

# CM Learning network<sup>®</sup>

A Resource Center for Today's Case Manager

## Enriching Outcomes through Patient Engagements: Tools to Use

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**Sara Guastello**

**Director of Knowledge Management  
Planetree**



**MaryBeth Kurland, CAE**

**Chief Executive Officer  
Commission for Case Manager Certification**

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## Agenda

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- Welcome and Introductions
- Learning Objectives
- Presentation:
  - MaryBeth Kurland, CCMC
  - Sara Guastello, Planetree
- Question and Answer Session



A Resource Center for Today's Case Manager

## Audience Notes

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- There is no call-in number for today's event. Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones. There is a troubleshooting guide in the tab to the left of your screen. Please refresh your screen if slides don't appear to advance.
- Please use the "chat" feature below the slides to ask questions throughout the presentations. We will pose questions after the presentation and will address as many as time permits.
- A recording of today's session will be posted within one week to the Commission's website, [www.ccmcertification.org](http://www.ccmcertification.org)
- One continuing education credit is available for today's webinar only to those who registered in advance and are participating today.



## Learning Objectives Overview

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*After the webinar, participants will be able to:*

1. Identify the role of patients and families in engagement and the foundational principles of participatory engagement;
2. Discuss the benefits for patients and their caregivers when they gain access to their own records and become engaged in their ongoing care; and
3. Describe three ways case managers can invite engagement from patients and family members.



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**PACE**<sup>™</sup>



*CareManagement*



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*“...partnering with persons and families is a critical factor in achieving improvements in the quality and safety of care.”*


--Strategic Vision Roadmap for Person and Family Engagement (PFE), Centers for Medicare & Medicaid Services, January 2016

### Health Expectations

An International Journal of Public Participation  
in Health Care and Health Policy

Open Access

[Explore this journal >](#)

 Open Access

### Patient involvement in patient safety: what factors influence patient participation and engagement?

Rachel E. Davis MSc, Rosamond Jacklin MRCS, Nick Sevdalis PhD, Charles A. Vincent PhD

#### PATIENT SATISFACTION NEWS

### How Healthcare Orgs Can Drive Family Engagement in Patient Care

Family engagement is key for providing emotional and logistical support during patient-centered care.



Source: Thinkstock

### How Patient Engagement, Education Can Improve Medication Safety

New research from the ONC shows that providers can better detect prescribing errors through strong patient engagement and education, ultimately improving medication safety.





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## Introduction

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### **Sara Guastello**

Director of Knowledge Management  
Planetree



PLANETREE

# Enriching Outcomes through Patient Engagement: Tools to Use

September 27, 2017

*Sara Guastello*

*Director of Knowledge Management*



# Goals for Today

1

Identify the role of patients and families in engagement and the foundational principles of participatory engagement

2

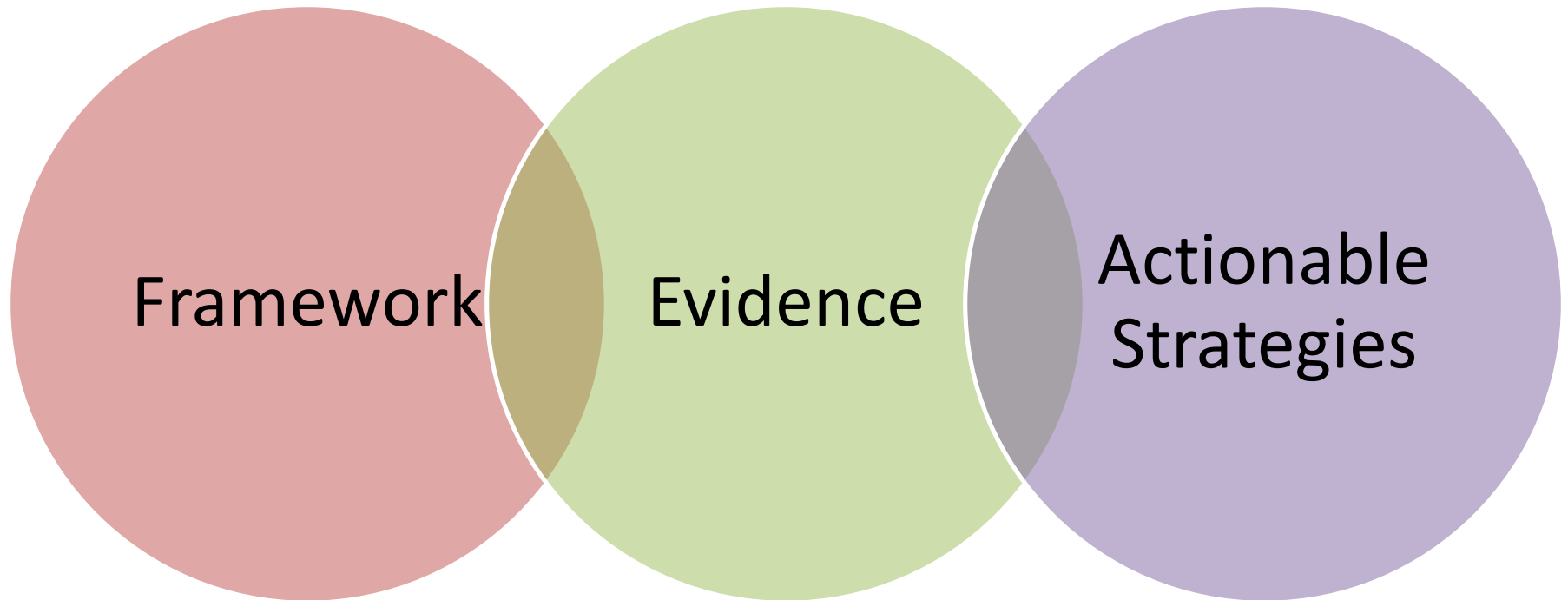
Discuss the benefits for patients and their caregivers when they gain access to their own records and become engaged in their ongoing care

