

How Patient and Family Engagement Benefits Your Hospital

Patient and family engagement is an area of increasing importance for hospitals. Not only is engaging patients and families and providing patient- and family-centered care the right thing to do, but also the many individual benefits of patient and family engagement work together to contribute to improved hospital performance.

Building patient and family engagement into your hospital's current policies and practices can help:

- Improve quality and safety
- Improve financial performance
- Improve CAHPS® Hospital Survey scores
- Improve patient outcomes
- Enhance market share and competitiveness
- Increase employee satisfaction and retention
- Respond to Joint Commission standards

The strategies in the *Guide* can help achieve these outcomes. In a pilot implementation project, hospitals that implemented the strategies in the *Guide* observed improved patient experiences of care, increased staff satisfaction, and improved nursing time management.

Key Takeaways

- Patient and family engagement is not a new or separate initiative. It is a critical part of what your hospital is already doing to improve quality and safety.
- Patient and family engagement improves multiple aspects of hospital performance, including quality, safety, financial performance, patient experiences of care, patient outcomes, and employee satisfaction.
- Together, the multiple individual benefits of patient and family engagement lead to improved hospital performance.
- The *Guide to Patient and Family Engagement in Hospital Quality and Safety* is an evidence-based resource that helps hospitals develop effective partnerships with patients and family members, with the ultimate goal of improving hospital quality and safety.*

* The *Guide* was developed for the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality by a collaboration of partners with experience in and commitment to patient and family engagement, hospital quality, and safety. Led by the American Institutes for Research, the team included the Institute for Patient and Family-Centered Care, Consumers Advancing Patient Safety, the Joint Commission, and the Health Research and Educational Trust. Other organizations contributing to the project included Planetree, the Maryland Patient Safety Center, Aurora Health Care, and Emory University Hospital.



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What are the benefits of patient and family engagement?

Overall improvements in quality and safety

When your approach to care centers on patients and families, they become allies in your efforts to improve quality and safety. They contribute through “informed choices, safe medication use, infection control initiatives, observing care processes, reporting complications, and practicing self-management.”¹ All this translates into measurable improvements in quality and safety.²

For example, Planetree hospitals that implemented patient-centered strategies exceeded Centers for Medicare & Medicaid Services national averages on several core quality measures, including care for heart attack, pneumonia, heart failure, and surgical sites.³ When Georgia Health Sciences Medical Center implemented changes to its visitation policy to promote patient and family engagement, the center saw a 62 percent reduction in medication errors, a 40 percent reduction in falls, and a 50 percent decrease in length of stay.⁴

Improved financial performance

Research from the Gallup Management Journal shows that patient and family engagement “consistently predicts hospital performance on an array of crucial business outcomes, including EBITA (earnings before the deduction of interest, tax, and amortization) per adjusted admission and net revenue per adjusted admission.”⁵ Patient- and family-centered care also decreases litigation and malpractice claims⁶ and leads to lower costs per case due to fewer complications and shorter length of stay.^{7,8} It can also improve patient flow and bed capacity and reduce overcrowding, with engaged patients and families serving as an early warning system for potential bottlenecks in care processes.⁹ When patients and families remain disengaged, hospitals waste resources in the form of delays and waste due to higher call volume, repetitive patient education efforts, increased diagnostic tests, and a greater need for referrals.^{10,11}

Improved CAHPS Hospital Survey scores and patient experiences of care

Many of the CAHPS Hospital Survey measures reflect key elements of patient and family engagement — particularly related to patient-provider communication, pain management, medications, and discharge information. In 2012, Medicare instituted the national hospital value-based purchasing program. Under this program, achievement and improvement on patient experiences of care scores (based on the CAHPS Hospital Survey) are used to calculate value-based incentive payments.^{12,13} Reimbursement is tied to benchmarked performance on the CAHPS Hospital Survey, and hospitals are rewarded or penalized based on their performance on specific CAHPS measures.

Hospitals that have implemented strategies to improve patient engagement have seen subsequent improvements in patients’ ratings of care.¹⁴ At Georgia Health Sciences Medical Center, implementing patient and family engagement strategies on one unit led to an increase in patient satisfaction scores from the 10th to the 95th percentile.⁴ At Sharp Coronado Hospital in California, a medical-surgical unit that implemented patient-centered strategies consistently demonstrated higher overall patient satisfaction scores than a unit that had not.⁷ At Anne Arundel Medical Center in Maryland, implementing nurse bedside shift report and communication strategies contributed to significant increases in CAHPS Hospital Survey scores in the domains of communication with nurses, communication with doctors, pain management, and staff responsiveness.¹⁵

Better patient outcomes

Engaging patients and families through improved communication and other practices also has a positive effect on patient outcomes — specifically, emotional health, symptom resolution, functioning, pain control, and physiologic measures such as blood pressure and blood sugar levels.^{16,17} In addition, strategies that promote patient and family engagement can help hospitals reduce their rate of preventable readmissions.¹⁸

Enhanced hospital market share and competitiveness

For many hospitals, establishing a brand identity around patient and family engagement becomes a competitive edge in the marketplace. By incorporating patient-and family-centered care into their business model, Cleveland Clinic in Ohio increased its market share with additions in both new and returning patients.¹⁹ Similarly, as a result of implementing patient and family engagement strategies, Griffin Hospital in Connecticut saw growth in both inpatient and outpatient volume.⁸ These experiences are bolstered by findings from a survey of more than 2,000 patients in which 41 percent indicated they would be willing to switch hospitals for a better patient experience.²⁰

Increased employee satisfaction and retention

Patient and family engagement strategies also help improve employees' satisfaction with their work. This, in turn, leads to higher levels of retention and an improved ability to recruit quality talent. At Bronson Methodist Hospital in Michigan, implementing patient-and family-centered care practices led to a decrease in the average nurse turnover rate (from 21 to 7 percent). The hospital estimates that higher nursing staff retention has led to a savings of \$3 million over 5 years.²¹ As another example, Bronson's experience engaging patients and families in nurse bedside change-of-shift report increased both nurse and physician satisfaction, as assessed with a staff survey.²²⁻²⁴

Better response to Joint Commission standards

Patient and family engagement helps hospitals respond to Joint Commission standards that recognize the need for patients and families to be "active and informed decisionmakers throughout the course of care."¹⁵

Joint Commission standards that relate to patient and family engagement

PC.02.01.21 The hospital effectively communicates with patients when providing care, treatment, and services.

