

Person and Family Engagement (PFE) Implementation Guide for Hospitals

PFE Metric 3: Designated PFE Leader

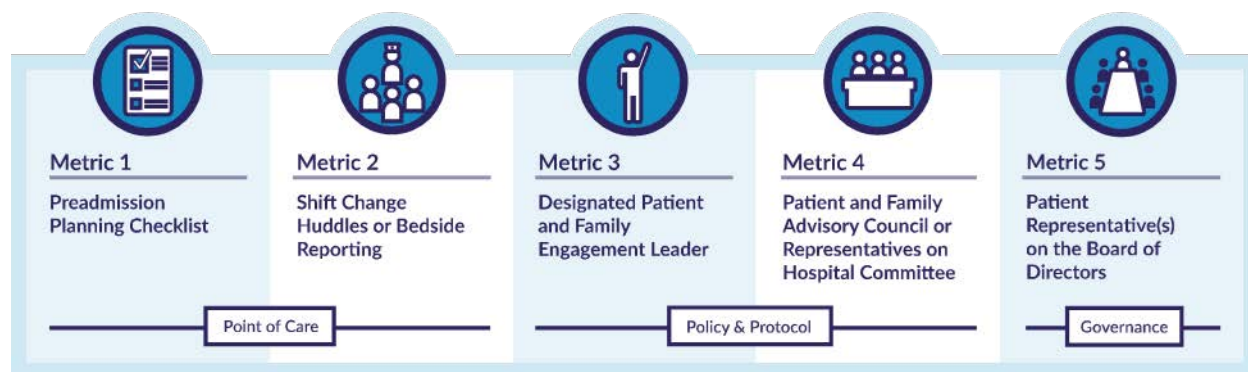
Introduction

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 3—Designated PFE Leader. This resource complements the [PFE Metric 3 Digest](#), which describes the intent and benefits of PFE Metric 3. 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](#).

To the extent possible, integrate the person or position into an existing office or department that supports patient safety, patient experience, and/or quality improvement initiatives to leverage existing resources.

Exhibit 1. PFE Metrics by Level of Hospital Setting

FIVE METRICS FOR PATIENT AND FAMILY ENGAGEMENT



SOURCE: Centers for Medicare and Medicaid Services (2014)

PFE Metric 3 Definition

Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE.

How to Meet PFE Metric 3

Hospitals have met the metric if there is a named employee (or employees) responsible for PFE efforts at the hospital either in a full-time position or as a percentage of time within their current position, AND appropriate hospital staff and clinicians can identify the person named as responsible for PFE at the hospital.

Intent of PFE Metric 3

The intent of this metric is to ensure that PFE efforts are built into the management of hospital operations and given the attention and resources needed to be successful and sustained over time. The hospital should identify at least one staff member who is responsible and accountable for overseeing PFE efforts at the hospital, including identifying, implementing, monitoring, and evaluating PFE activities. Hospitals may also designate multiple individuals within an office or department (e.g., Patient Experience Office, Quality Improvement) as having responsibility for PFE efforts. The person(s) responsible for PFE at the hospital does not need to have a specific title or position or be 100 percent focused on PFE, but all hospital staff should be aware that this person coordinates the hospital's PFE plans and activities.

Benefits of PFE Metric 3

Designating a PFE leader helps to integrate the work of PFE into a hospital's organizational structure, systematize PFE, promote accountability, and ensure continued progress toward a strategic vision of PFE. It also helps establish and sustain a culture of PFE that moves beyond short-term changes to integrate the core principles of PFE throughout the hospital. Finally, it sends a strong signal to hospital leaders, clinicians, staff, patients and care partners, and community members about the hospital's commitment to partnering with patients and families to provide high-quality and safe care.

Four Suggested Steps to Implement PFE Metric 3

- 1. Create a strategic plan to integrate the PFE leader role into organizational practice**
- 2. Establish the PFE leader position**
- 3. Meaningfully embed the PFE leader into quality and safety improvement initiatives**

4. Generate small wins and communicate progress

Step 1. Create a strategic plan to integrate the PFE leader role into organizational practice

When a hospital is considering creating a full- or part-time PFE leader position—or even a percentage of an existing FTE—it is helpful to execute the following steps.

