

Person and Family Engagement (PFE) Implementation Guide for Hospitals

PFE Metric 1: Preadmission Planning Checklist

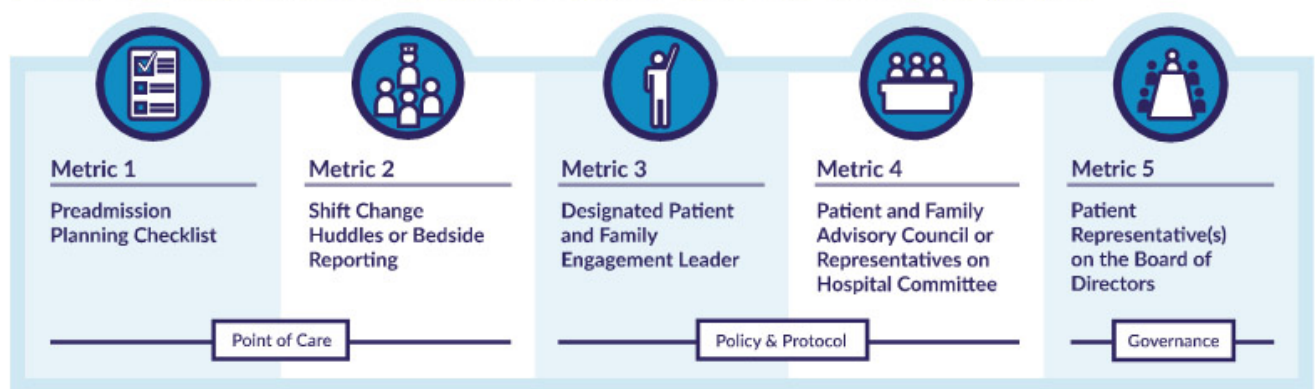
Introduction

Meaningful person and family engagement (PFE) at multiple levels (i.e., point of care, policy and protocol, and governance) helps hospitals address what matters most to patients and families, and it improves hospitals' ability to achieve long-term improvements in quality and safety (Exhibit 1). This guide provides hospital leaders and staff with practical, step-by-step guidance to successfully implement PFE Metric 1—Preadmission Planning Checklist. This resource complements the [PFE Metric 1 Digest](#), which describes the intent and benefits of PFE Metric 1. For detailed information about the definitions and core principles of PFE, the role of PFE in patient safety, the relationship between PFE and health equity, and six strategies to meet the five PFE metrics, please refer to the [Strategic Vision Roadmap for Person and Family Engagement](#).

By engaging patients at the beginning of their stay, hospitals gain an extra set of eyes and ears to help reduce preventable errors and readmissions.

Exhibit 1. PFE Metrics by Level of Hospital Setting

FIVE METRICS FOR PATIENT AND FAMILY ENGAGEMENT



SOURCE: Centers for Medicare and Medicaid Services (2014)

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PATIENT SAFETY

Invite and empower patients and families to speak up during their hospital stay about anything that does not feel or look right. Help them know what to look for: Are they receiving the right medications at the right time? Did the nurse mark the correct body part for surgery?

PFE Metric 1 Definition

Hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission.

How to Meet PFE Metric 1

Hospitals meet the metric if they have a physical planning checklist for patients with scheduled admissions, *and* hospital staff discuss the checklist with the patient and family upon admission. (*Note:* Although currently this metric applies only to hospitals with scheduled admissions, hospitals may want to consider discussing a checklist with all admissions.)

Intent of PFE Metric 1

The goal of this metric is to prepare patients and care partners for the hospital stay and invite them to be active partners in their care. The checklist is not intended to replace existing preadmission material, but rather to focus on the following:

- What patients should expect during their stay
- Patients' concerns and preferences for their care
- Potential safety issues (e.g., preadmission medicines, history of infections, falls)
- Relevant home issues that may affect discharge, such as a need for additional support, transportation and care coordination

Hospitals should focus on the intent of this metric. The checklist is a tool that hospitals can use to facilitate a conversation with the patient prior to admission or at the earliest point possible during his or her stay. The conversation is the most important, specifically the invitation to partnership.

Benefits of PFE Metric 1

The preadmission planning checklist encourages patients and their care partners to be active members of the healthcare team by sharing and receiving information, asking questions and participating in care planning throughout the hospital stay. When used effectively, the checklist facilitates both listening and the sharing of information by the patient and hospital staff. It is an opportunity for patients to communicate their

most important needs and concerns, such as a disability, allergy or desire to have a family member close by during their hospital stay. Having this knowledge in advance helps the hospital address patient safety issues and leads to a better patient experience. By engaging patients and families at the beginning of their stay, the hospital gains extra sets of eyes and ears to help reduce preventable errors and readmissions.



