



Person and Family Engagement (PFE) Guide for IPRO HQIC Coaches

Guide 1: Assessing Implementation of the Five Person and Family Engagement (PFE) Best Practices

IPRO HQIC Coaches can use this guide to help hospitals:

- Determine if they are implementing the five PFE Best Practices
 - Understand how best to choose survey responses about the five PFE Best Practices
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Overview

Hospitals can choose one of four response options for the survey questions about PFE implementation. The options are:

- **Yes, we have implemented or are currently implementing this practice in at least one unit of the hospital.**
- **No, we are not currently implementing this practice in at least one unit of the hospital, but we are actively planning and preparing to do so.**
- **No, we are not currently implementing or planning to implement this practice in at least one unit of the hospital.**
- **Don't Know**

Hospitals can also check a box to request more information about the PFE Best Practice. Hospitals should check this box if they are new to PFE or the five best practices, or have questions about any of the practices.

This guide provides the following information about each of the five PFE practices:

- The definition and intent behind the practice
- The key components of the practice
- Guidance on choosing one of the four responses



PFE BEST PRACTICE 1

Implementation of a planning checklist for patients who have a planned admission*

Definition: At least one unit at the hospital has a physical planning checklist that is discussed with every patient prior to or at the time of any scheduled admission (e.g., surgery, procedure, test, delivery). The checklist can be a stand-alone document or integrated into other materials, for example, a patient handbook.

*** Hospitals that do not have any planned admissions will be exempt from this practice.**

If your hospital does not have scheduled admissions, PLEASE CHECK THE RESPONSE: “WE DO NOT HAVE SCHEDULED ADMISSIONS”. We will identify your hospital as exempt and remove it from the number of hospitals reporting. You will need to check this response each time your PFE activities are surveyed.

Intent: For all scheduled admissions, hospital staff discuss a checklist of items to prepare patients and families for the hospital stay—and invite them to be active partners in their care.

To implement the practice, a hospital must:

- Have a physical planning checklist for patients with scheduled admissions, preferably designed by or reviewed by patients and family members, AND
- At or before a scheduled admission, have hospital staff discuss the checklist with patients and/or their care partners

Sample Preadmission Checklists:

- [Preparing and Recovering from My Hip Replacement Surgery](#)
- [Preparing and Recovering from My Knee Replacement Surgery](#)
- [Your Guide for Total Knee Replacement Success](#)
- Sample Preadmission Planning Checklist (English) – attached as an appendix
- Sample Preadmission Planning Checklist (Spanish) – attached as an appendix

How to Help Hospitals Assess Implementation Status

When does a hospital answer “Yes, we have implemented or are currently implementing this practice.”?

- A nurse, physician, admissions staff, or other healthcare professional talks with patients prior to or at the time of a scheduled admission about their stay.
- The conversation should prepare them for their stay, and cover topics such as: (1) **what patients should expect during their stay** (e.g., course of care, pain management); (2) **patients’ concerns and preferences for their care**; (3) **potential safety issues** (e.g., preadmission medicines, history of infections); and (4) **relevant home issues that**



may affect discharge, such as needs for additional support, transportation, and care coordination

- These conversations are occurring in at least one unit of the hospital.

When does a hospital answer “No, we are not currently implementing this practice, but we are actively planning and preparing to do so.”? (NOTE: This list is not all inclusive. The hospital may be undertaking other planning activities.)

- Hospitals leaders, clinicians, and staff are meeting to discuss the benefits of a planning checklist and/or how to implement the practice
- The hospital is developing or modifying an existing checklist
- The hospital has identified a unit or department to use the checklist with patients (e.g., orthopedic or vascular surgery)
- The hospital is discussing or has decided how to share the checklist with patients (e.g., by incorporating it into existing materials provided to patients, for example pre-admission materials or materials provided in a pre-surgery class for joint replacement), but is not yet using it
- The hospital has identified and/or is training clinicians and staff to discuss the checklist with patients and families, for example, by using role-play exercises with patient and family advisors

When does a hospital answer “No, we are not currently implementing or planning to implement this practice in at least one unit of the hospital.”?