- **Secure buy-in from leadership and clinical and administrative staff.** To be effective, hospital leadership and staff need to understand and support the PFE leader’s role and work. Providing leadership with a brief presentation about the connection of PFE to the hospital’s mission and strategic priorities can help to obtain their commitment to this position. Ask leadership about the optimal placement of the PFE leader’s position within the organization. The best way to gain buy-in from key staff is by inviting them into an ongoing conversation about the benefits of PFE, how their roles can intersect with the PFE leader, and any ideas they may have for integrating PFE into the hospital’s culture. By asking leadership staff for input in the beginning and giving them the opportunity to shape the goals of PFE, a stronger foundation will be laid for the work of the PFE leader and a better chance that the work is supported and accomplished.
- **Identify needs and areas of improvement.**
This can be a collaborative exercise for hospital leadership and all staff who will be working directly with the PFE leader, specifically considering what changes the PFE leader should be focused on bringing about to improve quality, patient safety, and patient experience. This is especially important if the PFE Leader is only part-time or less than a 100 percent full time employee. Because PFE is a broad concept, it is helpful if the designated PFE leader has specific targets or goals for his or her job.
- **Create a PFE mission statement.** While the PFE leader’s job description considers how this role connects to other ongoing programs in the hospital, the PFE mission statement helps hospital leadership consider how each of their departments and programs connects to PFE and, therefore, how to best partner with the PFE leader. This ensures that the organization is considering how to engage

PFE CHAMPIONS

A key role of the PFE leader is to educate hospital leaders, clinicians, and staff about the benefits of PFE—and to model meaningful PFE. As part of this, the PFE leader may need to address concerns about PFE based on previous experiences and/or myths. In doing so, the PFE leader will build relationships with individuals who may become informal or formal champions for PFE.

patients and families on a broader scale to improve safety, quality, and satisfaction, and that resources are being directed to that end. Refer to the National Patient Safety Foundation's [Safety Is Personal](#) report for specific recommendations on how health systems can engage patients and families in their care.

Step 2. Establish the PFE leader position

- **Define roles and responsibilities.** The PFE leader may be responsible for the following activities:
 - Working with hospital leaders (e.g., creating strategic plans for PFE, collaborating with leaders to implement PFE best practices and a culture of patient- and family-centered care)
 - Identifying, implementing, and overseeing PFE activities [e.g., recruiting, training, and overseeing the work of patient and family advisors (PFAs) and patient and family advisory councils (PFACs), developing a preadmission checklist to be used with all scheduled patients, working with nurses to ensure that shift transitions occur at the patient bedside with patient participation, and working with hospital leadership to ensure that patients and family members are represented on the board and other hospital oversight committees]
 - Assessing and continually improving PFE performance (e.g., establishing and disseminating short- and long-term PFE goals, developing and assisting with evaluation, monitoring, and feedback activities)
 - Developing processes for evaluating the activities and impact of the PFE leader that are inclusive of diverse patient and family participation, input, and feedback
 - Developing tools, materials, or curriculum to help educate and prepare patients and families to engage in their care to improve their care experiences and outcomes
 - Presenting outcomes and data from PFE projects to hospital leadership
- **Orient the PFE leader.** This plan should include some or all of the following to help the PFE leader successfully fulfill the roles and responsibilities described above:
 - Onboarding, even if the PFE leader is part of an existing position. It will be important to introduce the PFE leader as a new position to staff and any patient and family advisors whom he or she will work with

- In addition, as needed, compiling PFE resources to help the PFE leader learn as much as possible about how to advance PFE efforts within the hospital setting and foster connections with PFE leaders at other hospitals
- Engaging the PFE leader in conversations about the hospital’s values, and how those values intersect with the work of the PFE leader
- Discussing and deciding on PFE priorities, and creating goals for the next 3, 6, and 12 months
- **Build relationships and find PFE champions.** Ideally, the PFE leader will spend the first 3-6 months on the job primarily focused on building relationships throughout the hospital (or hospital system). Much of the PFE leader’s role requires working with people across the organization, both vertically and horizontally. Therefore, it is much easier to accomplish the PFE goals if the PFE leader has strong relationships built on trust and transparency with peers, hospital and clinical leadership, staff, and patient and family advisors. It also gives the PFE leader the opportunity to do the following:
 - Discover ongoing initiatives in the hospital and think creatively about how the PFE work might intersect or build on those initiatives, particularly those focused on safety and quality.
 - Look for PFE champions who can convey the benefits of PFE to departments and committees, and partner with the PFE Leader in developing meaningful PFE programs.