PC.02.02.01 The hospital coordinates the patient's care, treatment, and services based on the patient's needs.

PC.02.03.01 The hospital provides patient education and training based on each patient's needs and abilities.

PC.04.01.05 Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her followup care, treatment, and services.

R1.01.01.03 The hospital respects the patient's right to receive information in a manner he or she understands.

R1.01.02.01 The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.

Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals. Oakbrook Terrace, IL: Joint Commission; 2010.

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Key Takeaways

- Patient and family engagement is not a separate initiative. It is a critical part of what your hospital is already doing to improve quality and safety.
- Implementing the *Guide* is similar to other quality improvement efforts in that it takes time to initiate, implement, and expand. A careful process of identifying areas for improvement, getting commitment from leadership, selecting *Guide* strategies to implement, and evaluating efforts can help hospitals reap the maximum benefits.
- This document outlines broad implementation steps. Hospitals will need to work within their specific environments to identify the best processes for implementing the strategies included in the *Guide*. Hospitals should refer to the implementation handbooks in each of the four *Guide* strategies for strategy-specific implementation guidance.

How to Use the *Guide to Patient and Family Engagement*

The *Guide to Patient and Family Engagement in Hospital Quality and Safety* is an evidence-based resource that hospitals can use to develop effective partnerships with patients and family members, with the ultimate goal of improving hospital quality and safety.* This document outlines four broad steps to help hospitals start the process of using the strategies and tools in the *Guide*.†

- **Step 1:** Identify opportunities for patient and family engagement efforts at your hospital
- **Step 2:** Get commitment from and the support of hospital leadership
- **Step 3:** Form a multidisciplinary team that includes patients and families to plan implementation of the *Guide* strategies
- **Step 4:** Implement and evaluate the *Guide* strategies

Implementing the *Guide* strategies is similar to any type of quality improvement initiative in that it takes careful planning. There is no one correct pathway for implementing the strategies in the *Guide*. Hospitals should work within their individual environments and contexts to figure out what works best for them. If your hospital already has a strong process in place for implementing quality improvement initiatives, work within that existing process.

This document contains examples from hospitals that have experience with patient and family engagement, and information from Advocate Trinity Hospital in Chicago, IL, one of three hospitals that implemented the *Guide* strategies in a year-long pilot project.

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† This document outlines broad steps to help hospitals get started. More specific implementation guidance is provided in the implementation handbooks for each of the four strategies in the *Guide*.



Helpful Links

Strategies for Leadership – Patient- and Family-Centered Care Hospital Self-Assessment Inventory

assists hospitals in defining and evaluating engagement efforts. From the American Hospital Association and the Institute for Patient- and Family-Centered Care.

Available at:

<http://www.aha.org/aha/content/2005/pdf/assessment.pdf>

Patient- and Family-Centered Care Organizational Self-Assessment Tool

is a checklist to help hospitals evaluate whether specific aspects of their organization have a patient- and family-centered focus. From the Institute for Healthcare Improvement and the National Initiative for Children’s Healthcare Quality.

Available at:

<http://www.patientsafetyinstitute.ca/English/toolsResources/GovernancePatientSafety/AssessImprovePatientSafetyCulture/Documents/Organizational%20Assessment.pdf>

Step 1: Identify Opportunities for Patient and Family Engagement Efforts at Your Hospital

The *Guide* contains tools associated with four strategies. These strategies address critical opportunities to create partnerships between patients, families, and hospitals around the same goals. Before you select which *Guide* strategies to implement, think about how the strategies align with your hospital’s needs, priorities, and strengths.

Assess your hospital’s needs and capabilities

- **Review your hospital’s strategic plan.** Identify ways in which you can engage patients and families to help achieve your hospital’s short-, mid-, and long-term goals. This can help identify opportunities and priorities.
- **Assess the degree to which your hospital’s current policies and practices reflect best practices for patient and family engagement.** Conducting an initial assessment of your organization’s patient and family engagement and patient- and family-centered care policies helps you understand where your organization can make improvements. It also provides you with baseline data by which to assess improvements.
- **Review quality information and data related to core hospital processes.** Look at any quality information your hospital currently collects to identify areas for improvement. For example, many of the CAHPS® Hospital Survey measures reflect key elements of patient and family engagement — particularly those related to patient-provider communication, pain management, medications, and the provision of discharge information. It can also be helpful to examine patient feedback, such as phone calls or letters, or recent events at the hospital. Focus on both positive and negative feedback and events.
- **Get input from clinicians, hospital staff, patients, and families.** Gathering input from clinicians, hospital staff, patients, and families on experiences, ideas for changes and improvements, and questions or concerns can help define the care experience at your hospital and create a shared vision of what the ideal experience would look like. Getting input from these parties also can help you identify potential barriers to implementing patient and family engagement generally (and the *Guide* specifically) and begin to gather input about how to address these barriers. If your hospital is working with patient and family advisors, this is a great

time to reach out to them to help assess your hospital's strengths, areas for improvement, and ways in which the *Guide* strategies can contribute to improvements.

Visitation policies and patient and family engagement

It is difficult for organizations to provide patient- and family-centered care if times for family presence are limited. Families should be “respected as part of the care team — never visitors — in every area of the hospital, including the emergency department and the intensive care unit.”¹ Therefore, it is helpful for hospitals to review (and change if needed) policies related to visitation and family presence. The term “family” has many meanings and can include bonds created by marriage, ancestry, close friendships, shared child rearing, and romantic relationships. Patients should be allowed to define who their “family” is and how they want them involved.