The five recommended steps for effectively implementing PFE Metric 1 generally follow the Plan-Do-Study-Act (PDSA) cycle. PDSA is a method to test a change that is implemented by creating a plan, testing the plan, observing and learning from the test, and determining what modifications are needed to improve the outcome. For more information on the PDSA cycle, visit the Institute for Healthcare Improvement's [website](#).

Five Suggested Steps to Implement PFE Metric 1

1. Secure support and buy-in from leaders and hospital staff
2. Create or adapt a draft checklist
3. Pilot the checklist in one unit or department
4. Identify opportunities for improvement and refine the checklist
5. Expand use of the checklist and evaluate for continuous improvement

Step 1. Secure support and buy-in from leaders and hospital staff

- **Get commitment from leaders.** Discuss with leaders the importance and benefits of engaging patients and their care partners (including those who represent vulnerable populations) in preadmission planning. Educate leaders about how you plan to implement and evaluate this new process—and invite their input.
- **Evaluate the current admissions process, current patient education materials, etc.** Determine how aware staff and patients are of the admissions process, whether the process is effective, and whether there is an identified unit-based champion for admission planning. The preadmission planning checklist is an opportunity to address process gaps.

- **Work with physicians, nurses, and admissions staff to obtain their input about patient safety needs that could be addressed in the checklist.** This could include information about prior infections, falls prevention, pain management (including use of opioids and alternatives to opioids), medication allergies and preparing for discharge. Define process and outcome measures of success for each prioritized topic.
- **Educate clinicians and staff about the benefits of using the checklist to facilitate a conversation with patients and families at the beginning of their hospital stay.** Remind them that engaging the patient—and his or her family members—as partners in their care contributes to a better experience and better health outcomes.

Step 2. Create or adapt a draft checklist

- **Create or adapt an existing checklist that invites the patient to be a partner in his or her care to help ensure patient safety.** The checklist and conversation should address issues that the hospital and the patient—and his or her family—need to think about before, during, and after a hospital stay. Suggested topics include:
 - **The role of the care team.** Introduce patients to the people who will be caring for them while in the hospital, or at least have each of those roles clarified.
 - **Patient safety.** Clarify how the patient and family can partner with their care team to increase their own safety while in the hospital.
 - **Caregiver(s).** Determine whether the patient has a caregiver or safety advocate while in the hospital and while recovering at home; if so, are overnight accommodations made for that individual and any other needs they may have?
 - **Medical history and medications.** Have a conversation with the patient about anything in his or her medical history that could affect their hospital stay, such as previous surgeries, medications they are currently taking, allergies, disabilities or other diagnoses.
 - **Goals for treatment and care plan.** Ask the patient about his or her goals for recovery several weeks and months after the procedure, and whether he or she has a care plan to achieve those goals.
 - **Comfort with speaking up during stay.** Gauge the comfort level of the patient and family about speaking up and encourage them to do so. Let them know they are a vital part of the care team.

- **Partner with patient and family advisors to provide input on the draft checklist.** Circulate the draft checklist with your Patient and Family Advisory Council. Ask them to provide input on the questions being asked to make sure they are easily understood by patients and address patient and family concerns.
- **Review the draft checklist with clinical and administrative staff.** Make sure that the topics and questions are useful and cover relevant patient safety concerns. This step helps gain buy-in and support from those who will use the checklist.
- **Consider how and when to provide the checklist to patients and their care partners.** For example, your hospital may want to provide the checklist prior to admission, allowing patients and families to identify questions or concerns for discussion with clinicians and staff during their preadmission appointment and/or upon admission. If your hospital decides to provide the checklist prior to admission, encourage the patient to bring it with him or her for the hospital stay. Also, consider making the checklist available on the hospital's website and other convenient places the patient can access, such as through a patient portal. If the patient needs services such as a language interpreter, connect him or her before the discussion.

Step 3. Pilot the checklist in one unit or department

- **While the ultimate goal is to use the preadmission planning checklist with every patient who has a scheduled admission, many hospitals begin by piloting the checklist in one unit or department.** Decide where in your hospital you want to begin using the checklist. For example, if your hospital routinely performs knee or hip replacement surgeries, you may want to begin using the checklist with those patients. An important factor in selecting a unit or department for the pilot is the belief in—and commitment to—meaningful person and family engagement among leaders, clinicians and staff.
- **Plan for and secure the necessary resources to pilot the checklist.** In addition to printing and mailing costs, you will need to train clinicians, nurses and staff on how to effectively use the checklist. Consider involving your marketing and patient relations department in this initiative to ensure that the checklist is patient-friendly and easily accessible.
- **Train staff to use the checklist with patients and families.** Consider asking patient and family advisors to role play in conversations with clinicians and staff, or present during a lunch-and-learn workshop. This may help nurses and admitting staff get more comfortable with discussing the topics in the checklist, and it provides an opportunity for real-time feedback from the patient and family advisors. Provide a script or talking points to aid staff in preparing for and having

these conversations. As with any new process, make sure to address questions or concerns raised by staff.