- The hospital did not answer “Yes,” AND
- Is not undertaking any of the activities – or related activities – listed above in “No, we are not currently implementing this activity, but we are actively planning and preparing to do so.”

When does a hospital answer “Don’t Know”?

- This is the appropriate response if no one in the units offering scheduled admissions is aware of efforts to use a checklist to hold discussions with patients prior to their admission.
- If this response is given, it is important to help the individual responding for the hospital to identify the individuals who are aware of this activity and can inform the status on a monthly basis. Hospitals should not be responding that they do not know the status of their PFE activities consecutively without some type of intervention.

PFE BEST PRACTICE 2:

Implementation of a discharge planning checklist

Definition: At least one unit at the hospital has a physical discharge planning checklist that is discussed with every patient prior to discharge. The checklist can be a stand-alone document or integrated into other discharge papers.

Intent: Through a conversation with the patient, ensure that they fully understand how to successfully continue their recovery after they leave the hospital.

To implement the practice, a hospital must:

- Have a physical discharge planning checklist for patients, preferably one that was designed or reviewed by patients and families, AND
- Prior to discharge, have hospital staff discuss the checklist with patients and/or their care partner

Sample Discharge Checklists:

- [Be Prepared to Go Home](#)
- [Your Discharge Planning Checklist](#)

How to Help Hospitals Assess Implementation Status

When does a hospital answer “Yes, we are implementing this practice.”?

- A nurse, physician, discharge staff, or other healthcare professional talks with patients prior to being discharged about leaving the hospital.
- The conversation should prepare patients about what to expect after they leave the hospital and how to continue their recovery. The conversation should cover topics to prevent problems such as: (1) **what life will be like at home** (e.g., foods and activities to avoid, supports); (2) **medications** (e.g., purpose of each medicine, what and how to take it, and potential side effects); (3) **warning signs and problems** and who to contact if there is a problem; (4) **test results**, either explaining them or letting the patient know when they should hear about results and whom to call if they don't get the results; and (5) **follow-up appointments**, including making sure they know what type of follow up is needed and offering to schedule them for the patient
- These conversations are occurring in at least one unit of the hospital.

When does a hospital answer “No, we are not currently implementing this practice, but we are actively planning and preparing to do so.”?

- Hospital leaders, clinicians, and staff are meeting to discuss the benefits of discussing a discharge planning checklist with patients prior to discharge.
- The hospital is developing or modifying an existing checklist
- The hospital is considering how to incorporate the checklist into existing discharge materials provided to patients
- The hospital is identifying or has identified clinicians or staff to provide the checklist 1-2 days prior to discharge so that patients can read it, fill it out, and identify any questions they have



- The hospital is identifying or has identified clinicians (e.g., nurse, pharmacist) and staff (e.g., patient advocate, discharge planner) who will be involved in the conversation with the patient
- The hospital is training those clinicians and staff to discuss the checklist with patients and care partners, for example, by using role-play exercises with patient and family advisors

When does a hospital answer “No, we are not currently implementing or planning to implement this practice in at least one unit of the hospital.”?

- The hospital did not answer “Yes,” AND
- Is not undertaking any of the activities – or related activities – listed above in “No, we are not currently implementing this activity, but we are actively planning and preparing to do so.”

When does a hospital answer “Don’t Know”?

- This is the appropriate response if no one in the hospital is aware of efforts to use a checklist to hold discussions with patients prior to their discharge.
- If this response is given, it is important to help the individual responding for the hospital to identify the individuals who are aware of this activity and can inform the status on a monthly basis. Hospitals should not be responding that they do not know the status of their PFE activities consecutively without some type of intervention.

PFE BEST PRACTICE 3:

Conducting shift change huddles and bedside reporting with patients and families

Definition: In at least one unit at the hospital, patients and/or their care partners are included in nurse shift change huddles or conversations with clinicians about their care, treatment, and tests.