In November 2010, the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services announced a new rule granting patients the right to choose their own visitors during a hospital stay. Under this rule, hospitals are required to explain to all patients their rights to choose who may visit them during an inpatient stay and to note that “visitors” may include family members, friends, or any other type of visitor. For hospitals, the consequences of not adhering to this broad definition of visitors could include being barred from participating in the Medicare and Medicaid programs.²

Some resources that may help your organization assess family visitation policies are:

- **Are Families Considered Visitors in Our Hospital or Unit?** is a checklist from the Institute for Patient- and Family-Centered Care that is designed to help hospitals examine their practices and infrastructure to assess how well patient and family presence and participation is supported. Available at: <http://www.ipfcc.org/advance/arefamiliesvisitors.pdf>
- **Changing Hospital Visiting Policies and Practices: Supporting Family Presence and Participation: Executive Summary**, also from the Institute for Patient- and Family-Centered Care, provides guidelines with respect to changing hospital visitation policies and practices and includes examples of policies. Available at: <http://www.ipfcc.org/visiting.pdf>

Review the *Guide* Strategies

After assessing your hospital's needs and capabilities, review the strategies in the *Guide* to see which ones help address identified needs, build on capabilities, and **match with your hospital's strategic priorities**. The four strategies included in the *Guide* are:

Why These Strategies?

The *Guide* is designed to be a flexible set of strategies and tools. These four strategies were chosen for inclusion in the *Guide* because they:

- Describe critical opportunities for hospitals to engage patients and families and to create partnerships between patients, families, and hospitals around the same goals.
- Give concrete, actionable behaviors for patients, families, clinicians, and hospital staff.

Affect the majority of patients in the hospital, rather than a few individuals or target groups.

- **Strategy 1: Working With Patients and Families as Advisors** shows how hospitals can work with patients and family members as organization-level advisors by providing a mechanism for involving patients and family members in policymaking; facility design; and the planning, delivery, and evaluation of care.
- **Strategy 2: Working With Patients and Families at the Bedside: Communicating to Improve Quality** helps improve communication between patients, family members, clinicians, and hospital staff from the point of admission, including giving patients a clearer understanding of how to ask questions, who to go to for information or help, and how to participate in their care.
- **Strategy 3: Working With Patients and Families at the Bedside: Nurse Bedside Shift Report** supports the safe handoff of care between nurses by involving the patient and family in the change-of-shift report for nurses.
- **Strategy 4: Working With Patients and Families at the Bedside: Care Transitions from Hospital to Home: IDEAL Discharge Planning** helps reduce preventable readmissions by engaging patients and family members in the transition from hospital to home.

Hospitals can implement as many or as few of the strategies as desired. However, Strategy 1 (Working With Patients and Families as Advisors) is a foundational strategy that can help lead to real organizational change. Hospitals that participated in the *Guide* pilot implementation project reported that working with patient and family advisors contributed to cultural change and a heightened awareness of the importance of patients and families in planning and delivering care. For the bedside strategies (Strategies 2 through 4), multiple strategies can be implemented together or in sequence.

Step 2: Get Commitment From and the Support of Hospital Leadership

Having leaders who can advocate for and participate in change initiatives significantly increases the likelihood of learning, innovation, and sustainability.^{3,4} Hospital leaders communicate the importance of partnering with patients and family members, provide resources, and set the tone for effective partnerships.

In some cases, the impetus for patient and family engagement originates from the top leadership level (e.g., the hospital board, the C-suite, or clinical leadership). In this case, hospital leaders may already be involved. In other cases, the impetus for patient and family engagement comes from unit leaders or other key individuals, and you will need to feed information upward.

Regardless of where the effort originates, organizational change for patient and family engagement requires strong leadership at multiple levels:

- **Boards of directors** play a critical role in setting the tone for the entire organization.⁵
- **Senior leaders** (e.g., members of the C-suite) ensure that the organizational transformations required for patient and family engagement efforts occur.
- **Clinical leaders** assume responsibility for the ongoing program, set expectations for superior performance, model behaviors, and mobilize improvement efforts.⁶⁻⁸
- **Other hospital leaders**, such as unit managers, ensure that engagement efforts occur daily.

How to bring senior leaders on board

Research conducted to evaluate the *Guide* found that having visible support from senior hospital leaders was one of the critical elements for successful implementation of the *Guide* strategies. “Visible support” included highlighting the hospital’s focus on providing patient- and family-centered care in communications with staff, ensuring necessary resources for implementation, and modeling desired behaviors via activities such as leadership rounds.

If senior leadership is not already involved, it is helpful to develop a succinct explanation of what you want to do, why you want to do it, and what resources you will need. When talking to hospital leaders, keep your rationale short and sweet. Talk about how patient and family engagement:



Guide Resources

The Guide to Patient and Family Engagement: What Is It, and How Does It Benefit Our Hospital? is a PowerPoint presentation with talking points about the benefits of patient and family engagement and the support that is needed.

How Patient and Family Engagement Benefits Your Hospital contains more detailed information about why patient and family engagement is important.

Supporting Patient and Family Engagement: Best Practices for Hospital Leaders provides specific advice and suggestions about how senior leaders can create a supportive environment for patients and families.

- Relates to and can help achieve your hospital's strategic goals or key areas outlined in the mission statement, vision statement, and strategic plan
- Can help your hospital realize quality and safety improvements (e.g., improvements in CAHPS Hospital Survey scores, decreases in length of stay, and reductions in preventable readmissions)
- Can lead to improved staff satisfaction
- Can lead to improved financial performance due to decreased litigation and malpractice claims, fewer complications, and shorter lengths of stay
- Can help differentiate your hospital from other competitors by establishing a brand identity around patient and family engagement
- Relates to issues of local or regional importance (e.g., any high-profile stories about hospital quality; safety issues; existing or proposed legislative mandates, such as Massachusetts' mandate that hospitals create patient and family advisory councils; or any issues that have occurred recently at your hospital)

Having a face-to-face conversation can be helpful in identifying and allaying concerns, as shown by the experiences of one of three hospitals that implemented the *Guide* in a year-long pilot project. At Advocate Trinity Hospital in Chicago, IL, the clinical manager of a medical-surgical unit was responsible for overseeing implementation of the *Guide* strategies. The clinical manager met with Trinity's patient safety committee chair to discuss bringing patient and family advisors into the committee. Although the patient safety committee chair was initially hesitant about liability and legal ramifications, the clinical manager was able to allay these fears by walking the committee chair through the *Guide* materials on working with patient and family advisors.

During conversations with senior leaders, discuss any data you have collected during Step 1, such as information from patient experience of care surveys, CMS quality care measures, or informal feedback from patients and families. Think about your leadership audience and what issues are likely to be most compelling (e.g., financial or personal stories) to help you make the argument.

