Engaging Patients and Families as Partners in Care and Organizational Improvement
Guided by Hospital Quality Institute (HQI) and Patient & Family Centered Care partners (PFCCpartners), 11 California hospitals and hospital systems joined forces in a fast-paced collaborative to engage patients and their families as partners in organizational operations and improvement.

The Hospital Quality Institute (HQI) partners with California hospitals and hospital systems to accelerate safety and quality improvement and advance California as a national leader in quality performance. Responding to requests by hospitals/hospital systems for practical assistance to strengthen patient and family engagement, HQI designed and led a five-month hospital collaborative to catalyze engagement.

Patient and family engagement (PFE) is an important attribute of health care quality, safety and reliability. It involves integration of patient and family voices into decisions about patient care, as well as health care organizational design, operations, improvement and governance. Recent empirical studies have linked PFE with:

- Greater quality, safety and outcomes of care
- Care delivery that conforms to patient’s preferences and values
- Fewer diagnostic tests
- Decreased use and cost of health care services
- Increased patient buy-in to prescribed treatment
- Improved patient experience
- Greater satisfaction and retention of health care professionals

Proven organizational strategies exist to accelerate PFE. However, a recent national survey by the American Hospital Association uncovered that their implementation is not yet widespread. For example, only 41% of U.S. hospitals have a functioning Patient and Family Advisory Council (PFAC). California’s adoption rate is 47%, better than the national average, but still leaving more than half of the hospitals in our state absent a key organizational strategy for achieving PFE.

5 Bertakis KD, Azari R. Patient-centered care is associated with decreased health care utilization. JABFM. 2011;24(3):229-239.
12 2014 Survey by the American Hospital Association (AHA) and Health Research and Educational Trust (HRET): “The Current State of Patient and Family Engagement Strategies in American Hospitals.”
13 2015 HRET HEN 2.0 Baseline Needs Assessment Survey
**Goal and Objectives**

Patients on Board goal was to equip the hospitals/systems with practical, evidence-based strategies to guide transformative engagement. In the process, the participating hospitals were expected to achieve three of the following five objectives:

- Articulate a plan for engaging/integrating Patient/Family Advisors (PFAs).
- Identify an executive with accountability for Patient/Family Engagement (PFE) and experience.
- Complete at least one meeting of a newly established PFAC.
- Appoint at least one PFA as a member of at least one organizational improvement team or committee.
- Involve at least one PFA as a member of the organization’s team implementing the Patients on Board collaborative.

**Participating Organizations and Teams**

- Chino Valley Medical Center
- Desert Regional Medical Center
- Desert Valley Hospital
- Hemet Valley Medical Center
- John Muir Health
- Kaiser Permanente South Sacramento
- Kindred Hospital La Mirada
- Menifee Valley Medical Center
- Methodist Hospital of Southern California
- San Gabriel Valley Medical Center
- Tahoe Forest Hospital

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**Collaborative Design**

HQI designed and delivered Patients On Board in partnership with PFCCpartners, a California-based patient-and-family run organization dedicated to improving health care. This partnership allowed us to provide a unique program of shared learning and individualized support for hospitals aimed at developing PFACs and integrating PFAs into organizational quality and safety committees. The program took place between August and December 2014.

The work in each organization was driven by a dedicated core implementation team, including:

- Executive Sponsor, whose role was to champion the cause and inspire organizational commitment; provide resources and support for the work; and remove obstacles.
- Patient Engagement Coordinator, who managed the work during the collaborative period and beyond, and acted as the point person for patients, families, staff and leadership.
- At least two other influential leaders/champions who could actively support and advance implementation.

Each learning session delivered new content while also providing a structured opportunity for community exchange and group coaching.

“Patient and family engagement is the cornerstone of health care safety and quality improvement.”

Julie Morath, RN, MS
President and CEO
Hospital Quality Institute
Curriculum
The program followed a proven roadmap – the PFCCpartners’ “5 Gateways” curriculum. PFCCpartners and HQI collaborated on a sequential curriculum rollout through a series of in-person and virtual learning sessions and provided practical guidance to the hospitals as they worked to achieve successful patient and family engagement. The start of new Gateways was built upon the accomplishment of the key milestones from the previous ones. Participants were given assignments to be completed prior to the next session.

The 5 Gateways were as follows:
1. **Month 1: Setting the Table in the Organization** (develop and communicate vision, scope and charter; link to organizational strategy; define and commit resources; form a steering team and identify a coordinator)
2. **Month 2: Recruiting PFAs** (establish referral, application and interview processes; publicize PFE opportunities widely; recruit and select PFAs)
3. **Month 3: Training and Orienting PFAs** (establish and orient PFAs to their role expectations and core competencies)
4. **Month 4: First Meetings** (prepare and hold a formal meeting; set ground rules and expectations; establish a strong connection to the organization; provide participants the time to share their story; prepare leaders and staff to work with PFAs)
5. **Month 5: Sustainability Practices** (establish continuous recruitment and grow PFA numbers and involvement; increase and deepen the PFA engagement opportunities; grow the impact of PFAs)

Outcomes and Lessons Learned
By the end of the program, all hospitals/systems have articulated a formal organizational plan for engaging and integrating PFAs; all have appointed executives with accountability for patient/family engagement and experience; the majority have successfully held the first meeting of a newly formed PFAC; and several have added PFAs to ongoing committees. For most participating organizations, Patients On Board was the first step on a much longer journey and the collaborative helped establish a foundation for their continued progress in this area.

