices that enable active patient and family partnership at three levels of the hospital setting:
 - Point of care
 - Hospital policy and protocol
 - Hospital governance.

EXHIBIT 1

A Multidimensional Framework for Patient and Family Engagement in Health and Health Care



PFE Metric 1: Planning checklist for scheduled admissions

The intent of this metric is not the distribution of the physical checklist alone but the use of it by admissions staff, an admitting nurse or physician, or other health care professional to guide a conversation with patients and families at the earliest point possible before their care.





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Affix Patient Label Here

PATIENT EDUCATION

- Diagnosis
- Medications/Prescription
- Vaccines (card given)
- Pain Management
- Diet
- Activity/Restrictions
- Equipment
- Treatments/Procedures
- Referral Services
- Follow-Up Appointment

Preparing For My Discharge

(Things I should make sure I know before I leave the hospital)

- I have been involved in decisions about what will take place after I leave the hospital.
- I understand where I am going after I leave the hospital and what will happen to me once I arrive.
- I have the name and phone number of a person I should contact if a problem should arise after my discharge from the hospital.
- I understand what my medications are and when to take them.
- I understand the potential side effects of my medications and whom I should call if I experience them.
- I understand what symptoms I need to watch out for and whom to call should I notice them.
- I understand how to keep my health problems from becoming worse.
- My doctor or nurse has answered my most important questions prior to leaving the hospital.
- My family or someone close to me knows that I am coming home and what I will need once I leave the hospital.
- I know how to make or have been scheduled a follow-up appointment with my doctor, and will have transportation to this appointment.

Questions I Have

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CMS Discharge Checklist

Your Discharge Planning Checklist:

For patients and their caregivers
preparing to leave a hospital, nursing home,



You can answer “yes” if

- Your hospital sends a pre-admission checklist to patients with scheduled admissions
- At admission, hospital staff discuss checklist with patient and family



PFE Metric 2: Shift change huddles / bedside reporting with patients and families

The intent of this metric is to include the patient and/or family caregiver in as many conversations about their care as possible throughout the hospital stay. The patient and/or family member is able to hear, question, correct or confirm, and/or learn more about the next steps in their care as it is discussed between nurses changing shifts or clinicians making rounds. Patients and/or family members should be more than present during these meetings. They should be encouraged and prompted by the clinical staff to be active participants to whatever degree they desire, and add to the information being shared between the nurses or other clinicians discussing their care.



WHY FOCUS ON BEDSIDE SHIFT REPORT?

- Transitions in care have potential for medical errors
- Research shows bedside shift report can improve:
 - Patient safety and quality
 - Improved communication
 - Decrease in hospital-acquired complications
 - Patient experiences of care
 - Time management and accountability between nurses
 - Decrease in time needed for shift report
 - Decrease in overshift time
- Patients are able to supply missing information or correct erroneous information



More Benefits

- Builds trust in the care process
 - Shows the patient how much nurses know and do for them
 - Shows teamwork among the nursing staff, reassuring the patient that everyone knows what is going on with them
- Encourages patient and family engagement
 - Gives the patient and family an opportunity to ask questions and correct any inaccuracies in handoff
 - Informs the patient and family members about the patient's care throughout the stay and helps with the transition to home



Invite Patients to Engage

- Patients and families won't engage if they believe that you don't want them to—it is simply too risky for them
- Your job is to make it safe for them to be involved, not just as patients but as partners in their care



You can answer “yes” if:

- In as many units as possible, but in a minimum of at least one unit, nurse shift change huddles or clinician reports occur at the bedside and involves the patient and/or family members



