

# Supporting Patient and Family Engagement: Best Practices for Hospital Leaders

## Key Takeaways

Hospital leaders have a critical role in creating and sustaining a supportive environment for patient and family engagement.

Leaders make a commitment to patient and family engagement by:

- Modeling partnerships with patients and families
- Reaching out to staff, clinicians, patients, and families to identify and overcome barriers
- Providing resources and support
- Providing incentives that encourage the adoption of staff behaviors to facilitate patient and family engagement

The *Guide to Patient and Family Engagement in Hospital Quality and Safety* is an evidence-based resource to help hospitals improve quality and safety by engaging patients and family members.\* Patient and family engagement creates an environment in which clinicians, hospital staff, patients, and families work together as partners to improve the quality and safety of care.

Strong hospital leadership is essential for creating and sustaining a supportive environment for patient and family engagement.<sup>(1-5)</sup> The ability of hospital leaders to advocate for and participate in change initiatives significantly increases a hospital's ability to innovate and sustain change.<sup>(4, 6)</sup> Effective leaders:

- Communicate the hospital's vision and values related to patient and family engagement
- Serve as role models for partnering with patients and family members
- Provide the necessary infrastructure and resources
- Involve and support clinicians and hospital staff in patient and family engagement initiatives
- Integrate patient and family engagement into personnel policies and practices

Throughout this document, we have included examples and real-world experiences from hospitals that participated in a series of interviews. This document also contains information from three hospitals that implemented the *Guide* strategies in a year-long pilot project: Advocate Trinity Hospital in Chicago, IL; Anne Arundel Medical Center in Annapolis, MD; and Patewood Memorial Hospital in Greenville, SC.

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\* The *Guide* was developed for the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality by a collaboration of partners with experience in and commitment to patient and family engagement, hospital quality, and safety. Led by the American Institutes for Research, the team included the Institute for Patient and Family-Centered Care, Consumers Advancing Patient Safety, the Joint Commission, and the Health Research and Educational Trust. Other organizations contributing to the project included Planetree, the Maryland Patient Safety Center, Aurora Health Care, and Emory University Hospital.

## Communicate the hospital's vision and values related to patient and family engagement

Leaders who explicitly communicate the vision for patient and family engagement help ensure that everyone recognizes the importance of patient and family engagement for improving the safety and quality of hospital care.

### Align the hospital's mission and vision statements to support patient and family engagement

Mission and vision statements are tangible representations to clinicians, staff, patients, and families of a hospital's commitment to patient and family engagement. They also help create a pathway for change by fostering a shared sense of purpose and prioritizing critical elements.<sup>(7)</sup>

Ideally, the hospital's mission statement should:

- Articulate a clear commitment to patient and family engagement
- Reflect the perspectives and input of all involved parties, including clinicians, staff, patients, and family members<sup>(8)</sup>
- Articulate simple elements that can be easily repeated and embedded in routine activities<sup>(9)</sup>

#### Cooper University Hospital's Vision Statement

Cooper University Health Care in Camden, NJ will be the health care leader in the Delaware Valley providing exceptional medical care and service for every patient, every day in a patient-centered, family-focused environment.

- A patient is an individual to be cared for, not a medical condition to be treated.
- Each patient is a unique person with diverse needs.
- Each staff member is a caregiver whose role is to meet the needs of each patient.
- Our patients are our partners and have knowledge that is essential to their care.
- Our patients' family and friends are also our partners in our patients' well-being, and we welcome their involvement.
- Access to understandable health information is essential to empower patients to participate in their care, and it is our responsibility to provide access to that information.
- The opportunity to make decisions is essential to the well-being of our patients. It is our responsibility to maximize patients' opportunities for choices and to respect those choices.
- Our patients' well-being can be enhanced by an optimal healing environment.
- In order to effectively care for our patients, we must also care for each other.
- Patient-and family-centered care is the core of a high-quality health care system and a necessary foundation for safe, effective, timely, and equitable care.

