Hospital Coaching Package for Person and Family Engagement (PFE):

Insights to Meeting CMS-Endorsed PFE Metrics

HSAG HQIC

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Executive Summary

Patients and families are valuable resources to quality improvement. At the same time, person/patient and family engagement—often referred to as PFE—is often an underutilized resource for achieving the goal of zero harm.

PFE is a priority for the Centers for Medicare & Medicaid Services (CMS). PFE leads to an environment in which "patients, families, clinicians, and hospital staff all work together as partners to improve the quality and safety of healthcare."[1] Research shows that patients who are more actively engaged in their care have better outcomes and higher levels of care satisfaction.[2] Today, hospitals across the nation have come up with innovative ways to incorporate PFE into their everyday operations. Across these different efforts is a need for measurement to assess the impact on patients and their outcomes. There are a number of ways that hospitals can measure their level of PFE.

In recent years, CMS initiatives have sought to provide a robust measurement of PFE. In 2016, CMS released its PFE Strategy. Funded by CMS, American Institute Research® (AIR) served as the PFE contractor for 16 Hospital Improvement Innovation Networks (HIINs) from 2016–2019. AIR developed the Partnership for Patients (PfP) Strategic Vision Roadmap for Person and Family Engagement (PFE).

Today, PFE continues to be a strategic priority for CMS. The PFE metrics updated by CMS in 2020 are:

- PFE Metric 1: Admission Planning Checklist.
- PFE Metric 2: Discharge Planning Checklist.
- PFE Metric 3: Shift Change Huddle and Bedside Reporting.
- PFE Metric 4: Designated PFE Leader.
- PFE Metric 5: Active Patient and Family Advisory Council (PFAC) or Patient Representation on Committee.

The intent of the PFE metrics is to create a culture in which patient and family interests and input are sought and included in decisions regarding care, protocols, and hospital operations.[3] CMS challenges hospitals to evaluate their programs and take action in incorporating PFE-related concepts to improve how their organizations interact with patients and families, ultimately improving the patient/family experience and outcomes.[4]

The purpose of the Health Services Advisory Group (HSAG) Hospital Quality Improvement Contract (HQIC) Hospital Coaching Package for PFE is to achieve a shared vision of PFE and meet the five PFE metrics. This package describes each of the five PFE metrics, including the intent and benefit of each PFE metric. Also included are tips and resources to help develop strategic action plans for meeting your hospital's PFE goals. HSAG HQIC hopes this information will help you and your organization improve PFE and result in better outcomes and improved patient satisfaction.

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Organizational Assessment

CMS PFE Metrics	
Admission Planning Checklist	**Prior to admission, do hospital staff discuss a pre-admission planning checklist with every patient that has a scheduled admission, allowing for questions and comments from the patient or family?** ☐ No, not with any patients ☐ Talking about it ☐ Started planning ☐ Implemented with some pre-admission patients ☐ Implemented with all pre-admission patients ☐ We do not have scheduled admissions
Discharge Planning Checklist	**Prior to discharge, do hospital staff discuss a discharge planning checklist with every patient?** *Note: The checklist can be a stand-alone document, integrated into other discharge papers, or administered through patient-facing digital health information technology.* ☐ No, not with any patients ☐ Talking about it ☐ Started planning ☐ Implemented with some patients at discharge ☐ Implemented with all patients at discharge
Shift Change Huddles/ Bedside Reporting	**Does your hospital conduct shift-change huddles and bedside reporting with patients and family members?** *Note: A hospital may offer alternatives to accommodate patient and care partner participation (e.g., adjust time of shift changes offer options for care partners to participate via phone or virtual meetings).* ☐ No, not with any patients ☐ Talking about it ☐ Started planning ☐ Implemented with some patients ☐ Implemented with all patients
Designated PFE Leader	**Does your hospital have at least one person—who may also operate within other roles in the hospital—that is dedicated and proactively responsible for PFE and systematically evaluates PFE activities?** ☐ No, not at all ☐ Talking about it ☐ Starting to plan structure ☐ Responsible for patient family advisory council (PFAC) ☐ Responsible for other PFE initiatives ☐ Responsible for all PFE activities within the hospital
PFE/PFA Committee (PFEC/PFAC)	**Does your hospital have an active PFE committee, or at least one former patient who serves on a patient safety or quality improvement committee or team?** ☐ No ☐ Talking about it ☐ Starting to plan structure ☐ Regular meetings, with one or more members who are patient family advisors (PFAs) ☐ PFAC is not fully functioning or is struggling ☐ Fully functioning PFAC or patient representation on another hospital committee
Next steps: Once strengths and gaps have been identified, create an action plan to achieve your PFE goals. Find the HSAG HQIC Action Plan template here: https:www.hsag.com/globalassets/hqic/hqic_actionplan_template.pdf.	