3

Identify three ways case managers can invite engagement from patients and family members



# What will it take to create a healthcare culture of **patient and family engagement**?





# Reflections on Evolving Definitions

**2001:** Patient centered care is providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.\*

**2017:** Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals.\*\*

*\*Institute of Medicine, Crossing the Quality Chasm, 2001*

*\*\*National Academy of Medicine & Planetree, Harnessing Evidence and Experience to Change Culture, 2017*





“...we should all demand to be treated as competent adults, and **take an active part in our healing**...we should insist on hospitals meeting our human need **for respect, control, warm and supportive care...**”

-Angelica Thieriot, 1978  
Founder, Planetree

*The 1<sup>st</sup> patient-centered advocacy organization in the USA*



# DEVELOPING THE FRAMEWORK







## Care Culture & Decision-making Innovation Collaborative

# NAM Goals:

- **Better care**
- **Better evidence**
- **Better value**

### Patient & Family Leadership Network

- Scientific Advisory Panel on the Evidence Base for Patient and Family Engaged Care

Resource Compendium  
*for*  
Patient & Family Health Care Leadership

Summer 2015

DISCLAIMER: This Compendium has been prepared through the work of participants in the Patient & Family Leadership Network convened by the National Academy of Medicine. The statements and views expressed are those of the individual contributors and not necessarily of the contributors' organizations or of the National Academy of Medicine. This Compendium was created to assist and to inform volunteer patient & family council leaders who, from its inception, have contributed and continue to contribute valuable feedback. It has not been subjected to formal review by the National Academy of Medicine and is not a report of the National Academy of Medicine or of the National Research Council.



# Goals for the Project

- Support the National Academy of Medicine's aim to help facilitate the advancement of patient and family engaged care (PFEC) by building and disseminating the evidence-base for the tools, strategies, and culture required.
- Develop a common understanding of elements essential for creating and sustaining patient and family engaged care culture in healthcare settings.
- Identify the scientific evidence-base supporting these elements.



PLANETREE

## The Scientific Evidence-Base for a Patient and Family Engaged Care Culture



NATIONAL ACADEMY  
OF MEDICINE



## Goal: Identify research and researchers who can contribute to the evidence-base for this work...

- Jim Atty, Waverly Health Center
- Bruce J. Avolio, PhD, University of Washington
- Michael Barry, MD, Healthwise; Professor of Medicine, part-time, Harvard Medical School
- Julie Béliveau, MBA, DBA, Université de Sherbrooke
- Sheila Bosch, PhD, LEED AP, EDAC, University of Florida
- Eric A. Coleman, MD, MPH, University of Colorado, Denver
- Susan Frampton, PhD, Planetree -- CHAIR
- Dominick Frosch, PhD, Palo Alto Medical Foundation Research Institute
- Sara Guastello, Planetree
- Jill Harrison, PhD, Planetree
- Judith Hibbard, DrPH, University of Oregon
- Mohammadreza Hojat, PhD, Thomas Jefferson University
- Libby Hoy, PFCCpartners
- Harlan M. Krumholz, MD, SM, Yale University
- Laura McClelland, PhD, Virginia Commonwealth University
- Mary Naylor, PhD, FAAN, RN, University of Pennsylvania School of Nursing
- David P. Rakel, MD, University of New Mexico
- Helen Riess, MD, Harvard Medical School, Mass. General Hospital; Chief Scientist, Empathetics Inc.
- Ann-Marie Rosland, MD, MS, University of Michigan Medical School and Research Scientist, VA Center for Clinical Management Research
- Joel Seligman, Northern Westchester Hospital
- Sue Sheridan, MBA, MIM, DHL, PCORI
- Jean-Yves Simard, Université de Montréal
- Tim Smith, MPH, Sharp Memorial Hospital
- Susan Stone, PhD RN NEA-BC, Sharp Coronado Hospital
- Carol Wahl, RN, MSN, MBA, CHI Health Good Samaritan



