

Person and Family Engagement (PFE) Implementation Guide for Hospitals

PFE Metric 5: Patient Representative(s) on Board of Directors

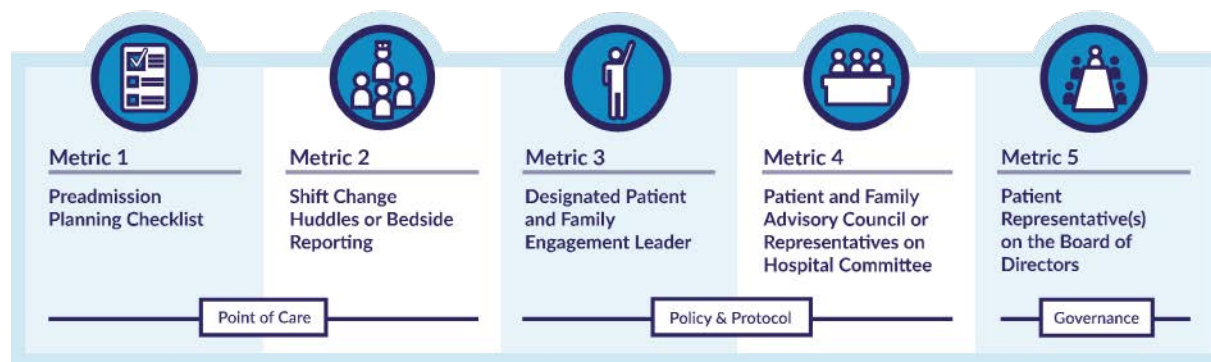
Introduction

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 5—Patient Representative(s) on Board of Directors. This resource complements the [PFE Metric 5 Digest](#), which describes the intent and benefits of PFE Metric 5. 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](#).

The “ideal” patient representative has experience as a patient or family advisor who collaborates with healthcare professionals at the hospital or health system level in planning, implementing, and/or evaluating change and improvement.

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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PFE Metric 5 Definition

Hospital has one or more patient(s) who serve on a governing and/or leadership board as a patient representative.

How to Meet PFE Metric 5

The hospital has met the metric if at least one position on the board of directors is designated for a patient or family member who is appointed to represent that perspective, OR if a specific board representative is not possible, the hospital has implemented one of the alternatives to the metric to incorporate the perspective of patients and families when making hospital governance decisions (see options below under “Alternative”). Hospitals are encouraged to consider and pursue options for achieving the intent of the metric.

Alternative: While designating at least one patient representative on the board is the preferred mechanism to ensure co-governance, certain laws, policies, or circumstances may not allow the formation of a patient or family representative seat on the board. In these cases, hospitals are encouraged to pursue alternative options that achieve the intent of this metric and qualify as a “yes” response, including the following:

- *Asking for Patient and Family Advisory Council (PFAC) input on matters before the board and incorporating a PFAC report into the board agenda*
 - *Identifying elected or appointed board members to serve in a specific role, with a written role definition, representing the patient and family voice on all matters before the board*
 - *Requiring all board members to conduct activities that connect them closer to patients and families, such as visiting actual care units in the hospital two times per year and/or attending two PFAC meetings per year*
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Intent of PFE Metric 5

The intent of this metric is to ensure that at least one board member with full voting rights and privileges provides the patient and family perspective on all matters before the board, similar to other board members who represent specific interests in the community. While current board members may have had experiences as patients at the hospital (or as family members of patients), the intent is to bring in individuals who do not serve the board in any other professional capacity and whose sole purpose is to be a patient representative and contributor. The goal of this activity is to ensure

that the board includes patient and family perspectives when making governance decisions at the hospital.

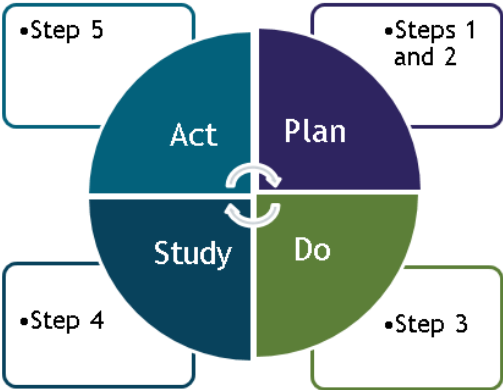
Benefits of PFE Metric 5

Developing a governance structure that supports and exemplifies partnership with patients and family advisors (PFAs) signals and solidifies an organization’s commitment to PFE at the highest level. PFA partnership at this level ensures that governance decisions reflect patients’ and families’ priorities, values, and needs.

