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Implementing Patient and Family Engagement in Rural and Critical Access Hospitals: Finding Solutions and Strategies

July 23, 2024



Collaborating To Support Your Quality Improvement Efforts!



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Learning Objectives

- Identify how patient and family engagement (PFE) interventions positively impact patient care.
- Review PFE best practices for hospitals and reflect on your hospital's current implementation status.
- Analyze each PFE best practice from the perspective of a small, rural, critical access hospital and identify effective solutions for implementation.
- Leave with clearly defined action steps to develop and/or progress your facility's individual PFE goals.



Why Now?

- Patient and Family Engagement (PFE) activities have been around for decades and are used to improve patient care by way of incorporating the patient voice into improvement activities.
- PFE can support hospital performance in quality, safety, financial performance, patient experience, patient outcomes and even employee satisfaction.
- However, many challenges may exist when attempting to fully implement PFE activities.
- A 2021 survey conducted by the American Hospital Association revealed that just 51.36% of respondents have implemented a patient and family advisory council (PFAC).

[Success of Patient and Family Advisory Councils: The Importance of Metrics - PubMed \(nih.gov\)](#)

<https://www.ahaphysicianforum.org/resources/appropriate-use/ACSC/content/AHRQ-PFE-Guide-selections.pdf>

Today's Speaker(s)



Thomas Workman, PhD
PFE Subject Matter Expert
American Institutes for Research

Featured Hospital Panelists – University of Michigan Health-Sparrow Clinton



Mariah Hesse, MSN, RN, CENP
Chief Nursing Officer



Danielle Rodewald, PharmD, MBA
Pharmacy Manager



Lea Curtiss, BSN, RN
Surgical Services Manager

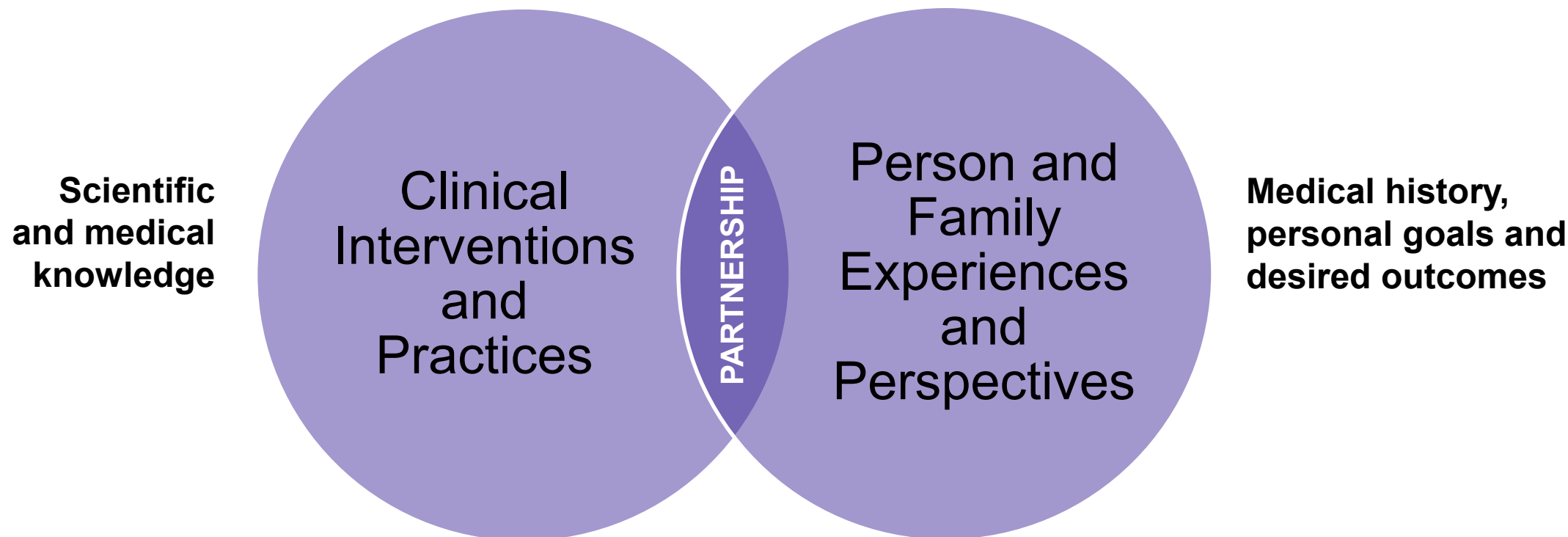


Sarah Hagerman, RN
Performance Improvement Specialist



Kara George, BSN, RN
PFAC Council Member

Person and Family Engagement is a Partnership



Partnership occurs when clinicians and the people they serve collaborate so that clinical interventions and practices are integrated with patient/family experiences and perspectives

Outcome: Safe, equitable, patient- and family-centered care



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Two Types of Partnerships

Direct Care: Patients and family as partners in their care



Patients and family caregivers work directly with frontline staff throughout the hospital stay to achieve the best possible outcomes