**Goal: Develop a common understanding of essential elements for creating and sustaining a patient and family-engaged culture.**



 **New York-Presbyterian**



**New York-Presbyterian/  
Westchester Division**

**AMAZING  
THINGS  
ARE  
HAPPENING  
HERE**



**SHARP** Memorial Hospital



# Questions for Scientific Advisors

## COMMON ELEMENTS

What common elements emerged from these case studies as important drivers for creating and sustaining a culture of PFCC and meaningful engagement?

## CONNECTIONS TO YOUR RESEARCH

Reflect on your own research. How do these case studies align with your understanding of culture change and PFCC?

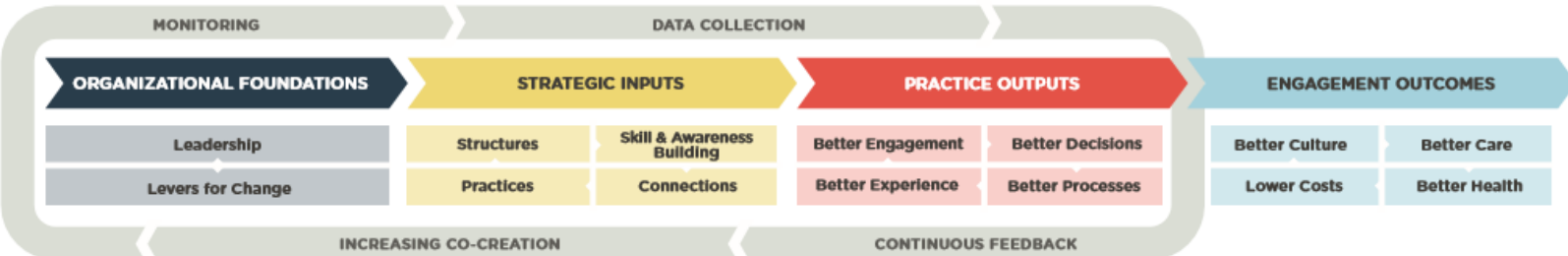
- *How do these case studies support what you've found in your research?*
- *Based on your research, what key pieces were missing from these case studies?*

## EVIDENCE GAPS

What other research should inform a more comprehensive, evidence-based definition of PFCC?



# What emerged: *Guiding Framework for Patient & Family Engaged Care*



- Leadership**
- Commitment to change
  - Leadership vision and behaviors aligned with PFEC
  - PFEC as strategic priority
- Levers for Change**
- Assessment of current state
  - Change champions
  - Industry, business, policy and payer incentives for PFEC

- Structures**
- Shared governance
  - Promoting transparency, visibility & inclusion among personnel and patients/families in design, improvement, and research activities
  - Interdisciplinary and cross-sector teams
  - Cross-continuum collaboration
  - PFEC-aligned personnel management practices
  - Built environment that facilitates PFEC

- Skills and Awareness Building**
- Training to expand partnership capabilities of healthcare personnel and patients/families
  - Development, sharing, translation of research

- Connections**
- Connection of skill-building for personnel and patients/families
  - Experiential learning
  - Connection to purpose

- Practices**
- Promoting patient and family engagement
  - Attending to the emotional, social and spiritual needs of patients/families and personnel
  - Engaging patients/families in research activities

- Better Engagement**
- Patient/family activation
  - Increased family presence
  - Increased feelings of autonomy
  - Reciprocal relationships

- Better Decisions**
- Improved health confidence
  - Improved decision quality

- Better Processes**
- Improved care coordination
  - Culture of safety

- Better Experience**
- Improved sleep
  - Reduced stress
  - Improved communication
  - Decreased grievances and malpractice claims

- Better Culture**
- Joy in practice
  - Inclusive culture
  - Increased compassion
  - Improved experience
  - Improved staff retention
  - Reduced burnout/stress

- Better Care**
- Care plans match patient goals
  - Improved symptom management
  - Improved safety
  - Improved transitions
  - Decreased readmissions
  - Reduced disparities

- Better Health**
- Improved patient-defined outcomes
  - Increased patient self-management
  - Improved quality of life
  - Reduced illness burden