CMS PFE Metric 1:
Admission Planning Checklist for Scheduled Admissions

Intent:
For all scheduled admissions (e.g., elective surgeries), hospital staff discuss a checklist of items to prepare patients and families for the hospital stay and invite them to be active partners in care.

Must be in place to meet metric:

- Hospital has a physical admission planning checklist that is discussed with every patient who has a scheduled admission.
- Prior to and during admission, hospital discusses the checklist, allowing for questions and comments from the patient or family.

Alternative: *Hospital has no planned/scheduled admissions. If no planned admissions, then metric does not apply.**

**Hospitals are encouraged to consider and pursue options for achieving the intent of the metric. Consider the "best fit" for your hospital and admissions process. Focus on meeting the intent (e.g., include swing bed admissions, scheduled outpatient surgeries, planned procedures).*

Benefits

Patient and family members:

- 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.

Clinicians and staff:

- 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 work to avoid them (e.g., history of recurrent falls, allergies).

Tips

- The admission planning checklist should serve to facilitate bi-directional conversation.
- Let patients and families know about the emphasis placed on preadmission planning, why it is important for quality and safety, how it can help facilitate discharge planning and reduce readmissions, and what your hospital is doing to make improvements.
- Collect patient, family, clinician, and staff feedback about the planning checklist and use it to refine the tool and processes related to its use. Ensure that feedback is solicited from vulnerable populations.
- Set specific intermediate and final goals to assess incremental progress.

Tools/Resources

- HSAG HQIC Compendium of Measures (Measure details on page 71)
- Sample Admission Planning Checklist: How to prepare For a Safe Hospital Stay
- AHRQ Patient Procedure: How to be active in your care
- World Health Organization (WHO)—What you need to know before and safety surgery
- American College of Surgeons—Preparing to have Surgery during the Time of COVID-19: Surgeon Toolkit
- American College of Surgeons—Operation Brochures for Patients
- Next Steps in Care—Family Caregiver Guides—Hospital Admission: How to Plan and What to Expect during your Stay | Spanish version | Chinese version | Russian version
- National Rural Health Resource Center—Swing Bed Campaign
  (a repository of educational resources for current and prospective admissions to swing bed)

CMS PFE Metric 2:
Discharge Planning Checklist

Intent:
Include the patients and family caregivers in the discharge planning process so that they can understand how to successfully continue their care and recovery after they leave the hospital.

Must be in place to meet metric:

- Hospital has a physical discharge planning checklist for patients, preferably one that was designed or reviewed by patients and families.
  (Note: Checklist can be a stand-alone document or integrated into other discharge papers.)
- Prior to discharge, hospital staff discuss the checklist with patients and/or the family caregivers.

Alternative:
Hospitals may administer a discharge planning checklist through patient-facing digital health information technology (e.g., patient portal, mobile device). However, ensuring institutional commitment is a critical step for maximizing adoption, use, and maintenance of such digital health tools into routine practice; only then do they have the potential to favorably engage patients in discharge preparation.[3]

Benefits

Patients and family members:

- Provides an invitation for patients and families to partner with the discharge planning team to reduce post-discharge complications (e.g., adverse drug events, hospital-acquired infections), which can lead to a hospital readmission.
- Decreases stress/anxiety and improves patient satisfaction.

Clinicians and staff:

- Creates a standardized process that saves time and provides peace of mind.
- Improves compliance to organizational policies.
- Improves Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) scores.
- Reduces 30-day hospital readmission rates.
- Improves time management and provides peace of mind.

Tips

- 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.
- Ensure ongoing education is provided throughout the year (e.g., monthly staff meetings and competency/skill fairs) and at new employee orientation.
- Provide patients and caregivers a copy of the checklist, ideally 1–2 days prior to discharge, allowing them to identify questions or concerns for discussion with clinicians and staff.
- Use the teach-back method to validate the patient's understanding of the information shared and discussed.
- Use the CMS Discharge Planning Checklist as a guide.

