



# Patient and Family Engagement (PFE) Quickinar Series Session 10

## Selecting, Training, and Engaging Patient and Family Advisors (PFAs)

# CMS Definition of PFE

“Patients and families are partners in defining, designing, participating in, and assessing the care practices and systems that serve them to assure they are respectful of and responsive to individual patient preferences, needs, and values.

“This collaborative engagement allows patient values to guide all clinical decisions and drives genuine transformation in attitudes, behavior, and practice.”

—Centers for Medicare & Medicaid Services (CMS)

# OBJECTIVES

- Explore how to get started with patient representation at your facility.
- Review the PFE *Roadmap to Success*.
- Give examples of how to operationalize PFE and patient and family advisory council (PFAC) activities.
- Discuss importance of developing mutual trust.
- Examine confidentiality and HIPAA\* guidelines training for PFAs.

# CMS Metrics for PFE

PFE METRIC	INTENT	MUST BE IN PLACE TO MEET METRIC	Resources
<b>1 Planning Checklist for Scheduled Admissions</b>	For all scheduled admissions, hospital staff discuss a checklist of items to <u>prepare patients and families</u> for the hospital stay and invite them to be <u>active partners</u> in care.	<ul style="list-style-type: none"> <li>Hospital has a planning checklist for patients with scheduled admissions.</li> <li>Hospital staff discuss the checklist with the patient and family prior to or at admission.</li> </ul>	<a href="https://www.mnhospitals.org/Portals/0/Documents/patientsafety/Patient%20Family%20Engagement/RoadmapMetric-1-508.pdf">https://www.mnhospitals.org/Portals/0/Documents/patientsafety/Patient%20Family%20Engagement/RoadmapMetric-1-508.pdf</a> ; Page 1–9
<b>2 Discharge Planning Checklist</b>	For all inpatient discharges, hospital staff utilize and discuss a checklist to ensure key elements of discharge planning and care transitions are covered to <u>prepare patients and families</u> for discharge and invite them to be <u>active partners</u> in care.	<ul style="list-style-type: none"> <li>Hospital has a planning checklist to proactively prepare for discharge.</li> <li>Hospital staff discuss the checklist with the patient and family to ensure a successful transition of care.</li> </ul>	<a href="https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy4/Strat4_Tool_1_IDEAL_chklst_508.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy4/Strat4_Tool_1_IDEAL_chklst_508.pdf</a>
<b>3 Shift Change Huddles or Bedside Reporting</b>	Include the patient and/or family caregiver in as many conversations about the patient’s care as possible throughout the hospital stay.	<ul style="list-style-type: none"> <li>On at least one unit, nurse shift change huddles OR clinician reports/rounds occur at the bedside and involve the patient and/or family members in all feasible cases.</li> </ul>	<a href="https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy3/Strat3_Tool_2_Nurse_Chklst_508.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy3/Strat3_Tool_2_Nurse_Chklst_508.pdf</a>
<b>4 Designated PFE Leader</b>	Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE.	<ul style="list-style-type: none"> <li>There is a named hospital employee (or employees) responsible for PFE efforts. Such individual(s) can hold either a full-time position or a percentage of time within another position.</li> <li>Appropriate hospital staff and clinicians can identify the person named as responsible for PFE.</li> </ul>	<a href="https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/BestPractices_Hosp_Leaders_508.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/BestPractices_Hosp_Leaders_508.pdf</a>
<b>5 PFAC or Patient/ Family Representative(s) on Hospital Committee</b>	Ensure that a hospital has a formal relationship with patient and family advisors (PFAs) from the local community who provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts.	<ul style="list-style-type: none"> <li>Patient and/or family representatives from the community have been formally named as members of a PFAC or another hospital committee (at least one patient.).</li> <li>Meetings of the PFAC or another committee with patient and family representatives have been scheduled and conducted.</li> </ul>	<a href="https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy1/index.html">https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy1/index.html</a>

CMS = Centers for Medicare & Medicaid Services; PFAC = Patient and family advisory council

# What Is a PFE Leader?

CMS Metric 5:  
PFAC or patient/family representative(s)  
on hospital committee.

- Patient and/or family representatives formally members on a PFAC or hospital committee (at least 1 patient).
- Meetings have been scheduled and conducted.

# Getting Started

- Develop a recruitment strategy for PFAs.
  - Specify criteria for eligibility.
  - Outline roles and responsibilities.
  - Develop a packet of information that conveys necessary information to prospective PFAs.
- Launch a recruitment campaign and solicit applications.
  - Issue personal invitations/ and take recommendations from staff members.
  - Distribute recruitment brochures/flyers.
  - Post on hospital website.

# Selecting PFA Members

- Select appropriate candidates based on applications and interview in a standardized format.
- Seek PFAs with qualities that contribute to helpful engagement.
  - Willing and able to share their opinions and insights.
  - Ability to listen and respect the opinions of others.
  - Representative of hospital patient demographics.
  - Knowledge and interest in a variety of healthcare quality improvement topics.