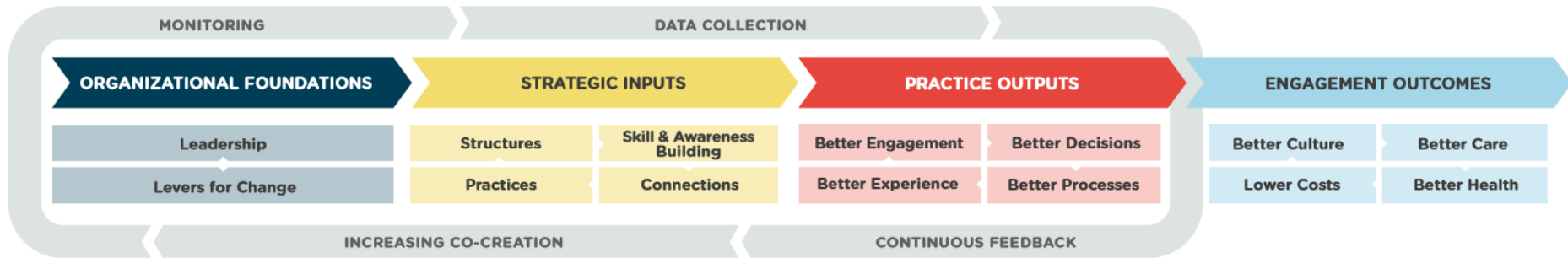
- Lower Costs**
- Appropriate utilization and length of stay
  - Improved efficiency
  - Appropriate spending
  - Better value for patients and families



# Highest Level: Transformational Stages



# Core Elements with Each Stage





# Implementation Clarity & Direction

## Leadership

- Commitment to change
- Leadership vision and behaviors aligned with PFEC
- PFEC as strategic priority

## Levers for Change

- Assessment of current state
- Change champions
- Industry, business, policy and payer incentives for PFEC

## Structures

- Shared governance
- Promoting transparency, visibility & inclusion among personnel and patients/families in design, improvement, and research activities
- Interdisciplinary and cross-sector teams
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## Skills and Awareness Building

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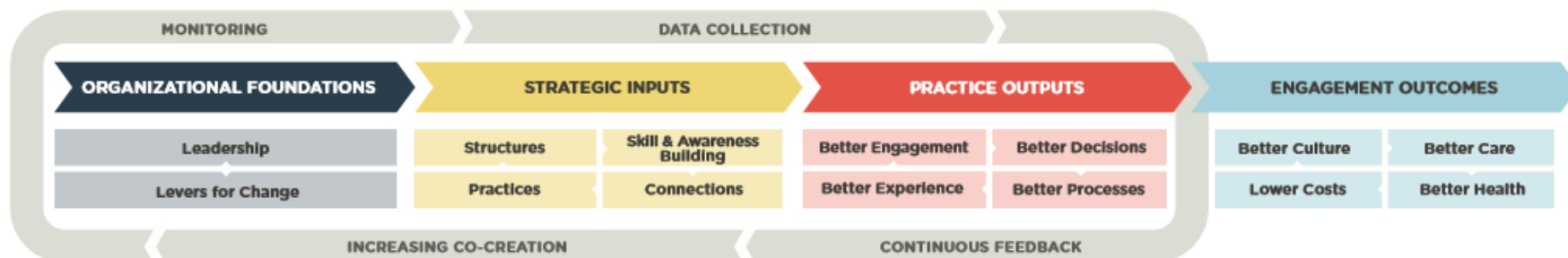
## Lower Costs

- Appropriate utilization and length of stay
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- Appropriate spending
- Better value for patients and families



# Patient and Family Engaged Care

## A Guiding Framework



**Leadership**

- Commitment to change
- Leadership vision and behaviors aligned with PFEC
- PFEC as strategic priority

**Levers for Change**

- Assessment of current state
- Change champions
- Industry, business, policy and payer incentives for PFEC

**Structures**

- Shared governance
- Promoting transparency, visibility & inclusion among personnel and patients/families in design, improvement, and research activities
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**Skills and Awareness Building**

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- Reduced illness burden

**Lower Costs**







- Appropriate utilization and length of stay
- Improved efficiency
- Appropriate spending
- Better value for patients and families



# Engagement Practices

## Practices

- Promoting patient and family engagement
- Attending to the emotional, social and spiritual needs of patients/families and personnel
- Engaging patients/families in research activities

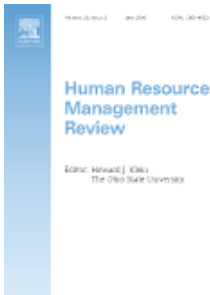
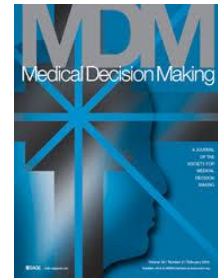
<b>Care Partners</b> 	<b>Shared Medical Record</b> 	<b>Collaborative Goals</b> 
<b>Patient Pathways</b> 	<b>Teach Back</b> 	<b>Shared Decision Making</b> 