Intent: Include patients and care partners as active participants in as many conversations about their care as possible throughout the hospital stay so that they can ask questions or share concerns.

To implement the practice, a hospital must:

- Conduct nurse shift change huddles **OR** clinician reports/rounds at the bedside and involve the patient and/or care partners.

How to Help Hospitals Assess Implementation Status

When does a hospital answer “Yes, we are implementing this practice.”?

- A nurse or other clinician talks with the patient and/or care partner at the bedside about their care throughout their stay. Patients and/or care partners are included in discussions between nurses changing shifts and/or clinicians making rounds.
- During these conversations, the clinician invites patients and/or care partners to question, correct or confirm, and learn more about next steps in their care. The clinician also invites patients and/or care partners to share information that may be relevant to their care and/or potential safety issues.
- These conversations are occurring in at least one unit of the hospital.

When does a hospital answer “No, we are not currently implementing this practice, but we are actively planning and preparing to do so.”? (NOTE: This list is not all inclusive. The hospital may be undertaking other planning activities.)

- Hospital leaders, clinicians, and staff are meeting to discuss the benefits of including patients and care partners in conversations at the bedside during shift change huddles and clinician rounds.
- The hospital has identified a unit or department to implement this practice but is not currently including patients in these conversations at the bedside.
- The hospital is discussing how to include patients in these conversations.
- The hospital is training clinicians on how to invite and include patients and care partners in these conversations, for example, by using role-play exercises with patient and family advisors.

When does a hospital answer “No, we are not currently implementing or planning to implement this practice in at least one unit of the hospital.”?

- The hospital did not answer “Yes,” AND



- Is not undertaking any of the activities – or related activities – listed above in “No, we are not currently implementing this practice, but we are actively planning and preparing to do so.”

When does a hospital answer “Don’t Know”?

- This is the appropriate response if no one in the hospital is aware of efforts to conduct nurse shift change huddles or clinician reports at the bedside in any unit.
- If this response is given, it is important to help the individual responding for the hospital to identify the individuals who are aware of this activity and can inform the status on a monthly basis. Hospitals should not be responding that they do not know the status of their PFE activities consecutively without some type of intervention.

PFE BEST PRACTICE 4:

Designation of a PFE leader in the hospital

Definition: At least one person is recognized across all hospital staff and administration as responsible for the leadership, coordination, support, and reporting of PFE activities throughout the hospital.

Intent: 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.

To implement the practice, a hospital must:

- 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 named as responsible for PFE at the hospital.

How to Help Hospitals Assess Implementation Status

When does a hospital answer “Yes, we have implemented or are currently implementing this practice.”?

- The hospital has identified and named at least one staff member who is responsible and accountable for overseeing PFE efforts at the hospital. (Note: Hospitals may designate multiple individuals within an office or department (e.g., Patient Experience Office, Quality Improvement) to be responsible 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.)
- Hospital staff know who this person is and that they are responsible for PFE efforts.

When does a hospital answer “No, we are not currently implementing this practice, but we are actively planning and preparing to do so.”? (NOTE: This list is not all inclusive. The hospital may be undertaking other planning activities.)

- Hospital leaders, clinicians, and/or staff are meeting to discuss the benefits of a dedicated PFE leader.
- The hospital is developing or has developed a job description for this leader, including to whom this person will report, but a person has not been identified or hired for this role.
- The hospital is in the process of hiring, onboarding, or training a person for this role, but this person has not officially assumed the position.

When does a hospital answer “No, we are not currently implementing or planning to implement this practice.”?

- The hospital did not answer “Yes,” **AND**
- Is not undertaking any of the activities – or related activities – listed above in “No, we are not currently implementing this practice, but we are actively planning and preparing to do so.”



When does a hospital answer “Don’t Know”?

- This is the appropriate response if no one in the hospital is aware of a person being designated as the PFE leader.
- If this response is given, it is important to help the individual responding for the hospital to identify the individuals who are aware and can inform the status of the PFE leadership on a monthly basis. Hospitals should not be responding that they do not know the status of their PFE activities consecutively without some type of intervention.