### **Incorporate patient and family engagement into the hospital's strategic plan**

A hospital's strategic plan can help lay out how patient and family engagement fits into organizational processes on a daily, operational basis. For example, as part of a process to integrate various entities under a common organizational umbrella, the University of Wisconsin Health system in Madison, WI, added "service excellence" as a formal strategic pillar. In defining service excellence, the strategic plan emphasized the organization's focus on patient- and family-centered care and patient and family engagement. The strategic focus on service excellence led to several specific initiatives, including allowing family members on hospital units 24 hours a day, creating patient and family advisory councils, and including patients and families on various quality and safety committees.<sup>(10)</sup> At Patewood Memorial Hospital, the strategic pillar of "service" includes an explicit recognition of the focus on patients and families. This is also reflected in the Philosophy of Professional Nursing, which is based on patient- and family-centered care and the Planetree model of patient-centered care. Anne Arundel Medical Center formally incorporates patient- and family-centered care into their organizational goals and strategic plans. For example, in fiscal year 2012, implementing bedside shift report hospital-wide was an organizational goal in the strategic plan. Anne Arundel Medical Center's written policies and procedures also reflect the value placed on patient- and family-centered care, acknowledging the importance of information sharing, participation, and collaboration between staff, patients, and families.

### **Repeatedly communicate the organization's mission, vision, and commitment to patient and family engagement**

Another essential role for senior leadership is disseminating clear and consistent messages about the importance of patient and family engagement. In doing this, it is important for leaders to find ways to communicate with staff on a regular basis. For example, the chief executive officer of the University of Wisconsin Health sends out a weekly one-page communication to all staff members that focuses on the organization's key strategic priorities, including patient and family engagement.<sup>(10)</sup> Likewise, the chief executive officer and other senior leaders at Enloe Medical Center in Chico, CA, send out weekly messages about patient and family engagement-related issues that can be accessed on a dedicated employee phone line. Emails encourage staff to listen to the messages which are also posted in hard copy in areas where employees and physicians congregate.<sup>(1)</sup> As noted by the former chief executive officer of Cincinnati Children's Hospital in Cincinnati, OH, this type of frequent communication also needs to be accompanied by clear expectations for clinicians and staff (e.g., providing the message that patient and family engagement is an expectation, not a choice).<sup>(11)</sup>

### **Incorporate patient and family stories whenever possible**

Another strategy for conveying the importance of patient and family engagement is using patient and family stories to describe the type of care your hospital is striving to provide. This means telling patients' stories, not just sharing statistics, when discussing successes and failures. Some organizations have created a policy whereby every meeting begins with a "mission moment" during which a staff member shares a story about a particular patient or reads a patient letter. The patient story establishes the tone for the meeting and reminds attendees to discuss issues with patients and families in mind.<sup>(1)</sup>

### **Share outcomes related to patient and family engagement**

Leaders not only put systems into place to measure the outcomes of patient and family engagement but also share collected data and outcomes with clinicians and staff.<sup>(12)</sup> By sharing quality and safety data about the organization, leaders help create a culture of transparency and improvement. Sharing data also helps staff identify areas for improvement and allows them to see what the hospital is doing well. Sharing positive experiences can be particularly important in helping staff to celebrate successes and build on areas of strength. At Advocate Trinity Hospital, the implementation of Strategies 2, 3, and 4 from the *Guide* on a medical-surgical unit resulted in improved CAHPS® Hospital Survey scores. Hospital leadership made a point of recognizing these outstanding scores throughout the hospital.

## **Serve as role models for engaging in partnerships with patients and family members**

By "talking the talk" and "walking the walk," hospital leaders emphasize the importance of patient and family engagement and model how to engage in best practices daily.<sup>(13)</sup>

### **Conduct leadership rounds with staff, patients, and family members**

Rounding connects senior leaders and board members with patients and families and signals to staff that leadership is committed to patient and family engagement. At Alegent Health at Midlands in Papillion, NE, for example, the chief operating officer regularly conducts leadership rounds, often taking pictures of things he finds inspiring and sharing the photos in presentations and newsletters to reinforce patient- and family-centered practices.<sup>(1)</sup> At Advocate Trinity Hospital, leaders conducted rounds with patients to ensure that nurse change-of-shift reports were happening at the bedside as planned and to obtain patients' perspectives. Including patients and family members in leadership rounding teams can send an even stronger message about the importance of patient and family input and insight.