- **Consider how your hospital can document the conversation with the patient and his/or her care partners and share relevant information with the entire care team to promote ongoing communication—and safety—throughout the patient’s stay.** For example, consider how the care team—including the patient and family—can use the white board in patient rooms to share information learned from the conversation and ask additional questions.
- **Gather feedback from key stakeholders on the new process.** Get feedback from clinicians, nurses, hospital leaders, patient and family advisors, as well as patients. Conduct periodic observations to ensure the checklist is being used as intended.

Step 4. Identify opportunities for improvement and refine the checklist

- **Refine the process as needed.** Use iterative feedback from nurses, patients, and their families and caregivers to identify opportunities for improvement and refine the checklist and the processes used to share and discuss the checklist. Encourage brainstorming among staff to problem solve any reoccurring issues or challenges.
- **Prepare for hospitalwide implementation.** Identify and train champions in each of the remaining units that will utilize the process. Consider and prepare for challenges that may arise in other clinical areas.

Step 5. Expand use of the checklist and evaluate for continuous improvement

- **Expand use of the preadmission planning checklist to other units.** Remember, the goal is to use the checklist to have a conversation with every patient who has a scheduled admission to help ensure the delivery of safe care.
- **Evaluate implementation.** Create a plan for monitoring use of the checklist over time. Adapt the checklist as needed to address issues or concerns that arise during conversations. Consider placing a “feedback box” in the waiting room or gathering feedback from patients and families during the discharge process and follow-up calls. Track and compare the predefined measures of success over time, including HCAHPS scores before and after implementation to determine whether the preadmission planning checklist made a difference in patients’ care experiences and satisfaction.

Lessons From the Field: Michigan Medicine, University of Michigan

Michigan Medicine, a member of the Vizient Hospital Improvement Innovation Network (HIIN), engaged a multidisciplinary team—including patients and families—to develop guidebooks to help patients prepare for hip and knee replacement surgery. Michigan Medicine asked past and recent patients questions about their pre-surgery and post-surgery experiences, for example, what patients wished they had known prior to surgery, what they wished they had asked during their care, and what did (or did not) work well during their stay. The guidebooks—[*Preparing and Recovering from My Hip Replacement Surgery*](#) and [*Preparing and Recovering from My Knee Replacement Surgery*](#)—include a “Checklist for Success” to patients prepare for surgery by providing information on items and over-the-counter medications to purchase, how to get ready the day before the surgery, information to bring to the surgery, recovery planning tips, and more. Patients receive the guidebooks in required pre-op classes and can also access them online, at clinics, or via mail. Patients are also encouraged to bring the guide with them during their stay. Michigan Medicine—and its patients—has experienced a number of benefits as a result of sharing and discussing the guide with patients prior to surgery, including reductions in length of stay, readmissions, skilled nursing facility (SNF) admissions and opioid usage. In addition, the guidebooks have increased patient preparedness; patients provided feedback that “Everybody knows what to do.”

Resources for Implementation of PFE Metric 1

- [Sample Preadmission Planning Checklist](#) (HIIN PFE Contractor, available in English and Spanish)
- [What You Need to Know Before and After Surgery](#) (World Health Organization)
- [Preparing and Recovering From My Hip Replacement Surgery](#) (Michigan Medicine, University of Michigan)
- [Your Guide for Total Knee Replacement Success](#) (AMITA Health)
- [Patient Passport](#) (National Quality Forum and Planetree)
- [Implementation Guide for Patient Preferences Passport](#) (Planetree)

Sources for this guide include the following:

- American Institutes for Research. Strategic vision roadmap for person and family engagement (PFE): Achieving the PFE metrics to improve patient safety and health

equity. Washington, DC: American Institutes for Research; 2017. 43 p.
Available from: <https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary?CategoryID=836894&EntryId=116336>

- Planetree. Planetree Passport Version 1.0 based on the National Quality Forum Version 1.0. Washington DC: American Institutes for Research; 2014. 16 p. Available from: <https://resources.planetree.org/wp-content/uploads/2017/04/18.-Patient-Preferences-Passport.pdf>