# PFE Roadmap to Success

- HSAG HQIC developed the PFAC *Roadmap to Success* to assist hospitals in starting a PFAC.
- This resource provides step-by-step guidance with tools and documents to assist you in your journey toward a successful PFAC.





# Operationalizing PFA Involvement

- Begin with onboarding and orientation of PFAs.
  - Hospital policies.
  - Quality improvement methodology.
  - General goals of their involvement.
- Develop long-term goals with contribution from PFAs.
  - Discuss what they would like to achieve as an advisor.
  - Develop SMART goals and long-term action plan.



# Confidentiality Training

PFAs may be exposed to sensitive information.



- Hospital legal counsel should contribute to guidelines for PFAs and offer recommendations.
- Hospital should clearly outline expectations for confidentiality, including having PFAs sign waivers.
- PFAs should be trained appropriately to handle sensitive information, including HIPAA training, if applicable.

Confidentiality agreement example: *University of Kansas Health System*,  
[www.kansashealthsystem.com/-/media/Files/PDF/pfacmembershipconfidentialityagreement.pdf](http://www.kansashealthsystem.com/-/media/Files/PDF/pfacmembershipconfidentialityagreement.pdf)

# Operationalizing PFA Involvement



- Identify potential PFA projects.
  - Based on Hospital CAHPS® surveys, provider suggestions, quality data, and PFA interest.
- Initial projects can be “quick wins” to build PFA momentum.
  - Review existing materials.
  - Review patient satisfaction surveys.
  - PFAs share their perspectives and experiences in hospital as a patient or care partner.

# Operationalizing PFA Involvement (cont.)

- Measure the impact of PFA contributions.
  - Identify both quantitative and qualitative impacts.
- Celebrate improvements and contributions of the PFAs.
  - Helps morale and sustainability.
  - Increases buy-in of staff and leadership.
- Communicate successes of PFA projects to the community.
  - Increases future interest in PFA activities.
  - Improves trust and relationships with the community.



# Mutual Trust

- PFAs help develop a culture of trust and respect between providers and patients/caregivers.
  - Begins with relationship between PFAs and clinicians/hospital leadership.
  - Encourage honest, respectful, and thoughtful feedback from PFAs.
- Authentic communication between PFAs and providers can lead to:
  - Improved processes.
  - Quality improvement.
  - Increased understanding and respect.





# Key Concepts

- To meet Metric #5, recruit PFAs to be part of a PFAC or on a hospital committee.
- PFAs should be recruited and selected in a standardized, thorough process.
- Operationalizing PFA involvement includes onboarding and orientation, confidentiality training, and selecting and implementing projects with PFA involvement.
- Mutual trust is essential for working with patients and caregivers, and PFA involvement in hospital committees can be an important first step in establishing this culture of trust and respect.



# Join Us for the Health Equity Quickinar Series: 2nd and 4th Thursdays

Recordings, slides, and resource links will be posted for on-demand access after every session.

- 1. Health Equity, Hospitals, and CMS Reporting
- 3. Health Equity as a Strategic Priority
- 5. Social Determinants and Social Drivers of Health
- 7. Culturally Competent Data Training
- 9. Health Equity Interventions
- 11. Community Paramedicine
- 13. Community Engagement—Health Equity

- 2. Engaging
- 4. Collecting and Validating REaL Data
- 6. Screening for Social Drivers
- 8. Analysis and Stratification of Health Equity Data
- 10. Health Equity FAQs Answered
- 12. Identifying Community Health Disparities

## 12. Identifying Community Health Disparities

### 12. Area Deprivation Index (ADI) and Community Health Needs Assessments to Identify Health Disparities

*Thursday, June 22, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT*

#### Objectives:

- Review the ADI.
- Review the Community Health Needs Assessment (CHNA) as related to identifying community-level social determinants of health.
- Identify how the ADI and CHNA can assist you in identifying and addressing health disparities.



# Join Us for the PFE Quickinar Series: 1st and 3rd Thursdays

Recordings, slides, and resource links are posted for on-demand access after every session.

1. Intro to PFE

3. Preparing for PFE Programs

5. PFE to Prepare for Hospital Discharge

7. Bedside Hand Off to Improve Patient Outcomes

9. Role of the PFE Advisor

11. PFE in Critical Access & Small Rural Hospitals

2. Act

4. PFE to Prepare for Hospital Admission

6. Role of PFE in Readmission Prevention

8. Adverse Event Transparency

10. Selecting/Training/Engaging Advisors

12. PFE in Acute Care Hospitals

## 11. PFE in Critical Access & Small Rural Hospitals

Patient and Family Engagement Best Practices: Critical Access and Small Rural Hospitals

*Thursday, July 6, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT*

### Objectives:

- Identify the importance of a PFE program/PFAC in critical access hospitals (CAHs) and small rural hospitals.
- Describe successes with building a robust PFE Program/PFAC.
- Identify strategies grow a PFE program/PFAC in a CAH/small rural hospital.
- Discuss barriers and mitigation strategies in developing a PFE program/PFAC in a CAH/small rural hospital.

# QUESTIONS?



# Thank you!

[hospitalquality@hsag.com](mailto:hospitalquality@hsag.com)

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