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How Person and Family Engagement Can Help Hospitals Achieve Equity in Health Care Quality and Safety

A Resource for Hospitals in the IPRO Hospital Quality Improvement Contractor Program

June 2021

How Person and Family Engagement Can Help Hospitals Achieve Equity in Health Care Quality and Safety

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1. Introduction

Racial, ethnic, and socioeconomic disparities in hospital safety and quality outcomes demonstrate that care is not equitable across all populations. Though disparities exist across subpopulations, examples of outcome disparities include the following:

- Black patients are 30.9% less likely than White patients to be admitted to hospitals that are effective at preventing postoperative sepsis infections.[1]
- Minority and other vulnerable populations are more likely to be readmitted to hospital within 30 days of discharge for chronic conditions.[2]
- Compared with 2.7% of White patients, 11.4% of Asian patients had an adverse drug event when given one of two types of medicines used to prevent and treat blood clots in hospital.[3]

The COVID-19 pandemic has also highlighted disparities in vaccinations and health outcomes:

- Black and Hispanic people have received smaller shares of vaccinations compared with their shares of cases and deaths, and compared with their shares of the total population in most states. In the District of Columbia, for example, Black people have received 36% of vaccinations but account for 46% of the total population, 54% of cases, and 69% of deaths.[4]
- The number of fatal COVID-19 cases is higher among Black, Hispanic, Latino, American Indian, and Asian/Pacific Islander patients. The risk of death from COVID-19 is greater for racial and ethnic minority groups living in rural areas, compared with urban areas.[5]

The Centers for Medicare & Medicaid Services (CMS) established the Hospital Quality Improvement Contractor (HQIC) program to help hospitals ensure the safety and quality of care delivered to all Medicare beneficiaries, with an emphasis on rural, critical access, and

[1] Gangopadhyaya, A. (2021). *Black patients are more likely than White patients to be in hospitals with worse patient safety conditions*. Urban Institute and Robert Wood Johnson Foundation. https://www.urban.org/sites/default/files/publication/103925/black-patients-are-more-likely-than-white-patients-to-be-in-hospitals-with-worse-patient-safety-conditions.pdf

[2] Office of Minority Health. (2021). *Paving the way to equity: A progress report (2015–2021)*. Centers for Medicare & Medicaid Services. https://www.cms.gov/files/document/paving-way-equity-cms-omh-progress-report.pdf

[3] Agency for Healthcare Research and Quality. (2019). *National healthcare quality & disparities report 2018*. https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2018qdr.pdf

[4] Ndugga, N., Pham, O., Hill, L., Artiga, S., & Parker, N. (2021). *Latest data on COVID-19 vaccinations race/ethnicity*. Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/

[5] Iyanda, A. E., Boakye, K. A., Lu, Y., & Oppong, J. R. (2021). Racial/ethnic heterogeneity and rural-urban disparity of COVID-19 case fatality ratio in the USA: A negative binomial and GIS-based analysis. *Journal of Racial and Ethnic Health Disparities*. https://doi.org/10.1007/s40615-021-01006-7

vulnerable populations.[6] In October 2020, CMS awarded IPRO a 4-year contract to provide quality improvement assistance to small, rural, critical access, and other hospitals. The 270 hospitals enrolled in the IPRO HQIC program are working to reduce preventable, hospital-acquired conditions; increase pandemic readiness and response, including COVID-19 readiness and response; address the opioid epidemic; and improve patient safety.

CMS and the HQIC program recognize person and family engagement (PFE) as a promising mechanism to aid in achieving equity in both quality and safety. However, some populations may not be engaged in health care to the same extent as others—or indeed, at all—for various reasons. Potential barriers may preclude the successful engagement of patients and families from diverse cultural, ethnic, or socioeconomic backgrounds. These barriers include implicit biases against populations, cultural or language differences, communication barriers, limited health literacy, and a lack of trust of the health care system among populations who have historically been excluded and marginalized in health care research and initiatives. Use of negative language that perpetuates stereotypes and stigmas—for example, about people with a substance use disorder—can also decrease engagement in health care.[7]

The American Institutes for Research (AIR)—a partner in the IPRO HQIC program—identified six overarching strategies to guide hospitals in meaningfully engaging patients and families in health care.[8] This document describes how to apply these strategies in ways that can help hospitals achieve equity in care quality and safety and address barriers to uniform engagement. Each strategy is mapped to the five HQIC PFE practices (Exhibit 1) and offers tactics to help hospitals operationalize efforts to achieve equity in care quality and safety through equitable PFE.