It is also important to outline the overall aim and scope of your effort, either in the initial conversation or subsequent conversations. This includes providing specific information about which *Guide* strategies you want to implement, what resources will be involved, and what baseline data you are trying to improve.

Once you have reached out to hospital leaders, it is important to promote and sustain their interest. Even if senior leadership is already engaged, the tactics below may help reinforce or sustain their commitment to patient and family engagement. Also remember that building a base of support and obtaining buy-in is not a one-

time occurrence. Regular communication emphasizes the ongoing opportunities for and benefits of patient and family engagement.⁹

Check in with hospital leaders at meetings

Throughout the process of identifying areas for improvement, selecting the *Guide* strategies to implement, and implementing and evaluating the strategies, it is important to ensure the continued engagement of hospital leadership. One way to do this is to ask for time on the agenda at regular senior leadership and board meetings, at clinical leader meetings, or at clinician staff meetings to provide updates on your efforts. If possible, ask a patient or family member who has received care at your hospital to attend the meeting with you. One of the most powerful ways to convince senior leaders of the merits of patient and family engagement is to create connections with patients and family members.^{10,11} If a patient or family member cannot attend in person, solicit and share a few stories.

Have leaders conduct rounds with patients and families

Another way to promote patient and family engagement is to have leaders conduct rounds with patients and families. Leadership rounds are regular announced or unannounced visits in which leaders interact directly with patients and families, either by visiting current patients on specific units or by inviting patients and family members to scheduled chat sessions. Leadership rounds offer the opportunity for leaders to observe staff, clinicians, patients, and family members and talk with them in a nonthreatening way about quality, safety, and other related issues. Rounds often include personal discussions with patients and staff that allow leaders to hear firsthand what is happening on the front lines of care and solicit suggestions for improvement.^{12–14} These conversations can give leaders a good sense of the potential value of patient and family engagement and help inform dialogue in the board room.¹⁵ A good way to get board members involved is to hold leadership rounds before regularly scheduled board meetings.

Invite staff and leadership to do a walkabout

Walkabouts help hospital leaders explore the hospital experience through the eyes of patients and family members. If possible, invite several patients or family members to participate in this activity. Begin at the first point of entry into the hospital (e.g., the parking lot) and continue to the inpatient unit and throughout the unit, including the patient rooms, treatment rooms, admitting area, family lounge, and other areas visible to patients and families. At each point, observe how the hospital welcomes, engages, and supports patients and families. These findings will give a different context for meetings and discussions.

Both leadership rounds and walkabouts are additional ways to gather data and identify potential areas for improvement.

Guide Resources



Strategy 1, Implementation Handbook: Working With Patients and Families as Advisors has detailed information about how to conduct a walkabout.

Step 3: Form a Multidisciplinary Team that Includes Patients and Families to Plan Implementation of the *Guide* Strategies

Patient and family engagement creates an environment in which hospital leaders, clinicians, hospital staff, patients, and families work together as partners to promote improvements in care. Therefore, all of these groups, including patients and families, should be represented on a multidisciplinary team that has responsibility for planning and implementing your patient and family engagement efforts.

In cases where your hospital is starting from a blank slate in identifying areas for improvement, task the multidisciplinary team with gathering and reviewing a variety of information to help identify needs (as described in Step 1). In cases where your hospital already has identified key improvement areas, ask the multidisciplinary team to weigh in on and prioritize these areas. The multidisciplinary team can help clarify these ideas and ensure that everyone's perspectives are reflected.

Recruit team members

The composition of the multidisciplinary team will vary depending on what works best for your hospital. Ideally, the team will include clinician and hospital staff champions, other key staff, and patient and family advisors. Also think about ways to ensure that hospital leaders either sit on the team or are informed about your efforts.

- **Clinician and staff champions.** Respected by their peers within their area of expertise, champions help achieve buy-in by engaging their peers on a different level than top management.^{5,6} Over time, champions can help convince their peers of the quality and safety benefits of patient and family engagement and also model best practices and behaviors.¹⁶ Recruit individuals who have an interest in working with patients and family members, are respected by both senior leaders and their peers, and have the passion and skill set necessary for planning patient and family engagement efforts.
- **Other key staff.** To broaden the multidisciplinary team's reach, include other staff members who can help promote and support patient and family engagement. These additional staff members will depend on your organization but may include child and family life specialists; social workers; heads of quality and safety committees; and staff from patient affairs, family services, patient- and family-centered care, or quality improvement departments.

Guide Resources



Strategy 1, Implementation Handbook: Working With Patients and Families as Advisors has detailed information about how to identify and recruit patient and family advisors.

- **Patient and family advisors.** Patient and family members are critical members of the team. They should not be token members and should have the same voice and presence on the committee as hospital clinicians and staff. If your hospital already works with patient and family advisors, ask several of them to sit on the multidisciplinary team. If your hospital does not have experience working with patient and family advisors, look for several patients or family members who have had recent care experiences at your hospital and who are interested in helping to make improvements.
- **Hospital leaders.** To be effective, patient and family engagement must be integrated into the organizational culture. Therefore, involving hospital leadership is critical to promoting and supporting change. Hospital leaders (e.g., board members, the chief executive officer, the chief medical officer, the chief nursing officer) may not need to be involved on an everyday basis, but consider ways that the team can report to and engage senior leadership on an ongoing basis. Also think about other leaders to involve (e.g., unit directors and nurse managers).

Plan implementation

If priorities for patient and family engagement have not yet been identified, the multidisciplinary team can help clarify them and identify which *Guide* strategies are the best fit for your hospital (as in Step 1). In selecting strategies, think about providing opportunities for success as a pathway to wider scale change.

Three hospitals that participated in a year-long pilot implementation of the *Guide* found that a key to success was beginning with implementation of the *Guide* bedside strategies (Strategies 2 through 4) on a single, higher performing unit. This allowed hospitals to target their resources and focus attention on achieving small-scale success before large-scale implementation. An added benefit of beginning implementation on a single unit was that it fostered a sense of unit pride and enabled staff to serve as champions for the large-scale roll out.