Metric 3: PFE leader or function area exists in the hospital

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

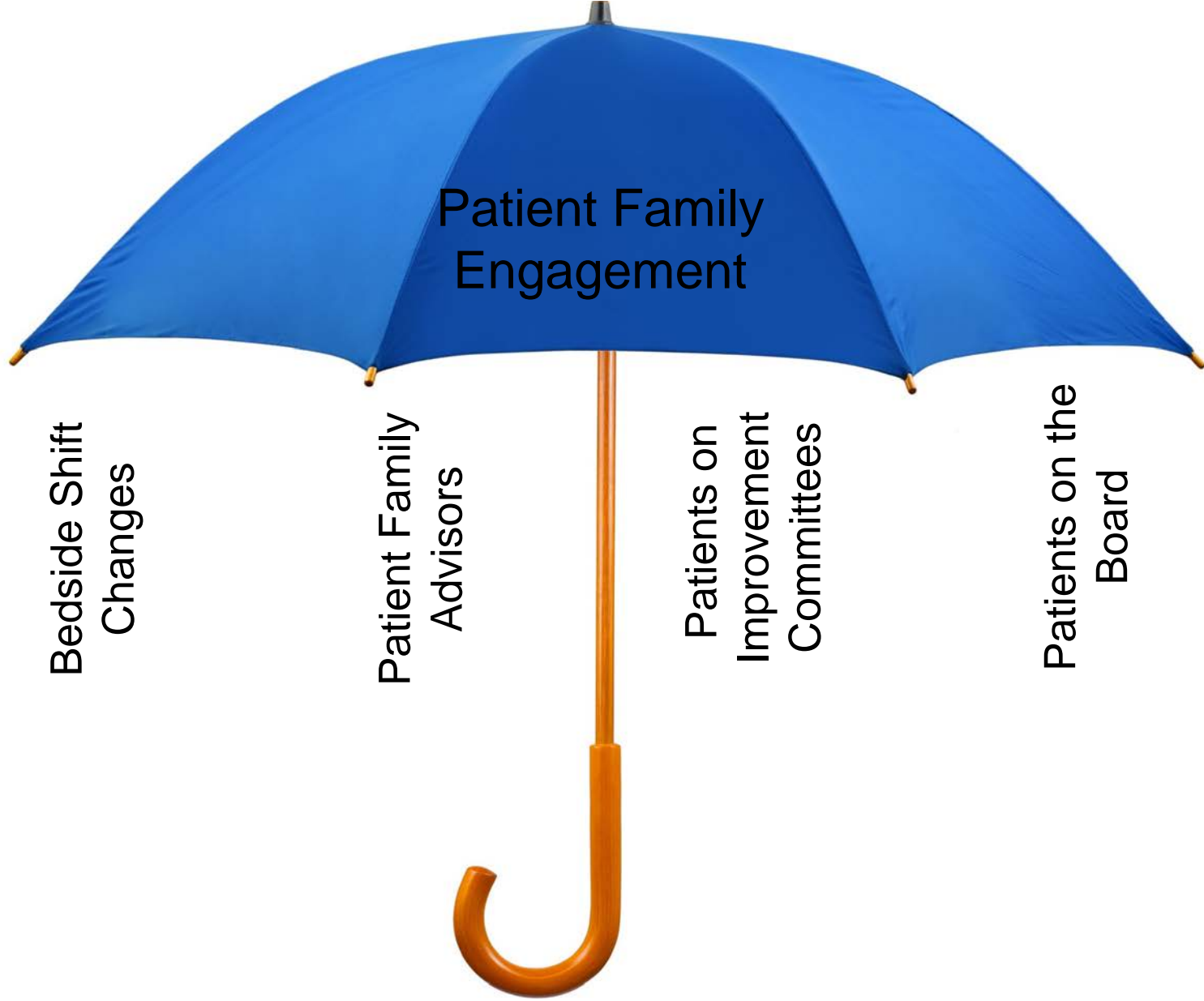


PFE Lead

- Designate an individual or team who is:
 - Responsible for PFE throughout the hospital
 - Ensures that PFE activity occurs at all levels
 - Able to assess and overcome barriers
 - Evaluate improvement
 - Does not need to be full-time PFE
 - The PFE leader should, implement monitor, and evaluate PFE activities, and is most likely coordinating the Patient and Family Advisory Council (PFAC).



Don't Sit Patients Under Family Engagement! BRING IT ALL UNDER THE SAME UMBRELLA!



You can Answer “Yes” if

- There is a named hospital employee who is responsible for PFE efforts at the hospital either in a full-time position or as a percentage of time within the current position
- Appropriate hospital staff and clinicians can identify the person named as responsible for PFE at the hospital
- There is a functional area that is responsible for PFE efforts and appropriate staff and clinicians can name the functional area and identify specific individuals who work in that area



PFE METRIC 4: PFAC or Representative on Hospital Committee

The intent of this metric is that a hospital has a formal relationship with patient and family advisors from the local community who provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts.





***Who has PFAC?
If not, why not?***

What a PFAC is Not

- A place to sort out personal grievances with the hospital
- A place to focus on personal agendas
- A grumpy, whiney patient group



What are PFAs doing in NH?

- AIDET
- Peer Rounding/Patient Experience Rounding
- Committee work
- New Hire Orientation
- Perspective leadership interviews
- Staff training
- Simulations



You can Answer “yes” if

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



PFE Metric 5: Patient and family on hospital governing and/or leadership board

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.



Patient on the Board...why???

- Provides a unique perspective that may currently be missing
- Provides a clear message that hospital is patient centered
- Allows other board members to embrace the patient voice
- Helps to sustain the patient voice through out the organization



Patient Representation on the Board

- At least one board seat dedicated to the “voice of the patient” full voting member
- Member who has had recent experience as a patient and/or family member
- Ensure that the Board works with patient and family perspectives when making governance decisions at the hospital



You can Answer “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, an alternative exists to work with patient and families when making hospital governance decisions



Key to success: Prepare, prepare, prepare

- Leadership
- Staff
- Patient Family Advisors



You are not alone...there are a lot of resources and assistance available!



HRET HIIN

Patient and Family Fellowship

Overview



What is the PFE Fellowship?

A 9 month comprehensive, virtual PFE skill building, fun, interactive learning opportunity:

- To develop professional skills and tools to work in authentic partnership with Patient and Families to improve quality, patient safety and patient experience
- To work in collaboration with national PFE experts and colleagues
- To network across the HRET HIIN with other organizations as we tackle barriers and celebrate successes



PFE Fellowship Objectives

- Develop training program individualized to their organization
- Prepare staff and Patient Family Advisors to partner in improvement initiatives.
- Create independence in utilizing and developing PFE strategies within the organization
- Develop PFE leaders within each organization who can promote and teach PFE as a strategy to improve quality, safety and experience.



Who is eligible to Participate

Hospitals PFE Status	Is the fellowship for us?
No formalized PFE strategy, no PFA, no PFAC	Not yet, aim for cohort 2. Work with HIIN PFE SME to do workshops, webinars, coaching calls to have at least one PFA to join the team
Just beginning PFE journey may or may not have PFAs or PFAC	Yes, aim to have at least one PFA ready to join with team
PFA and/or PFAC but need direction or have run out of ideas	Yes, sign up! Include 1-3 PFAs who are interested in leadership
Full functioning PFE strategy and effective PFAC working to improve quality, safety and experience	Yes! Come join us. Learn something new, and share what you are doing.



Questions, Comments?

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