The five recommended steps for effectively implementing PFE Metric 5 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 5

1. Secure support and buy-in from hospital governance and leadership for a patient voice on the board of directors
2. Create a role description for the patient representative
3. Recruit and select a patient representative
4. Prepare the patient representative and board to engage in meaningful partnerships
5. Create feedback loops to assess integration of the patient representative into governance decisions



Step 1. Secure support and buy-in from hospital governance and leadership for a patient voice on the board of directors

- Seek early buy-in and executive sponsorship from senior administrative and clinical leaders, as well as existing board members. Assess overall readiness to include the patient perspective on the board. Identify barriers that may impede effective integration of this new voice, such as concerns about transparency and confidentiality.

- **Identify formal and informal PFE champions, including the PFE leader (Metric 3), who can help make the case for a patient representative.** These champions can educate leaders, clinicians, staff, and board members on the benefits of seeking and including the patient perspective in governance decisions to improve the quality and safety of care. For example, they can share lessons learned and success stories from other organizations to help garner buy-in.
- **Work with leadership to identify areas where direct patient and family input on governance decisions would be—or would have been—useful, as well as how this change can help create a more patient- and family-centered culture of care within the organization.** Consider the Institute of Medicine’s [Crossing the Quality Chasm](#) report. Is care safe, timely, effective, efficient, equitable, and person-centered? Patient representatives can provide insights into many aspects of these categories of quality and should be at the center of all quality improvement initiatives. To self-assess performance in each of these six categories, hospitals can use the Institute of Healthcare Improvement’s [Framework for Effective Board Governance of Health System Quality](#).

Step 2. Create a role description for the patient representative

- **Begin with your hospital’s existing position description for board members; then, include language specific to the patient or family representative role to meet the intent of this metric.** Explain how the role fits into the organization’s strategic plan to improve quality and safety. The position should serve in the same capacity as all other full voting board members but with a specific lens of patient and family representation.
- **Clearly state the responsibilities and commitment being asked of the patient representative, and how he or she will contribute.** The role description should include any fiduciary or fundraising activities that they may be asked to support. In addition, consider including specific examples of areas in which the patient’s perspective on the board is particularly valuable. The [PFE Metric 5 Digest](#) includes a sample role description.

Step 3. Recruit and select a patient representative

- **Talk with the PFE leader and/or staff members of the Patient and Family Advisory Council to explore whether any current patient and family advisors would be a good fit.** The “ideal” patient representative has experience as a patient or family advisor and is someone who collaborates with healthcare professionals at the hospital or health system level in planning, implementing, and/or evaluating change and improvement.

- **Be intentional about diversity.** Seek a patient representative who reflects the hospital’s patient population and can speak to the needs and values of its diverse communities served.
- **Keep in mind that you may not find an individual with all the qualities you are looking for, but you can work with the candidate to develop his or her skills.** In the meantime, your organization may want to ask a current board member to represent the patient and family perspective.

Step 4. Prepare the patient representative and board to engage in meaningful partnerships

- **Prepare board members to partner with the patient representative.** For example, provide training about quality and safety issues, health equity, and PFE. Review the concept of PFE in the context of the hospital’s mission; this can be done through a webinar or in-person meeting, or by providing board members with written materials on the subject, such as the National Patient Safety Foundation’s [Safety Is Personal: Partnering With Patients and Families for the Safest Care](#). Share success stories and effective practices from other hospitals that have worked with patients as members of boards and governing bodies. In addition, if the hospital has a PFAC, consider inviting the board members to attend a PFAC meeting or review the latest report from the PFAC to increase familiarity with collaborations with patient and family advisors. Finally, consider providing board members with the representative’s résumé or background, including his or her experience as a patient or caregiver, prior to his or her first meeting. It is also helpful to clarify how the patient representative will contribute to advancing the hospital’s quality and safety goals.
- **Orient and mentor the patient representative.** Provide the representative with a clear orientation about the hospital’s mission, goals, and strategic priorities and how his/her role contributes to them. In addition, consider having one of the board members serve as a mentor to the patient representative. The mentor could explain the materials, board procedure, rules, and so on until the representative becomes acclimated.
- **Allow time at the first meeting so that the patient representative can be introduced to the other board members and vice versa.**

Patient and family advisors gain knowledge of the organization’s strategic plans and initiatives over time. A patient may offer their insights while understanding the organizational goals and perspectives as well.