The multidisciplinary team also can help set time-specific goals, establish measures of improvement, use a standardized process for implementation, measure progress toward goals, and provide timely feedback about that process. These are all things done by hospitals that are top performers in quality, safety, and patient and family engagement.^{6,17,18} Use your multidisciplinary team for input about how to adapt the strategies and tools in the *Guide* for your hospital.

Helpful Link



For more information about planning, implementing, and evaluating quality improvement strategies, visit the Institute for Healthcare Improvement's "How to Improve" Web site. Available at:
<http://www.ihl.org/knowledge/Pages/HowtoImprove/default.aspx>

Step 4: Implement and Evaluate the *Guide* Strategies

Implementation

An implementation handbook accompanies each of the four strategies included in the *Guide*. These handbooks contain information, guidance, and specific instructions to help your organization plan and implement each strategy.

The checklist below summarizes critical steps to be completed in planning for implementation. Regardless of the order in which these steps are conducted, completing all of these activities will help you get the most out of the *Guide* strategies and resources.

Implementation Checklist

- Assess your hospital's needs and capabilities**
 - Review the hospital's strategic plan and short- and long-term goals
 - Assess the hospital's current policies and practices for patient and family engagement, including family visitation policies
 - Review quality information and data related to core hospital processes
 - Get input from clinicians, hospital staff, patients, and families
- Identify which strategies are the best fit for your hospital's needs and capabilities**
 - Review the *Guide* strategies and materials
 - Identify strategies that reflect the hospital's priorities
- Get commitment from and support of hospital leadership**
 - Develop a succinct explanation for senior leadership of what you want to do, why you want to do it, and what resources you will need
 - Reach out to hospital leaders via regular meetings, rounds with patients and families, or walkabouts
- Identify the overall scope and aims for the *Guide* strategy — either initially with senior leadership or with the multidisciplinary team**
- Form a multidisciplinary team to plan implementation**
 - Recruit team members, including clinician and staff champions, key hospital staff, patient and family advisors, and hospital leaders
 - Review data and information collected in Step 1 and prioritize or clarify areas for improvement

- Finalize which strategies will be selected for implementation
- Identify which unit or units will implement the *Guide* strategy or strategies
- Adapt the *Guide* tools for your hospital
- Identify ways to evaluate implementation (see more information below)**
 - Identify potential data sources
 - Identify ways to collect and analyze information
 - Identify ways to provide feedback to staff and senior leadership

Evaluation

Organizations engaging in patient and family engagement initiatives need to create structures and metrics to evaluate their impact. Evaluating patient and family engagement efforts and attributing the results of engagement efforts can be challenging. The implementation handbooks for each of the *Guide* strategies provide guidance on ways to assess the success of your efforts. Ongoing evaluation:

- Assesses the effectiveness of interventions and whether they should be continued, expanded, or made permanent
- Identifies and addresses any problems to stimulate ongoing improvement
- Keeps key stakeholders apprised of progress in meeting key priorities related to patient and family engagement
- Keeps individuals engaged and enthusiastic by demonstrating whether goals and objectives are being met⁹

Evaluation of patient and family engagement efforts can also inform the annual performance review, compensation, and determination of awards and recognition for both individuals and departments. Hospitals can incorporate patient and family engagement measures into existing performance dashboards that include metrics related to key strategic areas outlined in the mission statement, vision statement, and strategic plan. Initially, such measures may relate to processes, such as having a patient or family advisor on a short-term project. Over time, metrics included on dashboards may evolve into more outcomes-oriented measures, such as CAHPS Hospital Survey scores, including overall scores and scores on questions that relate more directly to the patient and family experience and level of patient and family engagement.

Hospital Examples:

Adding Questions to Patient Experience of Care Surveys to Assess Patient and Family Engagement Strategies

Valley View Hospital in Glenwood Springs, CO, added survey questions to its experiences of care survey to address five issues related to patient and family engagement:¹⁵

- Staff effort to include patients in decisions about treatment
- Extent to which patient and family are educated on how to report concerns related to care, treatment, services, and patient safety
- Extent to which patient and family are educated on how to request additional assistance if an urgent response is needed
- Extent to which staff checks two forms of identification before giving medications, drawing blood, or transporting for a test
- Extent to which staff cleaned/sanitized their hands before examining the patient

The University of Washington Medical Center added these questions to its survey:¹⁵

- Degree to which patient and family could participate in care decisions
- How well staff explained their roles in care
- Degree to which staff supported family members throughout the health care experience
- Degree to which the patient's choices were respected to have family and friends present during care
- Degree to which staff respected the family's cultural and spiritual needs

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Supporting Patient and Family Engagement: Best Practices for Hospital Leaders

Key Takeaways

Hospital leaders have a critical role in creating and sustaining a supportive environment for patient and family engagement.

Leaders make a commitment to patient and family engagement by:

- Modeling partnerships with patients and families
- Reaching out to staff, clinicians, patients, and families to identify and overcome barriers
- Providing resources and support
- Providing incentives that encourage the adoption of staff behaviors to facilitate patient and family engagement

The *Guide to Patient and Family Engagement in Hospital Quality and Safety* is an evidence-based resource to help hospitals improve quality and safety by engaging patients and family members.* Patient and family engagement creates an environment in which clinicians, hospital staff, patients, and families work together as partners to improve the quality and safety of care.

Strong hospital leadership is essential for creating and sustaining a supportive environment for patient and family engagement.⁽¹⁻⁵⁾ The ability of hospital leaders to advocate for and participate in change initiatives significantly increases a hospital's ability to innovate and sustain change.^(4, 6) Effective leaders:

- Communicate the hospital's vision and values related to patient and family engagement
- Serve as role models for partnering with patients and family members
- Provide the necessary infrastructure and resources
- Involve and support clinicians and hospital staff in patient and family engagement initiatives
- Integrate patient and family engagement into personnel policies and practices

Throughout this document, we have included examples and real-world experiences from hospitals that participated in a series of interviews. This document also contains information from three hospitals that implemented the *Guide* strategies in a year-long pilot project: Advocate Trinity Hospital in Chicago, IL; Anne Arundel Medical Center in Annapolis, MD; and Patewood Memorial Hospital in Greenville, SC.