#### **Helpful Link**

For more information about conducting leadership rounds:

#### **Patient Safety Leadership WalkRounds**

Available at:

<http://www.ihl.org/knowledge/Pages/Tools/PatientSafetyLeadershipWalkRounds.aspx>

### **Establish channels for direct communication with patients and family members**

Senior leaders can communicate and interact directly with patients and family members in ways that publicly emphasize two-way communication. For example, the former chief executive officer of the University of Colorado Hospital in Aurora, CO, started a program whereby patients and family members could send him feedback about their experiences via email. He responded to each email personally and often forwarded relevant messages to appropriate staff so that they could see the feedback, whether positive or negative.<sup>(2)</sup> This program sent a strong signal to the entire organization on the importance of listening to patients and families.

### **Involve patients and families in the development of policies and procedures**

Leaders can also involve patients and family members as hospital-level advisors and enforce the authentic involvement of these advisors in the planning, development, implementation, and evaluation of hospital policies and procedures. This can involve, for example, requiring that any planning initiative include patients and family members as part of the team before the initiative can move forward.

### **Attend meetings of Patient and Family Advisory Councils to discuss hospital priorities and seek input from council members**

At hospitals within University of Wisconsin Health, the chief executive officer, chief medical officer, and senior vice president for patient care services periodically attend meetings of the patient and family advisory councils.<sup>(10)</sup> At Duke University Health system in Durham, NC, the chancellor of the health system, senior leaders from the system's hospitals, the system-level patient safety officer, and chief nursing officer regularly attend meetings of Duke's Patient Advocacy Council to receive feedback and reinforce leadership commitment to patient- and family-centered care.<sup>(14)</sup> At Anne Arundel Medical Center, the chief nursing officer regularly attends meetings of their patient and family advisory council.

### **Provide the necessary infrastructure and resources**

Although hospitals do not need to make major investments to effectively implement patient and family engagement strategies, moving forward does require resources to create and maintain opportunities for patient and family engagement.



#### **Guide Resources**

**Strategy 1: Working With Patients and Families as Advisors** contains information and tools to help hospitals begin to work with patients and families as organizational-level advisors.

## **Create an organizational structure with a place for patient and family engagement**

Creating an organizational structure with a place for patient and family engagement helps ensure responsibility and accountability for progress. The specific organizational structure for patient and family engagement and patient- and family-centered care will vary from organization to organization.

For example, Cincinnati Children’s Hospital created a core corporate function, housing patient- and family-centered care under the senior vice president for quality and transformation. Other organizations elect to set up a small, dedicated office or department to support patient- and family-centered care.<sup>(2)</sup> Still other organizations have created a steering committee for patient- and family-centered care or a patient experience team with responsibility for these functions.

## **Provide resources for staff positions to support patient and family engagement**

Staff will need time to develop, implement, integrate, and coordinate various initiatives, such as recruiting, selecting, and training patient and family advisors or establishing patient and family advisory councils. If hiring new staff is not feasible, existing staff should be allocated time for patient- and family-centered care activities. Important roles may include an executive sponsor for patient- and family-centered care, patient- and family-centered care coordinators, staff liaisons to facilitate the process of developing partnerships with patient and family advisors, and unit coordinators to assist with patient- and family-centered care initiatives on the clinical unit.<sup>(12)</sup> These key staff members at the operational level help translate the hospital leaders’ vision into practical programs and procedures. Frequently, these individuals are existing clinical staff, such as nurse leaders, who are well-respected and who have institutional memory and the necessary connections at both the administrative and clinical levels to get things done.<sup>(2)</sup> Although each hospital will choose to assign resources differently, patient and family engagement activities can take up a meaningful portion of time. For example, at SUNY Upstate in Syracuse, NY, the staff champion for patient- and family-centered care spends roughly three-quarters of her time on activities related to patient- and family-centered care, including integrating such activities throughout the organization.<sup>(2)</sup>



### **Guide Resources**

**Strategy 1: Working With Patients and Families as Advisors** contains additional information about the role of the staff liaison.