Step 3. Meaningfully embed the PFE leader into quality and safety improvement initiatives

To successfully integrate PFE into the culture of the hospital or health system, the PFE leader will likely need to attend departmental and/or committee meetings to ask how the patient and family perspective is being sought and included in decisions that affect patient experience and outcomes. More specifically, the PFE leader may consider the following:

- Serving on hospital committees focused on quality improvement and safety, and facilitating connections with patient and family advisors
- Working with staff and patient and family advisors to create a PFAC, and help the PFAC members tie their goals to specific patient safety aims such as infection rates, fall rates, pain management outcomes, and labor and delivery outcomes ([PFE Metric 4](#))

- Creating tools, materials, and curriculum that activate patients and families around quality and safety knowledge, and invites them into partnership to improve safety and quality outcomes during their stay
- Working with staff and patient and family advisors to implement the preadmission planning checklist ([PFE Metric 1](#)) and bedside reporting during nurse shift changes or physician rounding ([PFE Metric 2](#))

Step 4. Generate small wins and communicate progress

- **Select projects that can be achieved successfully in a relatively short period of time.** When selecting PFE projects, it is helpful to choose or create projects that will allow the PFE leader to partner with formal and informal PFE champions of PFE. This will help maximize chances of success. In addition, it is helpful to select projects that can be accomplished in a relatively short period of time and do not require a lot of resources, for example, working with patient and family advisors to improve discharge instructions or plan and pilot test a falls reduction project in one unit.
- **Evaluate and communicate impact.** As with any new initiative, it is important to collect feedback from everyone involved and use this to continually improve processes and programs. Listen to staff, patients, and families - what suggestions do they have for continuous improvement and further engagement? Documenting the impact of PFE projects will be essential to sustain commitment from leadership and staff. When planning projects, determine how you are going to measure progress and impact. Consider developing an annual report for PFE that presents projects and achievements. Report progress and impact to all stakeholders including leadership, clinicians, frontline staff, and patients and families. Examples of reports that summarize PFE activities, including patient and family advisory councils, are available at: <https://www.ipfcc.org/bestpractices/pfa-annual-reports-examples.html>. Finally, consider hosting community events to demonstrate the hospital's commitment to PFE and that engaging diverse populations in meaningful ways has observable impacts on care.

Lessons From the Field: Children's Mercy Kansas City

When patients, families, and visitors enter Children's Mercy, they are greeted with a sign that says, "The children of Missouri and Kansas welcome you to their hospital." This simple sign describes the patient- and family-centered environment at the hospitals and outpatient clinics. As chief executive officer Dr. Rand O'Donnell says, "The children are our bosses!"

Among the many ways [Children's Mercy](#) demonstrates this commitment is by hiring parents as staff, developing a “family faculty program” that provides consistent input and partnership between families and care providers, and multiple Patient and Family Advisory Boards with specific targeted demographics such as a Teen Advisory Board, an Intensive Care Unit Advisory Board, and an Advisory Board for Hispanic speakers. They also have numerous programs in which they partner with families on safety and quality initiatives, as well as provide additional emotional and mental support for their patients, such as by bringing animals into the wards of very sick children, providing school teachers in the hospital, and offering music therapy.

Resources for Implementation of PFE Metric 3

- [PFE Metric 3 Digest](#) (Partnership for Patients)
- [PFE Metric Learning Modules: Metric 3](#) (Partnership for Patients)
- [Staff Liaison to Patient and Family Advisory Councils and Other Collaborative Endeavors](#) (Institute for Patient- and Family-Centered Care)
- [Safety Is Personal: Partnering With Patients and Families for the Safest Care](#) (National Patient Safety Foundation)
- [Working With Patients and Families as Advisors: Implementation Handbook](#) (Agency for Healthcare Research and Quality)

Job Description Summary: Principal Advisor, Patient and Family Engagement, University Hospitals of Cleveland: The Principal Advisor, Patient and Family Engagement, oversees the development and implementation of practices, programs, and policies that support the strategic integration of patient and family engagement in their care throughout the University Hospitals continuum. This position is responsible for (1) providing strategic direction for implementation and development of a patient and family centered culture of care, PFAC programs, hospital plan, implementation and sustainability of PFE, and recruitment and development of PFAs; (2) developing curriculum to educate patient and families about how to be engage partners in care, and leads and/or participation in implementation and evaluation of initiatives based on curriculum; and (3) represents University Hospitals at related external meetings and conferences. This position reports to the Chief Nursing and Patient Experience Officer.

Job Description/Purpose: PFCC Manager, Medical University of South Carolina (MUSC) Health System: The Manager, Patient-Family Centered Care (PFCC), reports to the Chief Quality Officer. Under limited supervision, the Manager, Patient-Family Centered Care (PFCC), oversees the implementation of organizational strategic

imperatives for patient- and family-centered care by working closely with clinical and operational leaders within MUSC Health. This position aligns and directs patient service initiatives and develops a culture of optimal patient- and family-centered care services to distinguish MUSC Health in the marketplace. The Manager utilizes a data-driven approach, connecting each business partner to a purpose with clear deliverables to improve performance over time. This role provides overall leadership and direction in the development and implementation of patient- and family-centered care principles and concepts in the delivery of patient care within the MUSC Health Enterprise. This position serves as the primary liaison between the patient and family advisors within MUSC Health and the staff and leadership at all levels of the MUSC Health Enterprise.

Sources for this guide include:

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