



Patient & Family Engagement (PFE) Implementation Resource Guide

Purpose: To use evidence-based best practices and resources to create quality improvement action plans that integrate the patient voice.

Resources to Establish and Strengthen Hospital Patient and Family Engagement Programs

Patient Engagement & Patient Activation – Strategies for Supporting Self-Management Programs (CFCM)	Guide to Support Patient and Family Engagement in Hospital Quality and Safety (AIR)
Guide to Patient and Family Engagement in Hospital Quality and Safety (AHRQ)	Patient and Family Engagement CUSP Toolkit (AHRQ)
Resources to Practice Age-Friendly Care (IHI)	

HQIC Goals	Best Practices/ Interventions	Resources, Toolkits, Webinars, etc.
<p>METRIC 1: Implementation of a planning checklist for patients known to have a planned admission to the hospital (e.g., for elective surgery)</p>	<ul style="list-style-type: none"> • Train appropriate staff with pre-admission checklist to provide great customer service and be able to answer questions from the patient or family. • Results in a better understanding of patients’ specific care goals, preferences, needs, and concerns from the very beginning of the hospital stay. • Identifies the person who will serve as the patient care partner, helping in care and care planning during and after the stay. • Identifies potential safety issues and works to avoid them. • Clarifies expectations about what will happen before, during, and after their hospital stay. • Encourages an active partnership in quality and safety from the very start of the hospital stay. • Activates readiness to participate in key discussions about their care, including bedside rounding and discharge planning meetings. 	<p>Strategic Vision Roadmap for Person and Family Engagement – Metric Digest (AIR)</p> <p>PFE Implementation Guide for Hospitals – Metric 1: Preadmission Planning Checklist (AIR)</p> <p>How to Prepare for a Safe Hospital Stay Checklist (Lady of the Sea General Hospital)</p> <p>Tips for Being a Partner in Your Care Brochure (AHRQ)</p> <p>Communicating to Improve Quality (AHRQ)</p>



METRIC 2: Discharge checklist provided to patients during their hospital stay and at discharge to ensure they understand their discharge instructions and follow-up care.

IDEAL Discharge Planning:

- Include the patient and family as full partners in the discharge planning process.
- Discuss with the patient and family five key areas to prevent problems at home:
 1. Describe what life at home will be like
 2. Review medications.
 3. Highlight warning signs and problems.
 4. Explain test results.
 5. Make follow-up appointments.
- Educate the patient and family in plain language about the patient’s condition, the discharge process, and next steps at every opportunity throughout the hospital stay.
- Educate clinicians and staff about the benefits of using a discharge planning checklist and train them on its use, including how to invite patients and families to partner in the discharge planning process.
- Provide patients and caregivers with a copy of the checklist (ideally one or two days prior to discharge) allowing them to identify questions or concerns for discussion with clinicians and staff.
- Assess how well doctors and nurses explain the diagnosis, condition, and next steps in the patient’s care to the patient and family and use teach back.
- Listen to and honor the patient and family’s goals, preferences, observations, and concerns.

[Care Transitions from Hospital to Home: IDEAL Discharge Planning \(AHRQ\)](#)

[Your Discharge Planning Checklist \(CMS\)](#)

[SMART Discharge Protocol \(IHI\)](#)

[Taking Care of Myself: A Guide for When I Leave the Hospital \(AHRQ\)](#)

[Health Literacy: The Gap Between Physicians and Patients \(AAFP\)](#)

METRIC 3: Conduct shift change huddles and bedside

- Introduce the nursing staff to the patient and family.
- Invite the patient and family to take part in the bedside shift report.
- Access the electronic medical record in the patient’s room.
- Conduct a focused assessment of the patient and a safety assessment of the room.

[Nurse Bedside Shift Report \(AHRQ\)](#)

[Situation-Background-Assessment-Recommendation \(SBAR\) Tool \(IHI\)](#)



<p>reporting with patients and families.</p>	<ul style="list-style-type: none"> • Discuss goals and tasks for the patient that will be completed during the shift. • Identify and address patient and family needs or concerns. • Identify any risk or safety concerns that family/patient/and/or hospital team may have. • Specify tools that should be included as part of bedside reporting, shift change huddles, and/or bedside rounding (e.g., SBAR*, checklists, patient whiteboards) to ensure consistency and improve staff and clinician accountability. 	<p>Bedside Handoff Competency Check List (Studer Group)</p> <p>Applying Patient- And Family-Centered Concepts To Bedside Rounds (IPFCC)</p> <p>“What Matters” to Older Adults Toolkit (Age-Friendly Health Systems)</p>
<p>METRIC 4: Designation of an accountable leader in the hospital who is responsible for person and family engagement (PFE efforts should be built into management of hospital operations)</p>	<ul style="list-style-type: none"> • Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE. • Hospital has an active Patient & Family Engagement Committee (PFEC) OR at least one former patient that serves on a patient safety or quality improvement committee or team. • The PFE leader needs to be aware and participate in the work being done but does not need to be the lead of all PFE efforts. • Individuals will review and interpret the results of patient surveys and other data with hospital quality and safety and develop strategies for improvement. • Review harm events that have occurred in the facility and develop strategies to prevent future safety events. 	<p>Patient Safety Leadership WalkRounds™ (IHI)</p> <p>Staff Liaison to Patient and Family Advisory Councils and Other Collaborative Endeavors (IPFCC)</p> <p>Rural Hospital Patient and Family Engagement Toolkit (CHA)</p> <p>PFE Implementation Guide for Hospitals Practice 4: Designated PFE Leader (AIR)</p>



METRIC 5: Hospitals having an active PFE Committee or other committees where patients are represented and report to the Board. (i.e., Patient and Family Advisory Council (PFAC))

Having an active PFE committee is an important component of patient-and family-centered care. It creates an environment where patients, families, clinicians, and hospital staff all work together as partners to improve the quality and safety of hospital care.

- Consider engaging patients and family members who have received care at our hospital and who want to help improve experiences for others.
- PFAC members help the hospital improve quality and safety of care by:
 - Giving input and feedback.
 - Identifying potential changes and feedback.
 - Planning and implementing changes that matter to patients and families.

PFAC Evaluation and Reporting: Annual evaluation that measures outcomes and impact of improvement activities, patient harm, and/or health disparities.

[PFE Charter Template](#)

[Working With Patients and Families as Advisors \(AHRQ\)](#)

[Effective Patient and Family Advisory Councils \(IPFCC\)](#)

[Patient and Family Advisory Councils Blueprint \(AHA\)](#)

[Examples of Annual Reports for Patient and Family Advisory Programs \(IPFCC\)](#)

Professional Associations/Other Websites

PfP Strategic Vision Roadmap for Person and Family Engagement	Institute for Healthcare Improvement	Institute for Patient and Family Centered Care
Patient and Family Centered Care (PFCC) Partners	AHA Patient and Family Advisory Councils: Resources for the Field	The Beryl Institute
Healthcare and Patient Partnership Institute	Rural Hospital Patient and Family Engagement Toolkit	Live Better, Together! Patients Like Me



Contact HQICTeam@Telligen.com for individualized support.



Visit our [website](#) for additional resources and tools.