### **Provide opportunities for ongoing education and training**

Hospital leaders have a critical role in providing training and support for administrative leaders, clinicians, and staff on how to collaborate and partner effectively with patients and families. Investing in staff development related to patient and family engagement helps staff partner meaningfully with patients and families not only in direct patient care but also in quality and safety initiatives, educational endeavors, evaluation, and research.<sup>(12)</sup>

For some organizations, investing in temporary or permanent coaches helps with the transition to patient and family engagement. For example, the University of Washington Medical Center's Office of Medical Affairs in Seattle, WA, employs a nurse who serves as "MD Coach." The coach observes residents as they conduct patient interviews and assessments and then provides feedback on residents' skills in communicating with and engaging patients and family members.<sup>(1)</sup> Other organizations provide opportunities for formal education, training sessions, or retreats. For example, Georgia Health Sciences Health System in Augusta, GA, held a series of 4-hour offsite retreats to focus on patient- and family-centered care after which staff were required to develop an action plan tailored to their sites.<sup>(2)</sup> Mid-Columbia Medical Center in The Dalles, OR hosted a 5-day cultural orientation process for all employees featuring an "experience center" that allowed staff to act as patients.

### **Build in longer-term resources for the expansion of activities**

In the long-term, it may be necessary to invest in new resources or the upgrading of existing resources to further your organization's commitment to patient and family engagement.<sup>(15)</sup> For example, hospitals may wish to invest in information technology and create patient portals and Web sites that let patients and family members access vital information about the hospital and their care (e.g., about facilities and services or clinical information), communicate with physicians, make appointments, view personal health information, or retrieve test results. As another example, hospitals may wish to invest in the physical environment. Because the quality of the physical environment in which care is provided represents a critically important component of patient- and family-centered care, hospitals may make an investment in physically altering patient rooms or common spaces in accordance with patient- and family-identified needs.<sup>(9)</sup>

### **Involve and support clinicians and hospital staff in patient and family engagement initiatives**

Creating a culture of patient and family engagement will be more likely to succeed if senior leaders include hospital staff in the change process from the beginning, listen to and address their concerns, and support them throughout the process.

### **Offer a range of opportunities for staff involvement in planning, implementation, and evaluation**

Involving staff in all phases of initiatives helps address staff concerns and creates buy-in for patient and family engagement. For example, leaders can involve staff in developing statements of core values and new practices, ask nurses to help revise job expectations, or invite frontline staff to participate in the planning process for new patient and family engagement initiatives. Also, giving autonomy to mid-level leaders, such as nurse managers, to implement day-to-day activities helps ensure efforts are implemented in a way that works best for the staff and patients on the unit. These opportunities should complement the availability and schedule of clinicians and hospital staff so that it is not seen as one more thing to do.

It also is important to involve different types of staff in patient and family engagement efforts. For example, when Advocate Trinity Hospital implemented its bedside change-of-shift report, all staff on the unit – including certified nursing assistants and unit secretaries – played a role. Certified nursing assistants conducted their own bedside change-of-shift report, focusing on mobility, toileting, and bed positioning. Unit secretaries met with patients at the beginning of their shift to make sure patient needs were met and that they had their discharge packet. This participation fostered a sense of ownership, pride, and engagement across the unit.

### **Communicate regularly and openly with staff**

During face-to-face discussions, hospital leaders can reiterate the organization's commitment to patient and family engagement and make sure staff has the support they need to continue in these efforts.<sup>(1)</sup> Some leaders set aside specific times to be available to staff through town hall meetings, breakfast sessions, or other venues to give each employee the opportunity for personal contact at least once a year. During conversations with staff, leaders should be open about challenges and emphasize that patient and family engagement is a journey, not a destination.

### **Create opportunities for peer-to-peer learning**

Creating mechanisms to bring together physician and other clinical staff leaders gives staff the opportunity to problem solve challenges associated with the hospital's patient and family engagement journey. For example, Advocate Trinity Hospital used a train-the-trainer model when they implemented strategies from the *Guide* on a medical-surgical unit. Nurse leaders identified and trained two nurse champions who then served as trainers for their peers. At Aurora Health Care in Milwaukee, WI, a physician advisory council gave physician leaders an opportunity to discuss the challenges of implementing changes throughout the system.

To further leverage this peer-to-peer approach, several Aurora physicians produced videos that told fellow physicians how they could incorporate patient and family engagement into everyday practice.<sup>(1)</sup>

## Integrate patient and family engagement into personnel policies and practices

Integrating patient and family engagement into personnel policies and practices transforms patient and family engagement from something that is “nice to do” to something that is necessary.

