

# Patient and Family Engagement (PFE) Quickinar Series Session 9

## The Role of the Hospital Patient and Family Engagement Leader

# 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

- Identify key skillset of a PFE Leader.
- Identify roles and responsibilities of the PFE Leader to hospital leadership, staff, patients, and care partners.
- Explore how to integrate the PFE Leader role into existing positions.

# 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/Best_Practices_Hosp_Leaders_508.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/Best_Practices_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 4:

### Have a designated PFE leader

- Hospitals have a designated person or persons with leadership responsibility and accountability for PFE.
- To be successful, PFE needs to be incorporated into hospital operations.
  - Time and resources are necessary for sustainability.

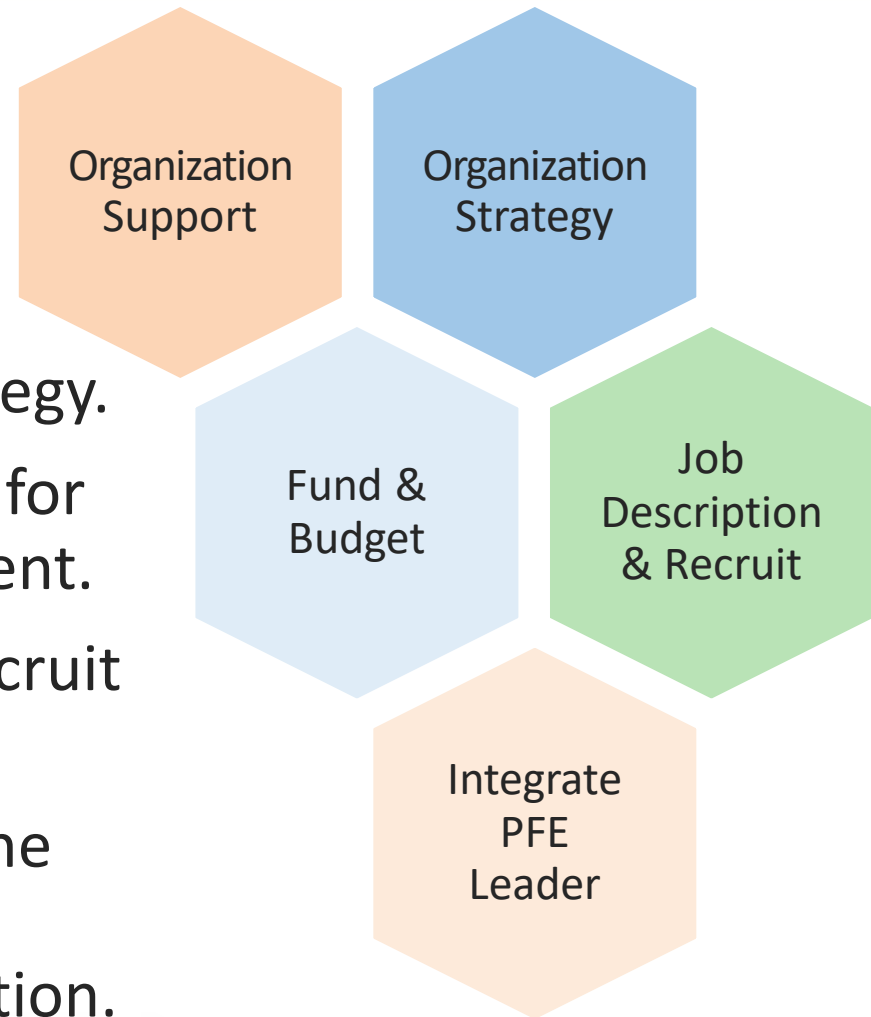
# What Must Be in Place to Meet PFE Metric 4?

- An employee who is responsible for PFE efforts.
  - Can be a full-time position or shared with another position.
- Hospital staff and clinicians can identify the person who is responsible for PFE.



