

# Metric 3: Staff oversight of Patient and Family Engagement

Chrissie Blackburn, MHA  
OHA Patient and Family Engagement sub-contractor

## PFE Metric 3

- Hospital has a dedicated person or functional area that is proactively responsible for Patient and Family Engagement and systematically evaluates Patient and Family Engagement.

# Objectives for the day

- Differences between Patient and Family Engagement and Patient Experience
- Identifying staff to oversee PFE strategies
- Reporting structure of PFE staff

# What is Patient Experience?

The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute

# What is Patient and Family Engagement (PFE)?

A set of **behaviors** by patients, family members, and health professionals and a set of **organizational policies and procedures** that foster both the **inclusion of patients and family members** as active members of the health care team and **collaborative partnerships with providers** and provider organizations to improve quality and safety within a health care organization (AHRQ, 2013).

# PFE is a strategy

PFE is the activity,  
the verb



Patient and Family Centered  
Care is the culture, the noun



OUTCOMES in patient safety,  
quality, and experience

# Question

How to distinguish between  
patient experience and  
patient and family engagement.

# Example 1

A patient has a less than favorable experience during his hospitalization. Leadership has asked him to share his story at a new intern training. This is:

- a) Patient Experience
- b) Patient and Family Engagement



## Example 2

A family member stopped the line with their loved one's care team and avoided a possible ADE. This is:

- a) Patient experience
- b) Patient and family engagement

## Example 3

A patient uses their call light and the nurse does not respond for 20 minutes, the patient assumes the nurse does not care about her. This is:

- a) Patient Experience
- b) Patient and Family Engagement

## Example 4

A family care giver is frustrated with the lack of communication between her loved one's care team members, and does not believe they are discussing the patient's care. The family member requests a team meeting to answer her questions. This is:

- a) Patient Experience
- b) Patient and Family Engagement

## Example 5

During a hospitalization the nurse told the patient about every medicine she was going to administer, before administering it. After leaving the hospital the patient knew all about his meds and side effects. This is:

- a) Patient Experience
- b) Patient and Family Engagement

## Example 6

A patient has just received care at a local hospital and is interested in giving back to the organization. The volunteer office has just announced the launch of a PFAC. The patient applies to become part of the council. This is:

- a) Patient Experience
- b) Patient and Family Engagement

# Results!

- Answering the questions correctly
- Understanding the difference
- Who is ready to oversee PFE?

# Identifying appropriate staff

- Is knowledgeable about PFE and how it effects outcomes
- Has accessibility to senior leaders
- Can lead, facilitate, and promote culture change
- Is respected by clinical and administrative staff

# Possible staff members to provide oversight of PFE

- Directors or managers of patient experience, quality, or safety
- Volunteer Services management, with accessibility to leadership
- Department of Patient Education
- A collaborative and educated PFA



# Characteristics of PFE staff

- Personal experience of hospitalization(s)
- Believes that patients and families have a perspective that is valuable and necessary
- Well spoken and pleasantly persistent
- Professional
- Patient (culture change is hard!)
- Constructively collaborative
- Maintains and builds positive working relationships
- Knowledgeable about PFE and how to align with organizational goals
- Emotional intelligence

# PFE knowledge

- Point of Care, Policy and Protocol, and Governance
  - Understands the importance of engaging patients **and families** while receiving care
  - Develops structure of PFACs and how to involve them with policy and protocol
  - Advocates for PFAs to participate on high level committees and boards; providing leadership education
  - Knowledge and understanding of the 5 PFE metrics

# Roles and Responsibilities

- Hospital leadership
- Staff and clinicians
- Patient and Family Advisors

# Hospital leadership

- Works with administration to get buy-in and commitment
- Keeps leadership informed about PFE initiatives, projects and achievements of PFAC(s)
- Partners with leadership to align PFE strategies with organizational goals
- Implements of best practice and strategic planning for PFE and reports out to leadership regularly

# Staff and clinicians

- Educate and train about PFE and volunteer PFAs searching opportunities to work with them
- Staff development of plans for involving patients and families at the POC and PFACs
- Helping staff understand how to interact with PFAs and how to implement their suggestions or to provide feedback about why changes may not be possible.
- Provides guidance and support to staff; addressing concerns or other barriers

# Patient and family advisors

- Obtaining necessary resources and cultivating opportunities for PFAC and PFA involvement.
- Overseeing the recruitment and selection of PFAs, in partnership, with volunteer services
- Communicating with PFACs in a timely manner about recruitment status and potential opportunities.
- Overseeing PFAC activities, and facilitating the ongoing engagement of PFACs.
- Bringing concerns of PFACs to leadership, or connecting PFAs with leaders
- Tracking and communicating PFAC accomplishments.

# Supporting PFE staff

- Provide some resources for educational webinars and conferences
- Engage PFE staff in quality, safety, and experience committees
- Provide training or mentoring on healthcare politics and navigation
- Present to higher leadership on PFE goals and outcomes
- Conduct timely communication
- Guide PFE staff to departments or areas that are “onboard” with PFE before organizational spread

# Reporting structure

- Solid or dotted line to Chief Nursing, Experience, or Quality officer (solid preferred)
- Mentoring should be provided by a director if a PFA is hired into the position
- Reporting structure may depend on years of healthcare experience



# Other department relationships

- Volunteer Services
- Operations
- Facilities
- Environmental service
- Quality: leaders in PI, infection control
- Patient experience
- Patient education

# Meeting metric 3

# Questions to ask

Does your organization have a staff member or functional area that systematically evaluates PFE?

- a) Yes
- b) No

# Questions, cont'd

Who does that person or area report to?

- a) Chief Quality Officer
- b) Chief Experience Officer
- c) Chief Nursing Officer
- d) Quality (VP/Director/Etc.)
- e) Patient Experience (VP/Director/Etc.)
- f) Other:\_\_\_\_\_

# Questions, cont'd

Are you seeing changes as a result of creating a dedicated position or area to implement and educate on PFE practices within your organization?

- a) Yes
- b) No

# Final question

If not, has today's webinar given you more guidance on the objectives of this role?

- a) Yes
- b) No

**Thank you.**

Q&A