[6] IPRO. (2020, October 19). *IPRO to provide hospital quality improvement services for the Centers for Medicare & Medicaid Services* [Press release]. https://ipro.org/pressrelease/ipro-to-provide-hospital-quality-improvement-services-for-the-centers-for-medicare-medicaid-services

[7] Dardess, P., Dokken, D. L., Abraham, M. R., Johnson, B. H., Hoy, L., & Hoy, S. (2018). *Partnering with patients and families to strengthen approaches to the opioid epidemic.* Institute for Patient- and Family-Centered Care. https://www.ipfcc.org/bestpractices/opioid-epidemic/IPFCC_Opioid_White_Paper.pdf

[8] American Institutes for Research. (2014). *Roadmap for person and family engagement in healthcare practice and research*. https://www.air.org/project/roadmap-guides-patient-and-family-engagement-healthcare

Exhibit 1. PFE Strategies and Practices

Six PFE Strategies

1. Measurement and Research
2. Organizational Partnership
3. Care, Policy, and Process Redesign
4. Clinician, Staff, and Leadership Preparation
5. Patient and Family Preparation
6. Transparency and Accountability

Five PFE Practices

1. **A planning checklist** that is discussed with every patient prior to or at the time of any scheduled admission
2. **A discharge planning checklist** that is discussed with every patient prior to discharge
3. **Shift-change huddles and bedside reporting** with patients and families
4. **A designated PFE leader** in the hospital
5. **Patient and Family Advisory Council (PFAC) or patient and family representatives** on hospital committees

2. Getting Started: A Primer on Key Concepts

When discussing how PFE strategies and practices can be applied to help achieve equity in hospital care quality and safety, it is important to have a shared understanding of several core concepts (Exhibit 2).

Exhibit 2. Coming to a Shared Understanding of Key Concepts

Concept	Definition
Person and family engagement	PFE is defined as "Persons, families, their representatives, and health professionals (clinicians, staff, and leaders), working in active partnership at various levels—direct/point of care, organizational design, policy, and procedure; organizational governance; and community/policy making—across the health care system and in collaboration with communities to improve health, health care, and health equity."[9]
Health equity	Health equity is the "attainment of the highest level of health for all people."[10] Achieving this requires health disparities to be resolved, paying particular attention to vulnerable populations.

[9] Centers for Medicare & Medicaid Services. (2016). *Partnership for Patients (PfP) strategic vision roadmap for person and family engagement (PFE)*. https://www.aha.org/sites/default/files/hiin/pfp-strategic-vision-roadmap.pdf

[10] Office of Disease Prevention and Health Promotion Minority Health. (2021). *Healthy People 2020*. U.S. Department of Health and Human Services. https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