Integration with Other Initiatives
Patients On Board coincided with the ending period of the original phase of CMS’ Hospital Engagement Network (HEN 1.0), aimed at comprehensive improvements in patient safety. All POB participating hospitals/systems were members of California’s HEN (CalHEN), operated by HQI. CalHEN’s Clinical Improvement Advisors, who provided hands-on hospital support to accomplish HEN targets, were also engaged to help coach the field implementation of POB. This integration helped avoid programmatic silos and effected a more powerful impact of the work.

Balance Virtual with In-Person Meetings
Two in-person events were held as “bookends” at the beginning and the end of the program, while a series of webinars and coaching calls took place between them. The Kickoff in-person event set the stage for upcoming Gateway rollouts and was particularly helpful in establishing a sense of community among the collaborative participants. The Capstone event showcased and celebrated the achievements of the participating hospital teams and solidified plans for spread and sustainability. Both events were hosted by a participating hospital, Methodist Hospital of Southern California, which added to the authenticity of the work.
Do Not Underestimate Organizational Change and Support Required

Meaningful integration of patients and families as organizational advisors is best achieved within a larger context of a patient-and-family-centered organizational culture. For most POB teams, the work in the collaborative required driving a major change in their organizations. It required a strong core team; an expense of time and resources; a clear vision that is widely known and easy to endorse; effective continuous communication at all levels; tactical plans, processes and assignments for implementing the work, solving problems, removing obstacles, enforcing accountability and celebrating the wins; and above all – executive support. In fact, the support and engagement of senior leaders was a critical determining factor for success of the hospitals/systems in the program.

Other Lessons Learned

• Given complex and multiple priorities in hospital operations, timing for engaging PFAs is never perfect. Hospitals benefit from being reassured that it is important to simply begin implementing this work. Even if small, successful first steps help secure continuous commitment, attention and gradual movement forward in the organization.

• Developing a PFE vision and formally integrating it with the organizational strategy is vital; however, equally important is to effectively, widely and persistently communicate - at all levels - about this vision and the strategy link.

• Successful recruitment of the first Patient Family Advisor (PFA) tends to be a monumental milestone and provides a boost of energy for the team and the organization to charge forward.

• Hearing directly from patients and families via formal opportunities for patient/family testimonials has a powerful impact and also serves to energize and catalyze further action.

• PFA recruitment is best done by casting a wide net inside and outside of the organization to solicit PFA referrals and applications. This is another area where it is key that the organization communicates well, frequently and through multiple channels about its vision, goals, plans and needs, highlighting the referral process.

• Once organizations start receiving patient applications and communicating with patients/families about the PFE work, it is important to have one consistent staff person who is the main point of contact for the potential and recruited PFAs. This person needs to be easy to reach and responsive.

• The roles for newly minted PFAs need to be thoughtfully defined. PFAs need to be oriented and supported to function within these roles and the hospital workforce needs to be informed, oriented, and prepared to work effectively with the new PFAs.
Leaders and requests followed from several departments and divisions for the PFA to present to their staff. A snowball effect ensued, with ever-growing demand for the PFA’s engagement and time, which prompted rapid recruitment and onboarding of several new advisors.

JMH currently has five busy PFAs who regularly attend monthly PFAC meetings, while also taking part in numerous other advising activities. For example, all five PFAs attended a retreat for medical executive leaders, cementing the physicians’ already strong support of PFA engagement; PFAs have been appointed as members of the hospital Safety and Performance Improvement Committee as well as the Quality Improvement Committee of the Physician Network on the ambulatory side; and a PFA has become involved with the team redesigning the system’s website and developing a patient portal.

“I love and enjoy my work of being a Patient Advisor. I have been surprised by the genuine interest, commitment and support that so many people at John Muir have had in listening and responding to patients’ needs.”

Jim Corr, Patient and Family Advisor

While JMH’s PFAC is currently a system-wide committee spanning both hospital campuses, JMH’s future plans include forming a local PFAC in each hospital while maintaining the system-level PFAC in a steering capacity. Plans are grounded in careful consideration of factors that will ensure sustainability of PFA engagement, such as ongoing advisor recruitment, and support and capacity building once PFAs have entered their role.

“Our organization is changing as a result of patient involvement. We are committed to weaving patients and families into the fabric of the institution. This gives the patient/family perspective a seat at the table as we move forward as a health system.”

Nick Mickas, MD, Chief of Staff, John Muir Medical Center Walnut Creek Campus
Tahoe Forest Health System (TFHS) operates a 25-bed critical access hospital serving six rural counties in Northern California and Nevada. The organization places high value on patient experience and engagement. The work is coordinated by an energetic Patient and Family Centered Care (PFCC) Committee staffed by interdisciplinary clinical and operational leaders.

Early on, the champions engaged in walk-throughs to document care processes and surroundings “from the eyes of the patient.” The process revealed various improvement opportunities in order to align the care environment with the espoused principles of patient and family-centered care.

The learnings bolstered the leaders’ resolve to improve and to establish mechanisms for direct communication and patient feedback in order to reliably consider the patient perspective in hospital operations.

In short order the team of champions - actively supported by the Leadership Team and the Board - developed a plan to form a Patient Advisory Council and undertook an information blitz within the organization and the surrounding community. A staff person (Patient Advocate) took on the role of managing the process.

Within several months, TFHS recruited and onboarded six PFAs and began holding regular meetings of their PAC. Department directors attend the meetings to bring areas for discussion of the process improvement. The PFAs are now an invaluable part of the fabric of the hospital. Their contributions have included co-design of the white boards in patient rooms, improvements in the processes of patients’ transitions out of the hospital, preoperative processes in the Surgery Department, and noise level reduction in the Emergency Department.