* The *Guide* was developed for the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality by a collaboration of partners with experience in and commitment to patient and family engagement, hospital quality, and safety. Led by the American Institutes for Research, the team included the Institute for Patient and Family-Centered Care, Consumers Advancing Patient Safety, the Joint Commission, and the Health Research and Educational Trust. Other organizations contributing to the project included Planetree, the Maryland Patient Safety Center, Aurora Health Care, and Emory University Hospital.

Communicate the hospital's vision and values related to patient and family engagement

Leaders who explicitly communicate the vision for patient and family engagement help ensure that everyone recognizes the importance of patient and family engagement for improving the safety and quality of hospital care.

Align the hospital's mission and vision statements to support patient and family engagement

Mission and vision statements are tangible representations to clinicians, staff, patients, and families of a hospital's commitment to patient and family engagement. They also help create a pathway for change by fostering a shared sense of purpose and prioritizing critical elements.⁽⁷⁾

Ideally, the hospital's mission statement should:

- Articulate a clear commitment to patient and family engagement
- Reflect the perspectives and input of all involved parties, including clinicians, staff, patients, and family members⁽⁸⁾
- Articulate simple elements that can be easily repeated and embedded in routine activities⁽⁹⁾

Cooper University Hospital's Vision Statement

Cooper University Health Care in Camden, NJ will be the health care leader in the Delaware Valley providing exceptional medical care and service for every patient, every day in a patient-centered, family-focused environment.

- A patient is an individual to be cared for, not a medical condition to be treated.
- Each patient is a unique person with diverse needs.
- Each staff member is a caregiver whose role is to meet the needs of each patient.
- Our patients are our partners and have knowledge that is essential to their care.
- Our patients' family and friends are also our partners in our patients' well-being, and we welcome their involvement.
- Access to understandable health information is essential to empower patients to participate in their care, and it is our responsibility to provide access to that information.
- The opportunity to make decisions is essential to the well-being of our patients. It is our responsibility to maximize patients' opportunities for choices and to respect those choices.
- Our patients' well-being can be enhanced by an optimal healing environment.
- In order to effectively care for our patients, we must also care for each other.
- Patient-and family-centered care is the core of a high-quality health care system and a necessary foundation for safe, effective, timely, and equitable care.

Incorporate patient and family engagement into the hospital's strategic plan

A hospital's strategic plan can help lay out how patient and family engagement fits into organizational processes on a daily, operational basis. For example, as part of a process to integrate various entities under a common organizational umbrella, the University of Wisconsin Health system in Madison, WI, added "service excellence" as a formal strategic pillar. In defining service excellence, the strategic plan emphasized the organization's focus on patient- and family-centered care and patient and family engagement. The strategic focus on service excellence led to several specific initiatives, including allowing family members on hospital units 24 hours a day, creating patient and family advisory councils, and including patients and families on various quality and safety committees.⁽¹⁰⁾ At Patewood Memorial Hospital, the strategic pillar of "service" includes an explicit recognition of the focus on patients and families. This is also reflected in the Philosophy of Professional Nursing, which is based on patient- and family-centered care and the Planetree model of patient-centered care. Anne Arundel Medical Center formally incorporates patient- and family-centered care into their organizational goals and strategic plans. For example, in fiscal year 2012, implementing bedside shift report hospital-wide was an organizational goal in the strategic plan. Anne Arundel Medical Center's written policies and procedures also reflect the value placed on patient- and family-centered care, acknowledging the importance of information sharing, participation, and collaboration between staff, patients, and families.

Repeatedly communicate the organization's mission, vision, and commitment to patient and family engagement

Another essential role for senior leadership is disseminating clear and consistent messages about the importance of patient and family engagement. In doing this, it is important for leaders to find ways to communicate with staff on a regular basis. For example, the chief executive officer of the University of Wisconsin Health sends out a weekly one-page communication to all staff members that focuses on the organization's key strategic priorities, including patient and family engagement.⁽¹⁰⁾ Likewise, the chief executive officer and other senior leaders at Enloe Medical Center in Chico, CA, send out weekly messages about patient and family engagement-related issues that can be accessed on a dedicated employee phone line. Emails encourage staff to listen to the messages which are also posted in hard copy in areas where employees and physicians congregate.⁽¹⁾ As noted by the former chief executive officer of Cincinnati Children's Hospital in Cincinnati, OH, this type of frequent communication also needs to be accompanied by clear expectations for clinicians and staff (e.g., providing the message that patient and family engagement is an expectation, not a choice).⁽¹¹⁾

Incorporate patient and family stories whenever possible

Another strategy for conveying the importance of patient and family engagement is using patient and family stories to describe the type of care your hospital is striving to provide. This means telling patients' stories, not just sharing statistics, when discussing successes and failures. Some organizations have created a policy whereby every meeting begins with a "mission moment" during which a staff member shares a story about a particular patient or reads a patient letter. The patient story establishes the tone for the meeting and reminds attendees to discuss issues with patients and families in mind.⁽¹⁾

Share outcomes related to patient and family engagement

Leaders not only put systems into place to measure the outcomes of patient and family engagement but also share collected data and outcomes with clinicians and staff.⁽¹²⁾ By sharing quality and safety data about the organization, leaders help create a culture of transparency and improvement. Sharing data also helps staff identify areas for improvement and allows them to see what the hospital is doing well. Sharing positive experiences can be particularly important in helping staff to celebrate successes and build on areas of strength. At Advocate Trinity Hospital, the implementation of Strategies 2, 3, and 4 from the *Guide* on a medical-surgical unit resulted in improved CAHPS® Hospital Survey scores. Hospital leadership made a point of recognizing these outstanding scores throughout the hospital.

Serve as role models for engaging in partnerships with patients and family members

By "talking the talk" and "walking the walk," hospital leaders emphasize the importance of patient and family engagement and model how to engage in best practices daily.⁽¹³⁾

Conduct leadership rounds with staff, patients, and family members

Rounding connects senior leaders and board members with patients and families and signals to staff that leadership is committed to patient and family engagement. At Alegent Health at Midlands in Papillion, NE, for example, the chief operating officer regularly conducts leadership rounds, often taking pictures of things he finds inspiring and sharing the photos in presentations and newsletters to reinforce patient- and family-centered practices.⁽¹⁾ At Advocate Trinity Hospital, leaders conducted rounds with patients to ensure that nurse change-of-shift reports were happening at the bedside as planned and to obtain patients' perspectives. Including patients and family members in leadership rounding teams can send an even stronger message about the importance of patient and family input and insight.