Concept	Definition
Vulnerable populations	The term "vulnerable populations" is broadly used to encompass groups that have a greater likelihood of marginalization or negative health outcomes. Vulnerable populations include (but are not limited to) racial and ethnic minorities; the economically disadvantaged; the elderly; rural residents; the homeless; those who are uninsured or underinsured; individuals with no or limited English proficiency; those with low levels of health literacy; individuals with disabilities, chronic health conditions, or poor health status; high-risk veteran populations such as the homeless or those with serious mental illness; and people who are gay, lesbian, bisexual, or transgender.[11,12,13]
Health disparities and health care disparities	Health disparities and health care disparities are differences in access to, the delivery of, or the quality of health and health care between population groups.[14] Commonly recognized disparities in health include a higher burden of illness, injury, disability, or mortality for a population group, relative to another. Disparities in health care include differences in insurance coverage, access to care, or the quality of care between groups.
Social determinants of health	According to the World Health Organization, social determinants of health are "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life," such as "economic policies and systems, development agendas, social norms, social policies and political systems."[15]
Diversity and inclusion	The term "diversity" has multiple meanings. For the purposes of this document, it is best defined as the "condition of having or including people from different ethnicities and social backgrounds."[16] This most often applies to differences in race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values systems, national origin, and political beliefs. Inclusion is the practice of engaging a mixture of diverse stakeholders whose involvement recognizes the inherent worth and dignity of all people.
Culturally and linguistically appropriate services (CLAS)	CLAS are inclusive of and responsive to the health beliefs, behaviors, needs, and communication styles of its diverse patient populations.[17] It is well documented that the provision of culturally and linguistically appropriate services encourages greater provider/consumer engagement and collaboration, which can help to close disparity gaps in health care outcomes and reduce the overall cost of care.

[11] Vulnerable populations: Who are they? (2006, November). *The American Journal of Managed Care*, *12*(13, Suppl.), S348–S352. http://www.ajmc.com/journals/supplement/2006/2006-11-vol12-n13suppl/nov06-2390ps348-s352

[12] Health Resources & Services Administration. (2020, October). *Office of Health Equity*. U.S. Department of Health and Human Services. http://www.hrsa.gov/about/organization/bureaus/ohe/

[13] O'Toole, T. P., Pirraglia, P. A., Dosa, D., Bourgault, R. N., Redihan, S., O'Toole, M. B., Blumen, J., & The Primary Care-Special Populations Treatment Team. (2011). Building care systems to improve access for high-risk and vulnerable veteran populations. *Journal of General Internal Medicine, 26*(Suppl. 2), 683–688. doi:10.1007/s11606-011-1818-2

[14] Artiga, S., Orgera, K., & Pham, O. (2020). *Disparities in health and health care: Five key questions and answers*. Kaiser Family Foundation. http://files.kff.org/attachment/Issue-Brief-Disparities-in-Health-and-Health-Care-Five-Key-Questions-and-Answers

[15] World Health Organization. (n.d.). *Social determinants of health*. http://www.who.int/social_determinants/en/

[16] Editors of the American Heritage Dictionaries. (2011). *American Heritage dictionary of the English language* (5th ed.). Houghton Mifflin Harcourt.

[17] Office of Minority Health. (2015). *HHS national standards for culturally and linguistically appropriate services (CLAS) in health and health care*. U.S. Department of Health and Human Services. https://www.thinkculturalhealth.hhs.gov/clas/what-is-clas

3. Applying the PFE Strategies in Ways That Can Help Achieve Equity in Care Quality and Safety

Equitable application of PFE (i.e., including patients and families from all backgrounds as equal and active partners in their health care) means that every person in the hospital gets the benefit of engaging in improving equity in quality and safety. Equity in PFE helps to ensure that hospitals achieve the following:

- Consider the needs, perspectives, interests, values, and beliefs of all patients and families, including those from disparate populations in the community
- Implement actions that reflect what matters most to all patients at each level of hospital care (i.e., direct care/point of contact, hospital policy and procedure, governance, and public and community policy)

The following sections discuss opportunities to apply each PFE strategy in an equitable and meaningful way. Although there is a recommended order for applying these strategies, the strategies are interrelated and should be implemented iteratively. For example, the first strategy—Measurement and Research—requires the collection of relevant data to inform decision making. However, data collection is not a singular occurrence; data are collected continuously to inform the effective application of subsequent strategies.

3.1. PFE Strategy 1: Measurement and Research—Identifying and Understanding Disparities

To understand how to engage all populations effectively, it is important to understand each patient population and the nature and extent of the disparities affecting that population in the hospital setting. To do this, hospitals should regularly collect and assess data about the patients and families they serve, disparities in care quality and safety outcomes among them, social issues affecting the surrounding communities, and the hospital's workforce and resource capacity. Using this information, a hospital can identify problems and potential solutions, both to eliminate disparities in care and to understand how to engage all populations equitably.