Step 5. Create feedback loops to assess integration of the patient perspective into governance decisions

- **Check in with the patient representative to assess his or her experience.** Ideally, the designated PFE leader (Metric 3)—or the individual who oversees quality or safety—should check in regularly with the patient representative (and mentor, if assigned) to ask whether he or she feels heard, respected, and valued, and then share that feedback with the board. Ask how the board can better engage the patient representative. Be proactive about identifying and addressing any communication gaps or other issues.
- **Use objective criteria to assess adherence and progress on specific quality and safety benchmarks.** Tools such as the [Governance of Quality Assessment Tool](#), developed by the Institute for Healthcare Improvement, helps to assess how well the hospital is meaningfully engaging patients and families in governance decisions.

Remember that this metric’s goal is to ensure that the patient and family perspective is well represented at the board level. This activity signals and solidifies the hospital’s commitment to PFE both internally and externally.

Lessons From the Field: Fox Chase Cancer Center, Temple University Health System

Fox Chase Cancer Center is a part of the Temple University Health System and a member of The Hospital & Healthsystem Association of Pennsylvania (HAP). It is a National Cancer Institute-designated Comprehensive Cancer Center. Fox Chase employed a multifaceted approach to place patients on its PFAC and multiple safety and quality committees with direct ties to the board of directors. Its efforts were assisted by two pieces of legislation enacted by the state of Pennsylvania: the Medical Care Availability and Reduction of Error Act and the Reduction and Prevention of Healthcare Associated Infection Act. Both Acts required hospitals to establish specific care structures that included patients. The former required a patient safety committee with two community representatives; the latter mandated an infection control plan, including community representation on a multidisciplinary infection control committee. Using the legislation as a starting point, Fox Chase began the process of weaving the patient into the fabric of its governance by educating the board about quality and patient safety; finding physician and executive champions; recruiting patient and family advisors and creating a PFAC that reports directly to a board subcommittee; providing an annual PFAC report to the board; and inviting the co-chair of the PFAC to join the board to provide the patient perspective. Use of national, regional, and local support, including regulatory and payor initiatives, helped amplify the patient voice while finding strong executive and physician

champions to provide strong support for patient- and family-centered change within the system. To learn more, access the materials from the August 2018 PFE Learning Event, [“From Patient and Family Advisory Council \(PFAC\) to Hospital Board: Building on Metric 4 to Achieve Metric 5.”](#)

Resources for Implementation of PFE Metric 5

- [Advancing the Practice of Patient- and Family-Centered Care in Hospitals: How to Get Started...](#) (Institute for Patient and Family-Centered Care)
- [Crossing the Quality Chasm: A New Health System for the 21st Century](#) (Institute of Medicine)
- [Framework for Effective Board Governance of Health System Quality](#) (Institute for Healthcare Improvement)
- [PFE Metric Digest: Metric 5](#) (Person and Family Engagement Contractor)
- [PFE Metric 5 Learning Module](#) (Person and Family Engagement Contractor)
- [Safety Is Personal: Partnering With Patients and Families for the Safest Care](#) (National Patient Safety Foundation)

Sources for this guide include the following:

- Institute for Patient and Family Centered Care (IPFCC). Advancing the practice of patient- and family-centered care in hospitals: How to get started... Bethesda (MD): IPFCC; 2017. Available from: https://www.ipfcc.org/resources/getting_started.pdf
- Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. Framework for effective board governance of health system quality. Boston: Institute for Healthcare Improvement; 2018. Available from: <http://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Effective-Board-Governance-Health-System-Quality.aspx>
- Agency for Healthcare Quality and Research. Guide to patient and family engagement in hospital quality and safety. Rockville (MD): Agency for Healthcare Quality and Research; 2017. Available from: <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy1/index.html>
- 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>