Helpful Link

For more information about conducting leadership rounds:

Patient Safety Leadership WalkRounds

Available at:

<http://www.ihl.org/knowledge/Pages/Tools/PatientSafetyLeadershipWalkRounds.aspx>

Establish channels for direct communication with patients and family members

Senior leaders can communicate and interact directly with patients and family members in ways that publicly emphasize two-way communication. For example, the former chief executive officer of the University of Colorado Hospital in Aurora, CO, started a program whereby patients and family members could send him feedback about their experiences via email. He responded to each email personally and often forwarded relevant messages to appropriate staff so that they could see the feedback, whether positive or negative.⁽²⁾ This program sent a strong signal to the entire organization on the importance of listening to patients and families.

Involve patients and families in the development of policies and procedures

Leaders can also involve patients and family members as hospital-level advisors and enforce the authentic involvement of these advisors in the planning, development, implementation, and evaluation of hospital policies and procedures. This can involve, for example, requiring that any planning initiative include patients and family members as part of the team before the initiative can move forward.

Attend meetings of Patient and Family Advisory Councils to discuss hospital priorities and seek input from council members

At hospitals within University of Wisconsin Health, the chief executive officer, chief medical officer, and senior vice president for patient care services periodically attend meetings of the patient and family advisory councils.⁽¹⁰⁾ At Duke University Health system in Durham, NC, the chancellor of the health system, senior leaders from the system's hospitals, the system-level patient safety officer, and chief nursing officer regularly attend meetings of Duke's Patient Advocacy Council to receive feedback and reinforce leadership commitment to patient- and family-centered care.⁽¹⁴⁾ At Anne Arundel Medical Center, the chief nursing officer regularly attends meetings of their patient and family advisory council.

Provide the necessary infrastructure and resources

Although hospitals do not need to make major investments to effectively implement patient and family engagement strategies, moving forward does require resources to create and maintain opportunities for patient and family engagement.



Guide Resources

Strategy 1: Working With Patients and Families as Advisors contains information and tools to help hospitals begin to work with patients and families as organizational-level advisors.

Create an organizational structure with a place for patient and family engagement

Creating an organizational structure with a place for patient and family engagement helps ensure responsibility and accountability for progress. The specific organizational structure for patient and family engagement and patient- and family-centered care will vary from organization to organization.

For example, Cincinnati Children’s Hospital created a core corporate function, housing patient- and family-centered care under the senior vice president for quality and transformation. Other organizations elect to set up a small, dedicated office or department to support patient- and family-centered care.⁽²⁾ Still other organizations have created a steering committee for patient- and family-centered care or a patient experience team with responsibility for these functions.

Provide resources for staff positions to support patient and family engagement

Staff will need time to develop, implement, integrate, and coordinate various initiatives, such as recruiting, selecting, and training patient and family advisors or establishing patient and family advisory councils. If hiring new staff is not feasible, existing staff should be allocated time for patient- and family-centered care activities. Important roles may include an executive sponsor for patient- and family-centered care, patient- and family-centered care coordinators, staff liaisons to facilitate the process of developing partnerships with patient and family advisors, and unit coordinators to assist with patient- and family-centered care initiatives on the clinical unit.⁽¹²⁾ These key staff members at the operational level help translate the hospital leaders’ vision into practical programs and procedures. Frequently, these individuals are existing clinical staff, such as nurse leaders, who are well-respected and who have institutional memory and the necessary connections at both the administrative and clinical levels to get things done.⁽²⁾ Although each hospital will choose to assign resources differently, patient and family engagement activities can take up a meaningful portion of time. For example, at SUNY Upstate in Syracuse, NY, the staff champion for patient- and family-centered care spends roughly three-quarters of her time on activities related to patient- and family-centered care, including integrating such activities throughout the organization.⁽²⁾



Guide Resources

Strategy 1: Working With Patients and Families as Advisors contains additional information about the role of the staff liaison.

Provide opportunities for ongoing education and training

Hospital leaders have a critical role in providing training and support for administrative leaders, clinicians, and staff on how to collaborate and partner effectively with patients and families. Investing in staff development related to patient and family engagement helps staff partner meaningfully with patients and families not only in direct patient care but also in quality and safety initiatives, educational endeavors, evaluation, and research.⁽¹²⁾

For some organizations, investing in temporary or permanent coaches helps with the transition to patient and family engagement. For example, the University of Washington Medical Center's Office of Medical Affairs in Seattle, WA, employs a nurse who serves as "MD Coach." The coach observes residents as they conduct patient interviews and assessments and then provides feedback on residents' skills in communicating with and engaging patients and family members.⁽¹⁾ Other organizations provide opportunities for formal education, training sessions, or retreats. For example, Georgia Health Sciences Health System in Augusta, GA, held a series of 4-hour offsite retreats to focus on patient- and family-centered care after which staff were required to develop an action plan tailored to their sites.⁽²⁾ Mid-Columbia Medical Center in The Dalles, OR hosted a 5-day cultural orientation process for all employees featuring an "experience center" that allowed staff to act as patients.

Build in longer-term resources for the expansion of activities

In the long-term, it may be necessary to invest in new resources or the upgrading of existing resources to further your organization's commitment to patient and family engagement.⁽¹⁵⁾ For example, hospitals may wish to invest in information technology and create patient portals and Web sites that let patients and family members access vital information about the hospital and their care (e.g., about facilities and services or clinical information), communicate with physicians, make appointments, view personal health information, or retrieve test results. As another example, hospitals may wish to invest in the physical environment. Because the quality of the physical environment in which care is provided represents a critically important component of patient- and family-centered care, hospitals may make an investment in physically altering patient rooms or common spaces in accordance with patient- and family-identified needs.⁽⁹⁾

Involve and support clinicians and hospital staff in patient and family engagement initiatives

Creating a culture of patient and family engagement will be more likely to succeed if senior leaders include hospital staff in the change process from the beginning, listen to and address their concerns, and support them throughout the process.