# Show Me the Evidence!



The NEW ENGLAND  
JOURNAL of MEDICINE



AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

# Health Affairs



Journal of Compassionate Health Care



# Goal: Identify the scientific evidence base supporting PFEC

DISCUSSION PAPER

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**APPENDIX B: Patient and Family Engaged Care: A Guiding Framework – Bibliography of Associated Evidence**

Guiding Framework Element	Supportive Citations	Guiding Framework Element	Supportive Citations
<b>FOUNDATIONS – LEADERSHIP</b>		<b>OUTPUTS – BETTER ENGAGEMENT</b>	
Commitment to Change	5, 13, 14, 41, 47, 51, 62, 65, 66, 7	Patient/family activation	1, 2, 4, 16, 28, 32, 39, 40, 43, 52, 58, 84, 114, 128
Leadership vision and behaviors aligned with PFEC	5, 12, 14, 21, 38, 41, 47, 51, 62, 6	Increased family presence	22, 67, 72, 75, 88-90, 95, 97, 113, 128
PFEC as strategic priority	13, 14, 51, 65, 66, 86, 106	Increased feelings of autonomy	77
<b>FOUNDATIONS – LEVERS FOR CHANGE</b>		Reciprocal relationships	
Assessment of current state	14, 51, 62, 66, 86, 101	<b>OUTPUTS – BETTER DECISIONS</b>	
Change Champions	6, 7, 14, 62, 65, 66, 78, 101, 106,	Improved health confidence	17, 27, 110
Industry, business, policy, and payer incentives for PFEC	14, 62, 66, 101	Improved decision quality	17, 33, 108, 120, 124
<b>INPUTS – STRUCTURES</b>		<b>OUTPUTS – BETTER PROCESSES</b>	
Shared governance	14	Improved care coordination	4, 23, 24, 26, 27, 44
Promoting transparency, visibility, and inclusion among personnel and patients/families	13, 14, 19, 49, 50, 53, 62, 65, 66,	Culture of safety	105
Fostering dialogue between clinical researchers and patients/families	18, 31, 35-37, 61, 109	<b>OUTPUTS – BETTER EXPERIENCE</b>	
Interdisciplinary and cross-sector teams	49, 50, 54, 74, 93, 103, 121	Improved sleep	10, 11, 46
Cross-continuum collaborations	54, 66	Reduced stress	33, 57, 72
PFEC-aligned personnel management practices	13, 14, 19, 62, 66, 68, 69, 78, 101,	Improved communication	1, 2, 17, 33, 40, 56, 58, 83, 84, 90, 108, 114, 120, 122, 127, 128
Built environment that facilitates PFEC	2, 10, 11, 13-16, 22, 58, 62-66, 77	Decreased grievances and malpractice claims	9, 29
<b>INPUTS - SKILLS AND AWARENESS</b>		<b>Monitoring, Data Collection, Continuous Feedback, Increasing Co-Creation</b>	13, 14, 27, 43, 51, 65, 66, 101, 103, 106, 107
Training to expand partnership capabilities of health care personnel and patients/families	1, 4, 8, 13, 14, 28, 30, 34, 40, 42, 124	<b>OUTCOMES: BETTER CULTURE</b>	
Development, sharing, and translation of research	18, 31, 35-37, 61, 109	Increased compassion	68, 69, 82, 83, 119
		Improved experience	4, 5, 10, 11, 13, 17, 28, 29, 45, 47, 68, 69, 72, 74, 77, 82, 83, 90, 99, 111, 121, 125, 127, 128
		Improved staff retention	13, 29, 68, 69, 119
		Reduced burnout/stress	16, 42, 74
		Inclusive culture	
		<b>OUTCOMES: BETTER HEALTH</b>	
		Improved (patient-defined) health outcomes	4, 28, 30, 32, 44, 52, 55, 59, 63, 79, 80, 91, 95, 102, 103, 113, 126



# What research tells us about the impact of involvement of the patient's family

## Better Engagement

- Patient/family activation

## Better Experience

- Improved sleep
- Improved communication

## Better Decisions

- Improved health confidence

## Better Care

- Improved symptom management
- Improved transitions

Engagement of hospitalized patient's family in care activities and care coordination –a 'Care Partner' program- improved patient outcomes, including

- **better pain management**
- **improved sleep**
- **increased health literacy**
- **more effective transition to home**

Meyers TA, et al. Family presence during invasive procedures . Am J Nurs. 2000;100(2):32-42.

Jabre P, et al. Family presence during cardiopulmonary resuscitation. N Engl J Med. 2013;368(11):1008-1018.

American Geriatrics Society. (2001). Guideline for the prevention of falls in older persons. Journal of the American Geriatrics Society, 49, 664–672



# From Knowledge to Action: Care Partner Program

- Family formally engaged as integral member of care team
- A partnership between family and staff
- Provides a source of continuity
- Prepares loved one for post-discharge

“They showed my husband how to do my dressing changes so I don’t have to come here every day. They asked him questions: Can you see it? Do you understand? For him to see, he was very informed.”