### Incorporate patient and family engagement in job descriptions

Creating job descriptions that emphasize patient and family engagement can guide recruitment and hiring processes, ensure clear expectations for behavior, and serve as a template for evaluating and rewarding performance.<sup>(2)</sup> Physician contracts also can be revised to specify patient and family engagement practices. Even minor tweaks can serve as a reminder to staff that patient and family engagement is a part of their everyday jobs.

#### Incorporating patient- and family-centered care practices into job descriptions

The University of Washington Medical Center revised job descriptions for frontline clinical staff to incorporate patient- and family-centered care practices.<sup>(1)</sup>

##### Original text

**(related to one responsibility):**

*“Assess patient pain interfering with optimal level of function or participation in rehabilitation.”*

##### Revised text:

*“In discussion with patient and/or family, assess patient pain interfering with optimal level of function or participation in rehabilitation.”*

### Set expectations during the hiring and orientation process

Hiring new employees and the orientation process are opportunities to set expectations about patient and family engagement. Having patient and family members help interview potential hires or take part in new employee orientations is one way to send a particularly powerful message to new staff. For example, at Georgia Health Sciences University, new employee orientation includes a session on patient- and family-centered care principles, standards and practices, and the role of patient and family advisors.<sup>(2)</sup>

### **Incorporating patient- and family-centered care in the hiring and orientation process**

Monroe Carell Jr. Children’s Hospital at Vanderbilt in Nashville, TN, makes patient and family engagement an integral part of both the hiring and orientation process. As part of the process of defining core values, hospital leaders created a framework for continuous learning known as FOCUS (Family-centered care, One team, Continuous improvement, Unique environment for children, and Service excellence). Using FOCUS, leaders restructured hospital processes and policies, including recruitment and hiring, to reflect these values. Prospective employees learn about FOCUS during the application and interview process, including learning how to translate FOCUS values into individual behaviors. New employees also sign a statement indicating their commitment to FOCUS values. These efforts set very clear expectations for all new hires about the importance of patient- and family-centered care and patient and family engagement within the organization.(2)

### **Create a “compact” with medical and other staff**

Virginia Mason Hospital and Medical Center in Seattle, WA, developed a physician compact that focuses on each party’s role and obligations in promoting patient and family engagement. Signed by leadership and physicians, the document replaced an unspoken compact that defined a relationship based on “entitlement, protection, and autonomy” with a new one focused on the patient.(9) Compacts or other agreements should be reviewed and re-signed yearly.

### **Include patient and family engagement in annual performance reviews**

Monroe Carell Jr. Children’s Hospital at Vanderbilt incorporates patient- and family-centered care values into its annual appraisal process by asking each employee to describe an example of how he or she has applied these values in the past year.(2)

### **Tie compensation to patient and family engagement**

Tying compensation structures, including annual raises or bonuses, to measures of patient and family engagement sends a powerful message about the importance of active collaboration with patients and family members. Any financial incentives should apply at all levels of the organization, from senior leaders to medical staff to frontline employees. As one example of tying compensation to patient and family engagement, Georgia Health Sciences Health System uses compensation to promote patient- and family-centered care by allocating a significant portion of the

\$40 million available in annual staff bonuses to performance on related competencies.(2) When they implemented strategies from the *Guide*, Advocate Trinity Hospital tied implementation to research-oriented goals required in their program for promoting nurses up the clinical ladder.

### **Create nonfinancial rewards and recognition.**

Informal recognition of staff who go above and beyond in their efforts to practice and promote patient and family engagement can be another powerful incentive. Informal recognition can include newsletter articles, employee-of-the-month programs, and other awards or prizes to recognize and honor individuals or departments.(1) For example, one academic medical center awards a mobile patient satisfaction trophy each quarter to the department with the highest score on a particular Press Ganey satisfaction survey question and to the department that shows the most improvement each quarter. These awards have a major effect on staff morale and behaviors. Winning departments receive recognition within the organization, including being featured prominently in an internal newsletter.(16) Similarly, Anne Arundel Medical Center awards a most improved banner to individual units based on patient satisfaction scores.

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