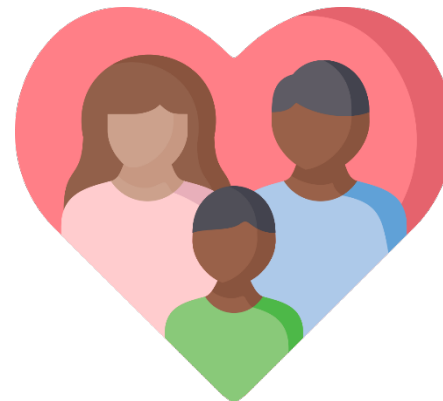
# How to Get Started

- Demonstrate strong organizational support for PFE with links to the organization's goals.
- Develop an organizational strategy.
- Establish funding and a budget for staffing, training, and recruitment.
- Create a job description and recruit a leader.
- Integrate the PFE Leader into the hospital's culture by involving leadership staff from the inception.



# Benefits of Having a PFE Leader

- Helps the hospital improve quality and safety of care.
  - Gives input and feedback.
  - Identifies potential changes.
  - Plans and implements changes that matter to patients and their care partners.
- Involves working with patients and care partners of all ages and ethnicities, across all levels of care.
- Is an important component of patient- and family-centered care.
- Sends a strong signal to hospital leaders, clinicians, staff, patients, care partners, and community members about the hospital's commitment to partnering with patients and families to provide high quality, safe care.





# PFE Leader Qualities

- Honest and genuine
- Compassionate, approachable, and an engaged listener
- Organized, accountable, and follows through
- Positive attitude
- Ability to build trust
- Strong oral and written communication skills
- Ability to work independently



# PFE Leader Skills

- Can identify and proactively resolve emerging issues
- Addresses health equity barriers
- Ability to champion the voice of patients and families
- Develops relationships with PFE partners
- Can be clinical or non-clinical



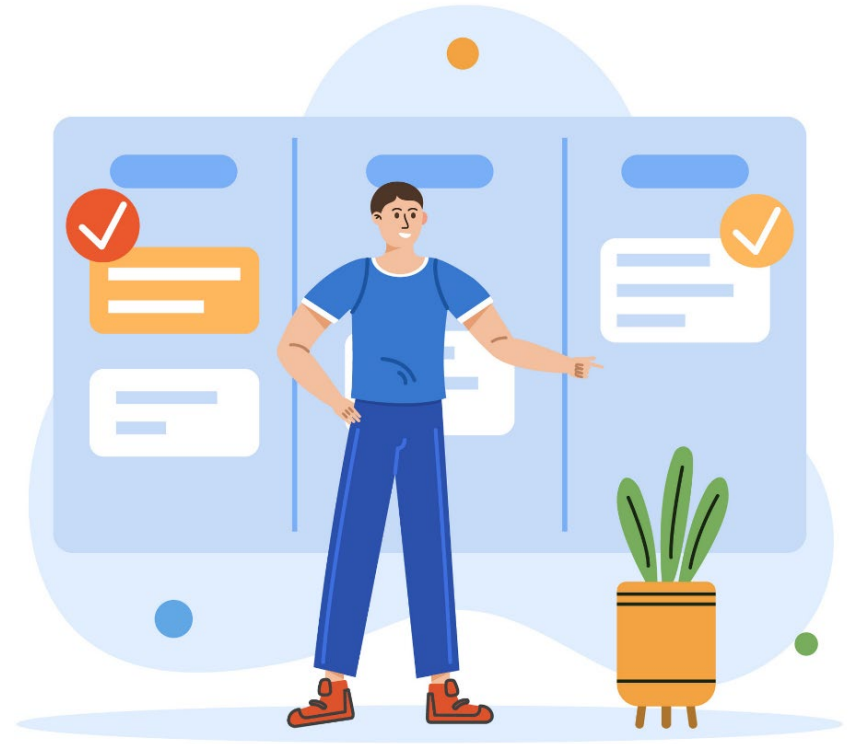
# PFE Leader Responsibilities

- Establish a clear structure for meetings
- Build the PFE team with hospital staff and PFE advisors with specific characteristics related to diversity
- Determine term of membership
- Design engaging and effective meetings
- Create a safe space
- Develop tools and resources