## care EJGH PARTNER PROGRAM

We want you, and your family to play an active role in your care and recovery. Care Partners are important. They are invited to participate in patient education, therapy and treatment. Your Care Partner will receive information from your clinical team so they know your course of treatment in the hospital as well as your post-discharge instructions.

### What a Care Partner Does:

- Acts as family spokesperson
- Assists in meal selection
- Is authorized to retrieve additional linens and snacks
- Learns skills to prepare for home or post-discharge care
- Serves as a patient advocate
- Provides emotional support and a hand to hold

### What a Care Partner Will Receive:

- Health education materials specific to the needs of that patient
- Information to assist the patient's transition from hospital to home
- An opportunity to be involved in the patient's care
- Meals at a discount
- Access to our chapel, business center and other amenities

Ask our staff about naming or becoming a Care Partner.

EJGH Guest Services: 304-454-4837

East Jefferson General Hospital

[www.ejgh.org](http://www.ejgh.org)





## Practices

- Promoting patient and family engagement

# Shared Medical Record/Open Notes

## Better Engagement

- Patient/family activation

## Better Experience

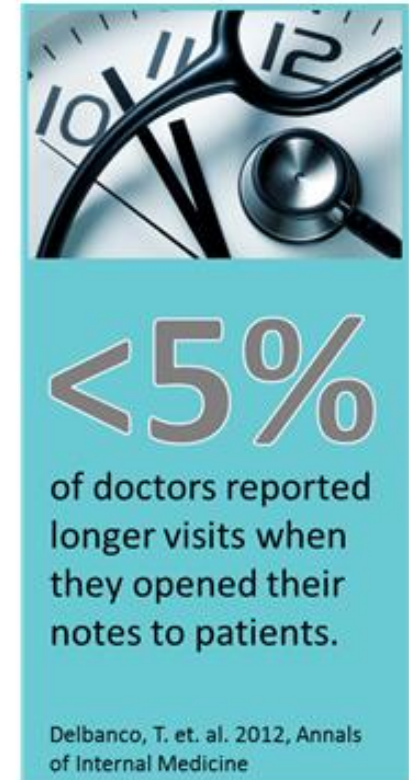
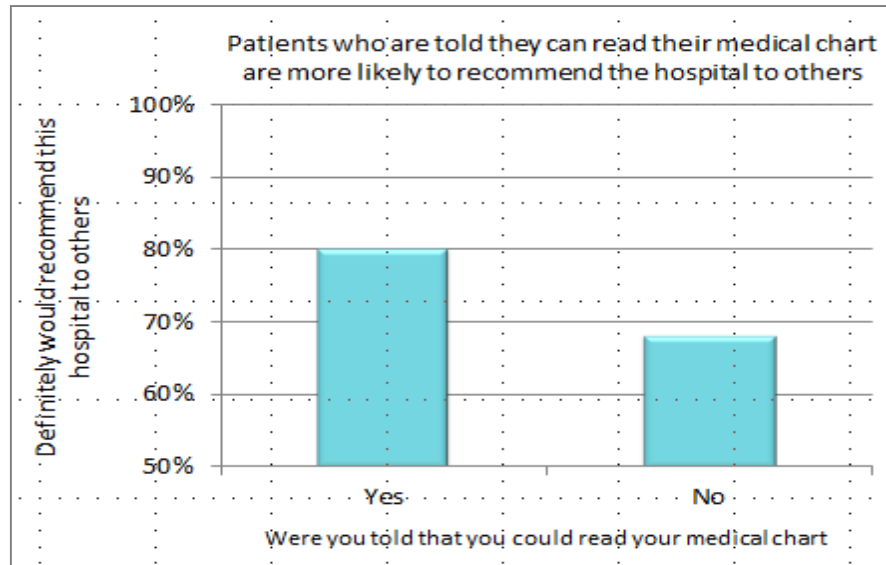
- Improved communication
- Decreased grievances and malpractice claims



**Shared medical record:** Refers to the patients' ability to access their real-time, in-progress personal health information during a care episode, e.g. during a hospitalization and/or treatment.



# The evidence in support of **shared medical records**



# From Knowledge to Action: A Shared Medical Record Policy

- Access to **real-time** information **at the point of care**.
- **Maximizes patients' access** to their personal health information, with limitations to full access the exception to the rule.
- Provisions for how patients will be **supported in understanding** the record
- Protects **confidentiality** by establishing processes by which the patient controls who is able to access the record
- Provides avenues for patients to correct inaccuracies and/or omissions, as well as to **contribute** progress notes.