Tools/Resource

- HSAG HQIC Compendium of Measures (See page 72 for measure details)
- CMS Discharge Planning Checklist
- Robert Wood Johnson Foundation Care About Your Care Discharge Checklist | Spanish version
- Press Ganey Patient and Family Discharge Checklist
- IHI SMART Discharge Protocol
- AHRQ Re-Engineered Discharge (RED) Toolkit
- AHRQ IDEAL Discharge Planning Overview, Process, and Checklist

CMS PFE Metric 3:
Shift-Change Huddles and Bedside Reporting

Intent:
Include the patients and/or family caregivers in as many conversations about their care as possible throughout the hospital stay.

Must be in place to meet metric:

- On at least one unit, nurse shift-change huddles or clinician reports occur at the bedside and involve the patients and/or family members.

Alternative:
Shift-change huddles and bedside reporting should be possible in all hospital types and structures. However, a hospital may offer alternatives to accommodate patient and caregiver participation (e.g., adjust time of shift changes, offer options for caregivers to participate via phone or virtual meetings).

Benefits

Patients and family members:

- Creates an opportunity to hear what has occurred throughout the shift and learn about the next steps in the patient's care.
- Provides an opportunity to ask questions, correct errors, and offer input based on their preferences and values.
- Increases knowledge of their condition and treatment so they can be more active participants in their care.

Clinicians and staff:

- Reinforces teamwork and ensures that every member of the team shares knowledge that contributes to safe and effective care.
- Creates an increased awareness of individual patient needs that can be proactively addressed throughout the shift.
- Improves time management and accountability between nurses.

Tips

- Educate patients and families about how they can and should participate in bedside reporting, shift change huddles, and/or bedside rounding, including providing examples of questions to ask, observations to share, and issues to raise.
- 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.
- Utilize scripting for bedside reporting.
- Daily huddles could include: fall risk, hospital-acquired pressure injury (HAP)I risk, venous thromboembolism (VTE) prophylaxis, patients on high-risk medications (HRMs), NPO (nothing by mouth) status, and patients requiring additional focused education.

**Situation, background, assessment, recommendation (SBAR)*

Tools/Resources

- HSAG HQIC Compendium of Measures (See page 73 for measure details)
- AHRQ Nurse Bedside Shift Report Implementation Handbook
- Bedside Shift Report Checklist
- Missouri Hospital Association - Safety Huddle Template
- The Online Journal of Issues in Nursing (OJIN) – Moving Shift Report to the Bedside: An Evidenced-Based Quality Improvement Project
- Institute for Patient- and Family-Centered Care – Applying Patient- and Family-Centered Concepts to Bedside Rounds

CMS PFE Metric 4:
Designated PFE Leader

Intent:
Ensure PFE efforts are built into the management of hospital operations and given the attention and resources needed to be successful and sustained over time.

Must be in place to meet metric:

- Assign a hospital employee (or employees) the responsibility for coordinating PFE efforts at the hospital, either in a full-time position or as a percentage of time within their current position, **AND**
- Create awareness among hospital staff and clinicians throughout the hospital so that they can identify the person responsible for PFE at the hospital.

Alternative:
This practice should be possible in all hospital types.

Benefits

Patients and family members:

- Demonstrates the hospital's value and commitment to PFE.
- Provides a face and name to the hospital's PFE culture.
- Results in a better care experience and improves healthcare outcomes through leadership accountability.

Clinicians and staff:

- Clarifies who has authority and responsibility for PFE.
- Results in centralized and coordinated PFE efforts.
- Promotes accountability for PFE strategies and goals.
- Serves as a role model of engaging in partnerships with patient and family members.

Tips

- When designating a PFE leader, do not make PFE "their project." The PFE leader needs to be aware and participate in the work being done but does not need to be the spearhead all PFE efforts.
- If possible, integrate the person/position into an existing office and/or quality improvement initiatives to leverage existing resources.
- Consider staff who may be unofficially acting in the capacity as lead for PFE and make it an official responsibility. Typical titles of PFE leaders in hospitals include: Patient Experience Specialist, Quality Coordinator, Director of Communications, Risk Management Coordinator, Social Work Supervisor, Clinical Nurse Specialist, Chief Clinical Officer/Director of Nursing.
- Conduct leadership rounds with staff, patients, and family members to obtain patients' perspectives and ensure staff are implementing PFE strategies (e.g., nurse change of shift report, use of patient whiteboards).