Hospital-wide Improvements: Patient and family advisors



Patients and caregivers are members of councils or committees and share their experiences and perspectives to create patient-centered strategies, policies or procedures that improve the quality and safety of care



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PFE in HQIC Hospitals: The Five Best Practices

Direct Care

1. Implementation of a **pre-admission planning checklist** for patients who have a planned admission
2. Implementation of a **discharge planning checklist**
3. Conducting **shift change huddles and bedside reporting** with patients and families

Hospital-Wide

4. Designation of a **PFE leader** in the hospital
5. Active **Person and Family Engagement Committee** or other committees where patients are represented and report to the board



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Using the Five PFE Best Practices to Support QI

<p>1. Implementation of a preadmission planning checklist for patients who have a planned admission</p>	<p>Inviting patients and family members to partner on QI efforts before or early in their hospital stay, noting risks most relevant to the patient</p>
<p>2. Implementation of a discharge planning checklist</p>	<p>Discussing plans and needs to help the patient continue to recover at home (or elsewhere) and avoid unplanned readmissions; topics to discuss include medication adherence, appropriate rest/movement, and follow-up visits</p>
<p>3. Conducting shift change huddles and bedside reporting with patients and families</p>	<p>Including the patient/family member in the conversations about their treatment and care and inviting them to verify information and ask questions.</p>
<p>4. Designation of a PFE leader in the hospital</p>	<p>Coordinating hospital wide QI efforts with patient and family advisors (PFAs)</p>
<p>5. Active PFAC or other committees where patients are represented and report to the board</p>	<p>Engaging the Patient and Family Advisory Council (PFAC) or other committees with patient representatives in projects that contribute to hospital wide efforts to reduce all-cause harms</p>



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Implementing the Best Practices in Rural and Critical Access Hospitals

Challenges	Solutions
Limited leadership support	Build buy-in first; use peer hospital testimony
Limited staff time for PFE coordination	Divide coordination by practice across staff; use patient and family volunteers for outreach
Limited staff familiarity or comfort with PFE	Use educational resources and open dialogue to demystify and correct misperceptions
Privacy concerns in small community	Use confidentiality agreements and enable patients/families to opt-out when relationships are too close; most activity will be general and based on aggregate data



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Getting Started

1. **Educate** hospital staff, department leads and administrators on the value of integrating patient and family perspectives in QI efforts
2. **Choose** a new PFE best practice to implement in a single unit using a Plan-Do-Study-Act (PDSA) cycle
3. **Consider** how to improve a PFE best practice that your hospital is implementing (e.g., gather feedback from patients and families on their experiences with the pre-admission planning checklist)
4. **Train** frontline staff on how to create partnerships with patients and families at the bedside



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Conversation with a Rural Critical Access Hospital

- ❑ What motivated you to implement the Five PFE Practices?
- ❑ What challenges have you faced and how have you overcome them?
- ❑ How has PFE impacted or benefited the hospital?



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Questions and Discussion



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Resources

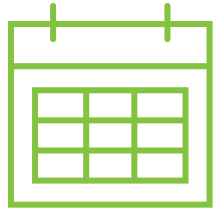
- ❑ [PFE Best Practice Implementation Guides](#)
 - Describes each practice and describes steps toward implementation, along with examples – available in the IPRO Resource Library
- ❑ [Pre-recorded Learning Modules on Patient and Family Engagement](#)
 - Brief recorded presentations defining PFE and discussing its benefits
- ❑ [PFE Resource Guide](#)
 - Resource lists specific to implementation of each PFE best practice – available on the [Telligen HQIC Hospital Resources](#) webpage



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Join our Final Educational Webinar!

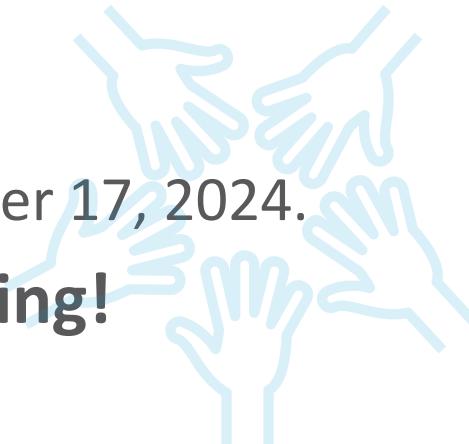


Improving Sepsis Bundle Compliance and Decreasing Sepsis Mortality Rates in Critical Access Hospitals – Thursday August 29, 2024, at 1 p.m. CT

- Register Today: [Webinar Registration – Zoom](#)

The HQIC program ends on September 17, 2024.

Thank you for participating!



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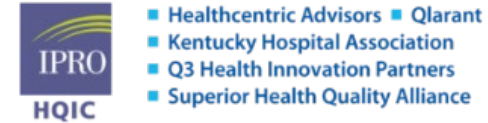


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