PFE BEST PRACTICE 5:

Active Person and Family Engagement Committee or other committees where patients are represented and report to the board

Definition: The hospital has at least one active Person and Family Engagement Committee, Patient and Family Advisory Council (PFAC), or other committee (e.g., Patient Safety) with full membership positions for patient or family representatives. These councils or committees should report directly to the Board.

Intent: To integrate patient and family perspectives into specific efforts to address quality and safety and other related governance decisions made by the hospital.

To implement the practice, a hospital must:

- Formally name patient and/or family representatives from the community as members of a PFAC or other hospital committee, **AND**
- Schedule and conduct meetings of the PFAC or other committees with patient and family representatives

How to Help Hospitals Assess Implementation Status

When does a hospital answer “Yes, we have implemented or are currently implementing this practice.”?

- The hospital has recruited patient and family representatives (or advisors) for a PFAC or committee
- The PFAC or committee has met at least once

When does a hospital answer “No, we are not currently implementing this practice, but we are actively planning and preparing to do so.”? (NOTE: This list is not all inclusive. The hospital may be undertaking other planning activities.)

- Hospital leaders, clinicians, and/or staff are meeting to discuss the benefits of a PFAC or patient and family representatives on a committee.
- The hospital is identifying or has identified a committee for patient and family representatives to join.
- The hospital – preferably the PFE Leader – is developing or has developed a role description for patient and family representatives.
- The PFE or other leader or staff are recruiting, onboarding, or training patient and family representatives, but the PFAC or committee has not yet met with the representatives.
- A PFAC or committee meeting with the representatives has been scheduled but has not been held.

When does a hospital answer “No, we are not currently implementing or planning to implement this practice in at least one unit of the hospital.”?

- The hospital did not answer “Yes,” AND
- Is not undertaking any of the activities – or related activities – listed above in “No, we are not currently implementing this practice, but we are actively planning and preparing to do so.”



When does a hospital answer “Don’t Know”?

- This is the appropriate response if no one in the hospital is aware of the existence of a PFAC or patient membership on other committees.
- If this response is given, it is important to help the individual responding for the hospital to identify the individuals who are aware of this activity and can inform the status on a monthly basis. Hospitals should not be responding that they do not know the status of their PFE activities consecutively without some type of intervention.

HOW TO PREPARE FOR A SAFE HOSPITAL STAY

You and your care partner are important members of your hospital care team. Other members include doctors, nurses and staff who will care for you during your hospital stay.

We invite you to partner with us in your care. Just like you, our goal is to make sure that you get the best and safest care.

Use this checklist to help you get ready for your admission to the hospital and your hospital stay. The staff member who admits you to the hospital will review and talk to you about this information and also answer any questions you might have.

► Before Admission to the Hospital

Choose at least one trusted family member or friend to be your care partner. A care partner is someone who can:

- Help you with your care and making decisions about your care
- Support your recovery in the hospital and at home after you leave
- Help make sure that your preferences, values and goals are used in care planning



Bring the following important items with you to the hospital:

- List of all medicines you take including over-the-counter medicines, vitamins and supplements (include reason for taking, dose, time you take and how you take them)
- Allergies to medications or food
- Names and phone numbers of your primary care doctors and specialists
- Your insurance information
- Your wishes about care and treatment in case you become unable to speak for yourself (bring any written forms you have such as an Advance Directive for Care or Living Will)
- A small notebook to keep track of important information

Talk to your doctor who is admitting you to the hospital to get the information you want and need about:

- Your treatment or surgery
- Diagnosis or condition
- Tests you will have
- Medicines you will be given
- How your pain will be safely managed
- How long you will be in the hospital and if it is likely you will need to go to a rehabilitation hospital or skilled nursing facility before you go home
- Any physical therapy or other therapies you will receive in the hospital