# PFE Leader Responsibilities (cont.)

- Build relationship with staff
- Set goals
- Provide outcomes
- Lead the delivery, reporting, and development of action plans
- Work with advisors, clinicians, and leaders to improve policies and procedures



# Integrating PFE Leadership

- Conduct PFE rounding with the PFE Leader to reinforce the importance of his or her engagement and confirm that communication and education efforts were successfully understood by patients and care partners.
  - Consider preparing a PFAC member to participate on these rounds.
- Include the PFE Leader in organizational discussions and decisions to ensure that his or her valuable insights are heard and considered by hospital leadership.

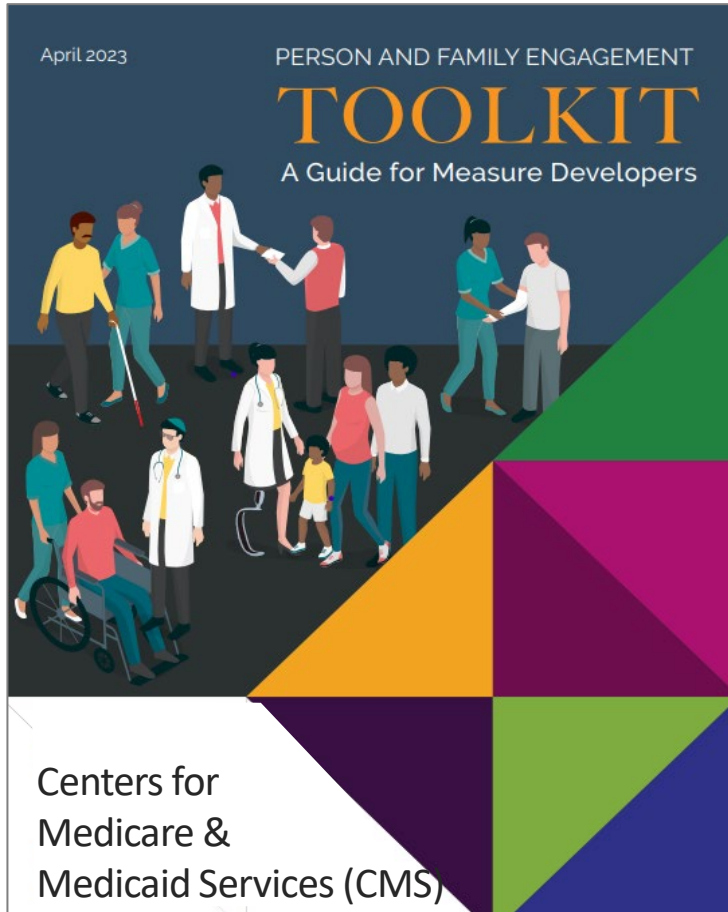


# Final Thoughts Regarding PFE Leaders

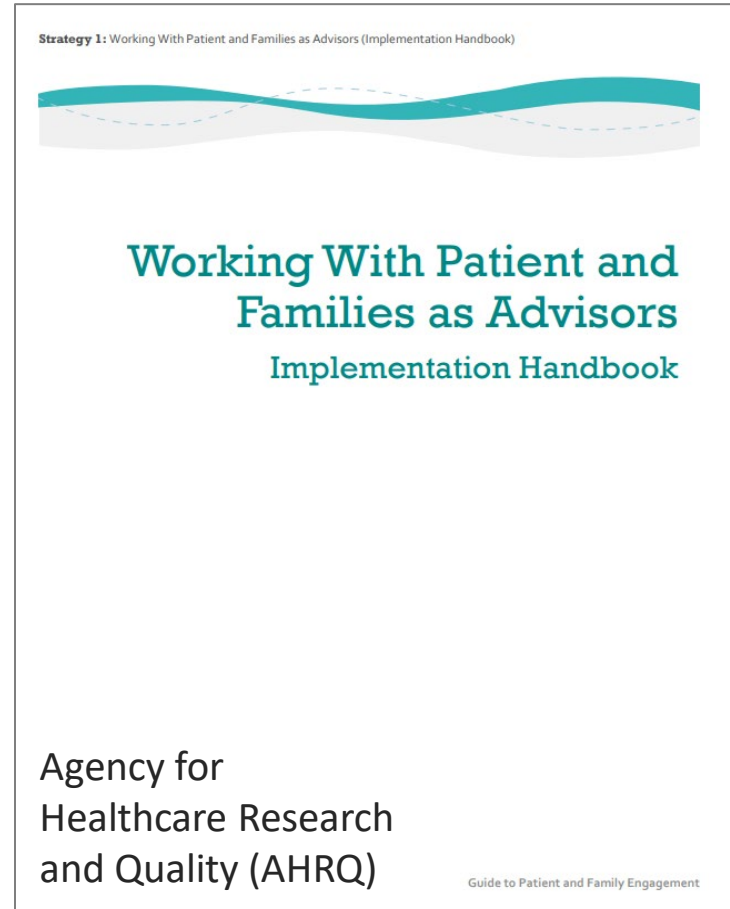
- It is not required to be a dedicated FTE.
- The PFE Leader role can be time-intensive, particularly at the onset, with a significant learning curve.
- Possible departments to integrate person or position:
  - Patient safety
  - Risk management
  - Patient experience
  - Quality improvement



# Resources



[mmshub.cms.gov/sites/default/files/Guide-PFE-Toolkit.pdf](https://mmshub.cms.gov/sites/default/files/Guide-PFE-Toolkit.pdf)



[www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1\\_Implement\\_Hndbook\\_508\\_v2.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf)

# Key Concepts

- To meet Metric #4, hospitals need to have a designated person with leadership responsibility and accountability for PFE.
- Some PFE Leader qualities are that he or she be honest and genuine, compassionate, approachable, organized, accountable, and proactive.
- Some PFE Leader responsibilities are to build relationship with staff; set goals; provide outcomes; and lead the delivery, reporting, and development of action plans.