Tools/Resources

- HSAG HQIC Compendium of Measures (See page 74 for measure details)
- Sample PFE Leader Job Description
- IHI Patient Safety Leadership WalkRounds™
- AHA Strategies for Leadership: A Hospital Self-Assessment for Patient- and Family-Centered Care
- Institute for Patient- and Family-Centered Care—Staff Liaison to Patient and Family Advisory Councils and other Collaborative Endeavors
- Colorado Hospital Association—Rural Hospital Patient and Family Engagement: 2021 Toolkit
- National Rural Health Resource Center—MBQIP Toolkit: Quality and Patient Safety Committee Meeting Agenda/Minute Template

CMS PFE Metric 5:
PFAC or Representatives on Hospital Committee

Intent:
Ensure that the 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.

Must be in place to meet metric:

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

Alternative:
While a PFAC is the recommended best practice, it also is acceptable for a hospital to identify and prepare at least one PFA (and ideally, at least three to four) from the community to serve on an existing hospital committee, such as the hospital's Patient Experience or Quality Improvement committees.

Benefits

Patients and family members:

- Provides an opportunity to share ideas and information about experiences that will benefit others.
- Improves hospital quality, safety, and health outcomes.
- Provides an opportunity to provide insight into barriers to receiving care so that hospitals can address them.

Clinicians and staff:

- Helps to provide care and services based on the patient- and family-identified needs and solutions, rather than assumptions about what patients and families want or need.
- Improves employee satisfaction and increases HCAHPS scores.
- Improves overall systems and processes of care, including reduced errors and adverse events.

Tips

- Intent is the necessary ingredient! Adapt to meet intent (e.g., virtual opportunities).
- Identify alternative ways to build partnerships (e.g., partner with trusted community groups with ties to underrepresented populations to assist in recruiting advisors).
- Address privacy/confidentially concerns: It's okay if people know each other (no evidence of negative outcomes); however, it needs to be recognized and strategized by the group.
- Optimize participation by training patient advisors to assist in administrative aspects of the PFAC.
- Trying to jump in and start with PFE Metric 5 (starting a PFAC) can be challenging without a solid foundation of staff and patient involvement—implementing the first four PFE metrics can help provide a foundation.

Tools/Resources

- HSAG HQIC Compendium of Measures (See page 75 for measure details)
- HSAG HQIC PFAC Roadmap to Success
- Institute for Patient and Family-Centered Care (IPFCC)—A PFAC Workplan: Getting Started
- AHRQ Guide for Developing a Community-Based Patient Safety Advisory Council
- AHRQ Patient and Family Advisor Orientation Manual
- Actual PFAC meeting video
- Institute for Patient- and Family-Centered Care—Tips for Recruiting Patients and Families to Serve in Advisory
- Institute for Patient- and Family-Centered Care—Patient and Family Centered Care and Partnerships with Patients and Families During COVID-19
- CMS Patient and Family (PFE) Toolkit: A Guide for Measure Developers

Examples of PFE Strategies and Suggestions for Measuring Outcomes

Description	Measurement	Outcome
Bedside Change of Shift Report		
Nurses conduct bedside change-of-shift reporting.	• Nursing staff and physician satisfaction scores • Patient satisfaction scores	• Increase in staff satisfaction scores • Increase in patient satisfaction scores • Improve ability of nurses to prioritize work • Decrease in staff time • Decrease in hand-off errors
Multidisciplinary Rounds		
Patients and families participate in rounds. Orders and discharge paperwork are clarified; patients and families are involved in decisions.	• Percentage of families that participate in rounds • Number of stories in which new information is discovered from family • Length of time for rounds • Patient satisfaction scores • Staff satisfaction scores • Length of stay	• Length of stay decreased • Increase in satisfaction scores • Decrease in readmission rates, safety outcomes • Change in percentage of near misses versus errors
Access to Medical Records by Patient and Families		
Patients and families have access to medical records or online portals for personal health information (PHI).	• Number of times the portals are used • Survey results of patients' use of portals	• Increase in patient satisfaction scores • Increase in medication compliance
Decision Aids		
Patients receive decision aids to improve patient-provider communication. (e.g., COVID-19 Vaccine Options decision aid)	• Number of eligible patients who receive a decision aid • Record of when clinician gives patients personalized material • Survey results of patients to find out how informed they were about the decision, how actively they were involved in the decision-making process, and whether the decision made was consistent with the patient preference	• Increase in patient knowledge • Reduction in discretionary surgery • Increase in written advance directives
Rapid Response Teams (RRT)		
Patients and families are encouraged to call for RRT if patients' health changes notably or patients' concerns are not being addressed. Team responds within minutes. Patients are informed at admission with verbal review of guidelines.	• Number of eligible patients who receive RRT education • Number of RRT calls • Response time	• Incidence of cardiac arrests outside of intensive care unit • Total hospital mortality rate • Error of near-miss discovery

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