# 3 Ways Case Managers Can Invite Patient/Family Engagement



1. Ask patients to identify a care partner.

2. Ask patients what matters most to them when setting goals

3. Apply Teach Back & Reflective Listening to ensure you and the patient are on the same page.



# What to learn more?

## BOX 2

### Examples of Health Care Organizational Assessment Tools

#### Agency for Healthcare Research and Quality (AHRQ) Working with Patients & Families as Advisors Implementation Handbook

Resource to facilitate patient and family partnerships with health care systems in implementing quality and safety efforts [9].

**Gordon and Betty Moore Foundation and HRET Patient and Family Engagement Survey**  
A survey (HRET) to

## BOX 5

### Examples of Tools to Enhance Engagement of Patients and Families

**Healthcare Principle Ask Me 3®:** A set of three questions developed by the National Patient Safety Foundation to prompt patients to be more active members of their health care teams [16].

A collection of marks, and  
The Batz Guide (for children), this tool more effectively

**Institute Brief** organizes centered

**Partners** provides

**Person-C** An evaluation change th

**PFCCpart** Guides or

**The Batz Guide** (for children), this tool more effectively

**CFAH Engagem** a comprehensive [18].

**I Wish I Had As** to have more co

**Patient Prefer** ranging from m erences, their n patient's own w drawing on per care [20].

**Your 1, 3, 6, 12** tion, this tool of their own health

**Bedside Shift Report:** A patient-centered adaptation of the traditional nursing task of shift report to include the patient (and family caregivers as appropriate) as active participants and contributors in the exchange of essential patient information between care team members (Planetree, 2014a; Radtke, 2013; Reinbeck and Fitzsimons, 2013).

**Care Partne** port network the care team al., 2010; Pla

**Collaborati** areas for tre concerns (Sc

**Patient Patl** for a particular typical care s

**Shared Med** health inform 2012; Planet

**Shared Deci** formed, valu al., 2014).

**Teach Back:** A technique for validating patient understanding of the care team by asking the patient to repeat back what they have heard (DeWalt et al., 2011).

## BOX 7

### Examples of Practices that Promote Patient and Family Engagement

## BOX 8

### Examples of Tools for Patient and Family Engagement in Health Care Delivery

#### CUSP Toolkit: Patient and Family Engagement

A module of the Comprehensive Toolkit and resources for involving patients and families in care [17].

**Guide to Patient and Family Engagement:** Developed by AHRQ, it serves as a guide to various patient and family engagement initiatives at the hospital level [18].

**IHI Open School:** An initiative of the Institute of Medicine focused on improving quality, safety, and patient-centered care [19].

**A Roadmap for Patient and Family Engagement:** Funded by the Gordon and Betty Moore Foundation, this Roadmap provides a guide to various patient and family engagement initiatives [20].

**Shared Decision Making Toolkit:** Developed by the Institute of Medicine, this toolkit provides a guide to various patient and family engagement initiatives [21].

**Teach Back:** A technique for validating patient understanding of the care team by asking the patient to repeat back what they have heard (DeWalt et al., 2011).

## BOX 10

### Patient and Family Engagement in the Research Enterprise

The vision of a continuously learning health system is that all health care delivery settings routinely capture, assess, and translate information to improve culture, processes, and interventions that will result in safer, better quality care, as well as outcomes that matter most to patients.

While not all health systems perform clinical research, it is critical to note the importance of this enterprise in advancing PFEC. Similar to the health care delivery landscape, in recent years significant effort and resources have been invested in the vision of advancing a more patient- and family-centered and engaged research enterprise. This work has led to the coining of a new type of research called "patient-centered outcomes research" (PCOR). PCOR incorporates the experiential knowledge of patients, families, and other relevant stakeholders as partners in the design, conduct, and dissemination of research, ensuring that the findings of the research—and outcomes studied—are more patient centered, relevant, and useful to better inform patients and clinicians about treatment options.

Engaging patients and other stakeholders as equitable partners in research is increasingly recognized as a promising approach to yield actionable evidence for clinical decision making and improved outcomes. As a result, numerous frameworks, tools, and resources have been developed to support patient and family (and broader stakeholder) engagement in research. Some examples include the following.

**HIPxChange:** An assortment of toolkits developed at the University of Wisconsin for engaging patients and families in research and health system change [26].

**A Pragmatic Framework for Authentic Patient-Researcher Partnerships in Clinical Research:** A framework for collaborative engagement and partnership between research investigators and patient/family advisors from existing patient and family advisory council. The framework breaks down the roles for each party throughout the clinical research process (Fagan et al., 2016).



**PCORI Engagement Rubric:** Provides guidance to research teams applying for Patient-Centered Outcomes Research Institute (PCORI) funding to involve patients and other stakeholders in all phases of the research process [27].

**University of Maryland PATIENTS Program:** Promotes multistakeholder partnerships and engagement in research, conducts research, and produces and shares education and training on engaged research [28].

**Value+ Toolkit:** Produced by the European Patients Forum, provides a comprehensive overview and resources for involving patients and families in research [29].



