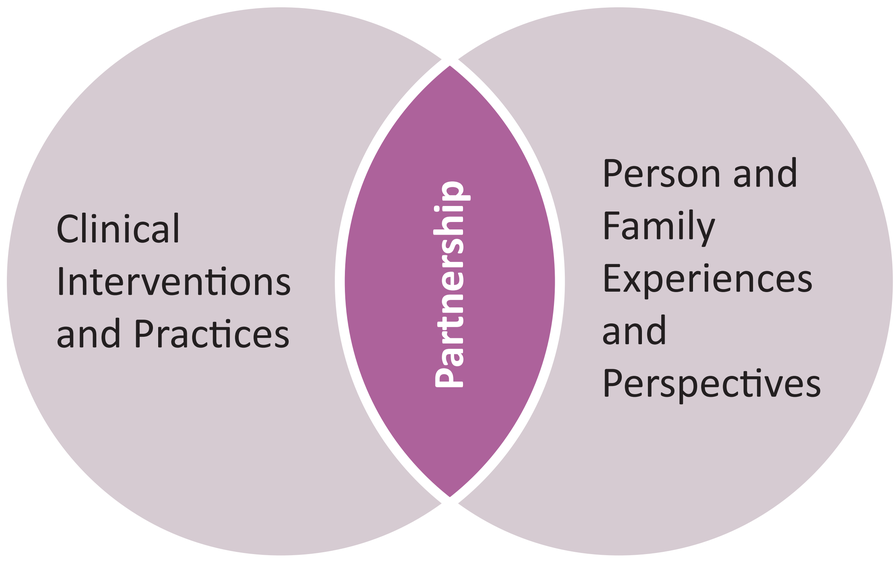
Making the Connection: Helping Hospitals Apply the Five Patient and Family Engagement (PFE) Best Practices to All-Cause Harm Reduction

GOAL: Provide a tool that informs IPRO HQIC hospitals on ways that PFE Best Practices can be applied to reducing any all-cause harm.

Purpose of the 5 PFE Best Practices: ACTIVE PARTNERSHIP

- The five PFE Best Practices provide the opportunity to activate partnerships between patients, clinicians, and staff to reduce harm.
- When implemented, each PFE Best Practice provides an opportunity for hospital staff, clinicians, patients and designated care partners to engage in meaningful conversations and actions that can increase patient safety.



Partnerships result when patients and families:

- Participate in developing their **care and treatment goals**;
- Participate in **making decisions** about their care and treatment; and
- Contribute to developing and using **patient-centered strategies and solutions** to improve the quality and safety of care.

The Tool: A Crosswalk to Focus the PFE Best Practices on All-Cause Harms

The tool identifies:

- How each PFE Best Practice can be used to engage patients in actions that contribute to harm reduction or prevention.
- Hospitals can identify patients at greatest risk of any harm to prioritize partnership at the point of care
  - PFE Best Practices 1, 2, & 3
- Harm measurements of concern for the hospital may be the focus of partnership in hospital operations
  - PFE Best Practices 4 & 5

Patient and Family Engagement at the point of care			Family Engagement in Hospital Operation	
PFE Best Practice 1: Implementation of a planning checklist for patients who have a planned admission PFE	PFE Best Practice 2: Implementation of a discharge planning checklist	PFE Best Practice 3: Conducting shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designation of PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Commitee or other commitees
Invite patients and designated care partners to serve as partners in reducing all-cause harms at or prior to admissions	Discuss ways to prevent or mitigate harms once the patient has been discharged from the hospital	Involve the patient in a review of care provided and the planning of care in the coming time period, with a focus on addressing or preventing harm	Coordinating and overseeing PFE activities to establish and sustain a culture of PFE	Partnering with patient and family advisors on commitees that are focused on improving the quality and safety of care

Piloting the Tool: Using PDSA to Measure Impact

PLAN: Single unit implementation by PFE Practice and/or all-cause harm measure, with implementation plan (training, etc.)
DO: Hospitals begin implementing the practice for 3 – 6 months
STUDY: Collecting experiences and incidents, comparing pre-post harms measures, determining adaptations
ACT: Adjustments and Implementation across PFE practices and harms to multiple units

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