Offer a range of opportunities for staff involvement in planning, implementation, and evaluation

Involving staff in all phases of initiatives helps address staff concerns and creates buy-in for patient and family engagement. For example, leaders can involve staff in developing statements of core values and new practices, ask nurses to help revise job expectations, or invite frontline staff to participate in the planning process for new patient and family engagement initiatives. Also, giving autonomy to mid-level leaders, such as nurse managers, to implement day-to-day activities helps ensure efforts are implemented in a way that works best for the staff and patients on the unit. These opportunities should complement the availability and schedule of clinicians and hospital staff so that it is not seen as one more thing to do.

It also is important to involve different types of staff in patient and family engagement efforts. For example, when Advocate Trinity Hospital implemented its bedside change-of-shift report, all staff on the unit – including certified nursing assistants and unit secretaries – played a role. Certified nursing assistants conducted their own bedside change-of-shift report, focusing on mobility, toileting, and bed positioning. Unit secretaries met with patients at the beginning of their shift to make sure patient needs were met and that they had their discharge packet. This participation fostered a sense of ownership, pride, and engagement across the unit.

Communicate regularly and openly with staff

During face-to-face discussions, hospital leaders can reiterate the organization's commitment to patient and family engagement and make sure staff has the support they need to continue in these efforts.⁽¹⁾ Some leaders set aside specific times to be available to staff through town hall meetings, breakfast sessions, or other venues to give each employee the opportunity for personal contact at least once a year. During conversations with staff, leaders should be open about challenges and emphasize that patient and family engagement is a journey, not a destination.

Create opportunities for peer-to-peer learning

Creating mechanisms to bring together physician and other clinical staff leaders gives staff the opportunity to problem solve challenges associated with the hospital's patient and family engagement journey. For example, Advocate Trinity Hospital used a train-the-trainer model when they implemented strategies from the *Guide* on a medical-surgical unit. Nurse leaders identified and trained two nurse champions who then served as trainers for their peers. At Aurora Health Care in Milwaukee, WI, a physician advisory council gave physician leaders an opportunity to discuss the challenges of implementing changes throughout the system.

To further leverage this peer-to-peer approach, several Aurora physicians produced videos that told fellow physicians how they could incorporate patient and family engagement into everyday practice.⁽¹⁾

Integrate patient and family engagement into personnel policies and practices

Integrating patient and family engagement into personnel policies and practices transforms patient and family engagement from something that is “nice to do” to something that is necessary.

Incorporate patient and family engagement in job descriptions

Creating job descriptions that emphasize patient and family engagement can guide recruitment and hiring processes, ensure clear expectations for behavior, and serve as a template for evaluating and rewarding performance.⁽²⁾ Physician contracts also can be revised to specify patient and family engagement practices. Even minor tweaks can serve as a reminder to staff that patient and family engagement is a part of their everyday jobs.

Incorporating patient- and family-centered care practices into job descriptions

The University of Washington Medical Center revised job descriptions for frontline clinical staff to incorporate patient- and family-centered care practices.⁽¹⁾

Original text

(related to one responsibility):

“Assess patient pain interfering with optimal level of function or participation in rehabilitation.”

Revised text:

“In discussion with patient and/or family, assess patient pain interfering with optimal level of function or participation in rehabilitation.”

Set expectations during the hiring and orientation process

Hiring new employees and the orientation process are opportunities to set expectations about patient and family engagement. Having patient and family members help interview potential hires or take part in new employee orientations is one way to send a particularly powerful message to new staff. For example, at Georgia Health Sciences University, new employee orientation includes a session on patient- and family-centered care principles, standards and practices, and the role of patient and family advisors.⁽²⁾

Incorporating patient- and family-centered care in the hiring and orientation process

Monroe Carell Jr. Children’s Hospital at Vanderbilt in Nashville, TN, makes patient and family engagement an integral part of both the hiring and orientation process. As part of the process of defining core values, hospital leaders created a framework for continuous learning known as FOCUS (Family-centered care, One team, Continuous improvement, Unique environment for children, and Service excellence). Using FOCUS, leaders restructured hospital processes and policies, including recruitment and hiring, to reflect these values. Prospective employees learn about FOCUS during the application and interview process, including learning how to translate FOCUS values into individual behaviors. New employees also sign a statement indicating their commitment to FOCUS values. These efforts set very clear expectations for all new hires about the importance of patient- and family-centered care and patient and family engagement within the organization.(2)

Create a “compact” with medical and other staff

Virginia Mason Hospital and Medical Center in Seattle, WA, developed a physician compact that focuses on each party’s role and obligations in promoting patient and family engagement. Signed by leadership and physicians, the document replaced an unspoken compact that defined a relationship based on “entitlement, protection, and autonomy” with a new one focused on the patient.(9) Compacts or other agreements should be reviewed and re-signed yearly.

Include patient and family engagement in annual performance reviews

Monroe Carell Jr. Children’s Hospital at Vanderbilt incorporates patient- and family-centered care values into its annual appraisal process by asking each employee to describe an example of how he or she has applied these values in the past year.(2)

Tie compensation to patient and family engagement

Tying compensation structures, including annual raises or bonuses, to measures of patient and family engagement sends a powerful message about the importance of active collaboration with patients and family members. Any financial incentives should apply at all levels of the organization, from senior leaders to medical staff to frontline employees. As one example of tying compensation to patient and family engagement, Georgia Health Sciences Health System uses compensation to promote patient- and family-centered care by allocating a significant portion of the

\$40 million available in annual staff bonuses to performance on related competencies.(2) When they implemented strategies from the *Guide*, Advocate Trinity Hospital tied implementation to research-oriented goals required in their program for promoting nurses up the clinical ladder.

Create nonfinancial rewards and recognition.

Informal recognition of staff who go above and beyond in their efforts to practice and promote patient and family engagement can be another powerful incentive. Informal recognition can include newsletter articles, employee-of-the-month programs, and other awards or prizes to recognize and honor individuals or departments.(1) For example, one academic medical center awards a mobile patient satisfaction trophy each quarter to the department with the highest score on a particular Press Ganey satisfaction survey question and to the department that shows the most improvement each quarter. These awards have a major effect on staff morale and behaviors. Winning departments receive recognition within the organization, including being featured prominently in an internal newsletter.(16) Similarly, Anne Arundel Medical Center awards a most improved banner to individual units based on patient satisfaction scores.

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