Hospital Name
Address
Address 2
Address 3

Phone
Phone 2
Email
Web address

► When You Are Admitted to the Hospital



Learn about who is on your team by asking:

- Who will be taking care of you and what they will do
- How to contact them
- How to contact the hospital's patient advocate

Find out about how you and your care partner can share and get information and be part of care planning. This includes:

- During **rounds** when your doctors, others on the team and you plan your care
- During **nurse change of shift report** when one nurse is finishing a shift and shares important information about your care with the nurse starting the shift
- In **planning meetings for discharge or transition** to your home or another care setting
- On a **whiteboard** in your hospital room
- Through an **online patient portal**

Safety is key! We all work together to make sure your care is safe. Speak up at any time with any concerns you have. Talk with your team about the best ways to:

- Make sure everyone washes their hands – family, friends, staff and doctors
- Help prevent infections
- Help prevent pressure injuries (sometimes called bed sores)
- Protect yourself from falling
- Make sure your patient identification is correct and is checked especially before tests, procedures and being given medicines
- Make sure that all doctors, nurses and staff introduce themselves and explain what they are going to do before giving you any medicine or before a treatment or test
- Make sure your surgery site is correctly marked on your body or you are getting the correct test or procedure
- Be aware of side effects of treatment and medicines
- Learn about symptoms and danger signs to watch out for
- Know what to do and who to talk to about concerns if you or your care partner thinks something does not seem “right”

► Before You Leave the Hospital



Talk with your team as early as possible about how you and your care partner can get ready to leave the hospital. You will get specific discharge instructions before you leave the hospital but you can talk with your team at any time about:

- Your medicines and what they are for and how to take them properly
- Serious signs and symptoms to look out for once you get home, what to do if you see them and who to call if you have concerns
- What to expect in your recovery
- Instructions for care related to your surgery or treatment
- Instructions for what you should and should not eat and drink
- Need for additional therapy, home care, support or equipment at home
- Follow-up appointments
- How doctors and staff will share information with your primary care doctors and specialists

CÓMO PREPARARSE PARA UNA ESTADÍA SEGURA EN EL HOSPITAL

Usted y su colaborador en la atención médica son miembros importantes del equipo que le atiende. Entre otros miembros se incluyen los médicos, las enfermeras y el personal que cuidará de usted durante su estadía en el hospital.

Le invitamos a colaborar con nosotros en su atención. Al igual que usted, nuestro objetivo es asegurarnos de que reciba la mejor atención médica posible en condiciones de seguridad.

Use esta lista para prepararse para el ingreso al hospital y la estadía en él. Al ingresar al hospital, el personal encargado repasará con usted esta información, se la explicará y responderá todas las preguntas que usted tenga.

► Antes de ingresar al hospital

Elija por lo menos a un familiar o a un amigo de confianza que sea su colaborador en la atención médica. El colaborador en la atención médica es alguien que:



- Le ayuda con los cuidados que necesita y con la toma de decisiones al respecto.
- Le apoya durante su recuperación, no solo en el hospital sino en su casa, cuando esté listo para salir del hospital.
- Se asegura de que se tengan en cuenta sus preferencias, valores y objetivos en la planificación de la atención médica.

Traiga la siguiente información importante al hospital:

- La lista de todos los medicamentos que toma, incluso los medicamentos de venta sin receta, las vitaminas y los suplementos. Incluya la razón por la cual los toma, la dosis, la hora a la cual los toma y cómo los toma.
- Una lista de las alergias que tenga a medicamentos y alimentos
- Una lista de los médicos y especialistas que lo atienden. Asegúrese de incluir el número telefónico.
- Información de su seguro médico y su tarjeta de identificación
- Instrucciones sobre la atención médica y el tratamiento que desea recibir si no puede expresarlas usted mismo, como las voluntades anticipadas y el testamento vital. Lleve copias para entregarlas a los médicos y demás profesionales de la salud.
- Un cuaderno pequeño para guardar información importante

Hable con el médico que ordena la hospitalización para recibir la información que usted desea y necesita sobre:

- El tratamiento o la operación
- El diagnóstico o la enfermedad
- Las pruebas que tendrá que hacerse



Hospital Name
Address
Address 2
Address 3

Phone
Phone 2
Email
Web address

- Los medicamentos que le darán
- Cómo le controlarán el dolor sin que usted corra peligro
- Cuánto tiempo estará en el hospital y si es probable que tenga que ir a un hospital de rehabilitación o a un centro de cuidados especializados de enfermería antes de irse a casa
- Si recibirá fisioterapia u otras terapias en el hospital



► Cuando esté internado en el hospital

Estas son algunas preguntas que puede hacer para saber quiénes son los miembros del equipo de atención médica:

- ¿Quiénes estarán a cargo de mi atención médica y qué funciones realizarán?
- ¿Cómo me puedo comunicar con ellos?
- ¿Cómo me puedo comunicar con el defensor del paciente?

Averigüe cómo pueden usted y su colaborador en la atención médica comunicar y obtener información, y cómo pueden participar en la planificación de su tratamiento. Esto puede incluir:

- Cuando los médicos y otros profesionales de la salud estén *pasando revista* y planificando su tratamiento
- Durante la *entrega de turno de enfermería*, cuando la enfermera que termina el turno le comunica información importante sobre su atención a la enfermera que comienza el siguiente turno
- En las *reuniones de planificación del alta o de la transición* a la casa o a otra institución de salud
- Haciendo anotaciones en la *pizarra* de la habitación del hospital
- A través del *portal de pacientes* en Internet

Su seguridad es fundamental. Todos trabajamos en equipo para asegurarnos de que su atención médica no ponga en peligro su seguridad. No se quede callado si tiene alguna inquietud al respecto. Hable con su equipo de atención médica sobre:

- Cómo asegurarse de que todas las personas que vengán a visitarle (familiares, amigos, médicos y miembros del personal) se laven las manos con agua y jabón.
- Qué hacer para prevenir infecciones.
- Cómo prevenir las lesiones por presión (que se conocen como úlceras o escaras de decúbito).
- Cómo prevenir las caídas.
- Cómo asegurarse de que la pulsera o identificación del paciente tenga la información correcta y de que la verifiquen antes de hacerle pruebas o intervenciones, o de darle medicamentos.
- Cómo asegurarse de que todos los médicos, las enfermeras y el personal se presenten y le expliquen lo que van a hacer antes de darle medicamentos o de hacerle tratamientos o pruebas.
- Cómo asegurarse de que el lugar del cuerpo en que va a realizarse la operación esté correctamente marcado y de que le vayan a hacer la prueba o intervención correcta.
- Cómo enterarse de los efectos secundarios de los tratamientos y medicamentos.
- Cómo saber los signos o síntomas de alerta a los que debe prestar atención.
- Cómo saber qué hacer y con quién hablar si usted o su colaborador en la atención médica tienen alguna inquietud o si les parece que algo no anda bien.

► Antes de salir del hospital

Hable lo antes posible con el equipo médico que le atiende acerca de cómo pueden usted y su colaborador en la atención médica prepararse para salir del hospital.

Recibirá instrucciones específicas de alta antes de salir del hospital, pero puede hablar en cualquier momento con el equipo que le atiende acerca de:

- Sus medicamentos, para qué son y cómo tomarlos adecuadamente
- Los signos o síntomas serios a los que debe estar atento cuando regrese a casa, qué hacer si se presentan y a quién llamar si tiene alguna inquietud
- Qué puede esperar durante el tiempo de recuperación
- La lista de instrucciones de qué hacer al regresar a su hogar después de la operación o el tratamiento
- Las instrucciones de lo que debe y no debe comer y beber
- Si necesita cuidado de la salud en el hogar, apoyo o equipo médico especial, o terapia adicional cuando salga del hospital
- Las citas de seguimiento que necesita
- La forma en que los médicos y otros profesionales de la salud comunicarán información a su médico de cabecera y a los especialistas que le atienden