- Include the PFE Leader in organizational discussions and decisions so his or her insights are considered by top leadership.





# 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.

## 11. Community Paramedicine

### 11. Community Paramedicine to Address Disparities in Health Equity

*Thursday, June 8, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT*

#### Objectives:

- Review the key components of a paramedicine program.
- Identify the role of paramedicine in addressing health equity.
- Discuss best practices in successful paramedicine programs.

1. Health Equity, Hospitals, and CMS Reporting



2. Engaging Leadership in Health Equity



3. Health Equity as a Strategic Priority



4. Collecting and Validating REaL Data



5. Social Determinants and Social Drivers of Health



6. Screening for Social Drivers



7. Culturally Competent Data Training



8. Analysis and Stratification of Health Equity Data



9. Health Equity Interventions



10. Health Equity FAQs Answered



11. Community Paramedicine



12. Identifying Community Health Disparities



13. Community Engagement—Health Equity



# 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. A

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

## 10. Selecting/Training/Engaging Advisors

### Selecting, Training, and Engaging Patient and Family Advisors

*Thursday, June 15, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT*

#### Objectives:

- Describe how to get started with patient representation at your facility.
- Review the PFE Roadmap to Success.
- Give examples of how to operationalize PFE and PFAC activities.
- Express importance of developing mutual trust
- Examine confidentiality and HIPAA guidelines and training for patient and family advisors.

# QUESTIONS?



# Thank you!

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