# Plain Language – Share with your colleagues and your patients!



## An Invitation to Engage

**Dear Patients & Families,**

Recently, there has been a lot of discussion about how to make healthcare better for everyone. This includes patients, families, healthcare staff, and the big organizations and agencies that organize, provide, and pay for healthcare. Research strongly suggests that we can improve peoples' health, their healthcare experience, and help healthcare staff enjoy their work more by involving patients and family members as equal partners in the process. That is, healthcare can only be improved if everyone works together. For many years, healthcare providers tried to make things better without asking patients and families what they thought or what mattered to them.

That way of doing things is changing.

The new way of doing things is called "Patient and Family Engaged Care."

Whatever you call it, the basic idea is that healthcare professionals need to partner with patients and families to ensure that your care matches your values, preferences, and goals. This means that you need to have conversations with healthcare providers about what health means to you, what you value, what you like, what your goals are for your health, and what you need from them in order to live your healthiest life.

This idea of "Patient and Family Engaged Care" has become so important that the National Academy of Medicine recently asked a group of experts, called a scientific advisory panel, to collect and summarize the research evidence that demonstrates what a positive difference this approach makes. The great thing is that the information is now gathered all in one, easy-to-find,



place. (It is called a "Framework for Patient and Family Engaged Care" and **can be found here**.) In this document, the group defined steps that healthcare organizations need to take to make sure that they are partnering with patients and families in their care.

The purpose of this document, is to invite YOU, patients and family members, to engage in your healthcare. We have developed a list of suggestions for you to use in the "real world" to make sure that patient and family engaged care happens every time you go to the doctor's office, hospital, nursing home, or other healthcare setting.

Being an engaged member of your healthcare team can mean different things to different people. Some people will be more comfortable being engaged than others. It may feel different than what you are used to. The good news is that research shows that patient and family engaged care leads to better relationships between you and your healthcare providers. It helps keep patients safe. It reduces healthcare costs and keeps people from being unnecessarily readmitted to the hospital. Patient and family engaged care makes healthcare staff feel more connected to the work they do, which makes for a better experience for everyone. The best way to see the benefits of patient and family engaged care is to try it for yourself. We've created a "to-do" list of suggestions for patients and family members on the next page. Try one, or try them all. You are an expert about you and an important member of your healthcare team. We invite you to engage with us in making healthcare better for everyone.

LEARN MORE AT [WWW.PLANETREE.ORG](http://WWW.PLANETREE.ORG)

<http://planetree.org/invitation-to-engage-for-patients-and-families/>



## Harnessing the Evidence for Patient and Family Engaged Care

**What is Patient and family engaged care (PFEC)?**

"Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals."

Recently, the National Academy of Medicine asked a scientific advisory panel of experts to collect and summarize the evidence for patient and family engaged care (PFEC). As a result, a discussion paper is now publicly available with all of the information to support PFEC in one place (<https://www.nam.edu/pfec>). The paper includes a framework for PFEC, which describes specific changes and steps that healthcare organizations need for PFEC to truly flourish in process and practice. The purpose of this document is to summarize the 38-page paper for busy healthcare professionals.

Until now, patient- and family-centered care (PFCC) has focused on changing patients' behaviors – patients are seen as the "problem" to be fixed. PFEC recognizes that health care leaders have to drive a "patient-centered culture of care that continuously integrates patient and family perspectives and involvement—at the point of care, in health care system design, and in defining outcomes that matter most."

**Here's a quick summary of what we know about PFEC & Why It Works:**

- We know what organizations have to do to make it work. It means creating a different culture in healthcare organizations. The research shows that to do this, you have to develop a workplace where all staff members share the same feelings and values about the importance of partnering with patients in everything related to their healthcare. This influences day-to-day behaviors in the workplace and bigger policy and practice decisions.
- PFEC starts at the top of the organization. To make it happen, leaders need to be committed and transparent.
- It takes teamwork. It requires the support of leadership to build open governance, to have people work in teams, to build skills and encourage communication among and between staff and patients.
- It depends on everyone, at every level. It requires training for everyone to build skills in empathy, listening, and respect.
- It requires communication in all directions. There have to be systems of continuous feedback from patients to providers and decision-makers to ensure that changes make a good difference. Patients have to be really encouraged to participate, and told how they make a difference.
- PFEC leads to better outcomes and experiences for patients and families.
- Healthcare staff are happier when patients and families are engaged with them.
- One lesson for all of us is that every concern and complaint is an opportunity. An opportunity to problem solve, improve, grow, and develop better relationships.
- There is more to learn.

<http://planetree.org/plain-language-summary-of-the-national-academy-of-medicines-framework-for-patient-and-family-engaged-care/>





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## Question & Answer Session

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# Thank you!

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- Please fill out the survey after today's session
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