This strategy will help your hospital identify the following:

- The demographics of patient populations served by the hospital, and the potential social determinants of health that are affecting outcomes
- Disparities in care quality and safety among the hospital's patient populations
- The types of patient, family, and community partners whom the hospital needs to engage in the process of tackling the harm areas, and initial ideas for how to reach those partners

This strategy will help your hospital identify the following:

- Key issues to focus on to improve equity, quality, and safety
- The hospital's workforce capacity and infrastructure to meet the needs of all populations

3.1.1. Collect and Compare the Demographic and Socioeconomic Data of Patients Served

Hospitals can use a variety of readily available data sources—such as electronic health record systems and patient-reported survey data—to collect or extract data related to the characteristics of the patients they serve. To help identify issues related to care equity within the organization, hospitals can stratify or examine quality and safety performance indicators, as well as PFE measures, by key subgroups such as race, ethnicity, age, and language (REAL).[18] Hospitals can stratify clinical and safety outcomes and patient experience data by REAL characteristics to identify disparate opportunities and monitor outcomes across patient populations. Information regarding differences in safety and quality among specific subgroups can pinpoint areas for improvement and help hospital leaders mobilize partners within and outside of the organization to identify ways to improve care experiences for all patients.

Critical questions to ask:

- What population groups does your hospital serve?
- What major problems do these groups experience?
- What disparities in care exist at this hospital, and what patient populations are most affected?
- Where are there clear opportunities for care interventions to improve disparities?

3.1.2. Identify Data About Surrounding Communities, Including Social Determinants

Social determinants of health are conditions (e.g., social, economic, and physical) within the environments in which people are born, live, learn, work, play, and worship that affect health, functioning, and quality-of-life outcomes and risks.[19] Examples of social determinants include transportation options, language and literacy, socioeconomic conditions and poverty levels, and exposure to crime and violence.[20] Hospitals can collect data on social determinants of health

[18] Agency for Healthcare Research and Quality. (2018, May). *Improving data collection across the health care system*. http://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata5.html
[19] Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of health*. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
[20] Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of health*. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

through formal community health needs assessments.[21] This information can be used to (a) understand the most pressing issues for the community, and (b) link those issues to impacts on health and health care. For instance, a scan of the community may reveal that transportation to the hospital is a major barrier to accessing care (e.g., there is no bus stop near the hospital). Hospital partners could work with the city to get an additional stop closer to the hospital or work with a community alliance to identify alternate means of transportation. Similarly, if child care is a major issue, the hospital and its partners could work to identify space and staffing for child care services to help patients and families access the care they need.

Critical questions to ask:

- What socioeconomic or situational factors are potential barriers to accessing or delivering quality health care?
- What community resources exist to help address identified barriers?
- What community partners should the hospital engage?

3.1.3. Collect Data on Hospital Staff Characteristics and Hospital Infrastructure to Provide CLAS

Enhanced cultural competence and diversity in the health care workforce can improve the overall quality of care by improving encounters, interactions, and communication among providers, patients, and families; and by enriching the pool of providers, staff, and leadership to help identify and meet the needs of diverse populations.[22] Hospitals can collect or review workforce data to assess whether staff composition accurately reflects the patient populations and communities they serve. A significant mismatch could signify a potential misalignment of designated priorities or needs among patients, communities, providers, and the organization as a whole. If there are any significant imbalances, hospitals can identify and work with community partners to recruit staff to ensure greater representation of the patient populations they serve.

Hospitals should also identify other services or supports related to the provision of CLAS. For example, hospitals should determine what interpretation services are available for those who are hearing impaired or speak a language other than English. Similarly, hospitals should determine what CLAS-related training programs are in place for staff, and should identify opportunities for providing such support if it is not currently available. Consistent documentation and monitoring of the use of such services (e.g., what interpretation services

[21] Trust for America's Health. (2013). *Partner with nonprofit hospitals to maximize community benefit programs' impact on prevention.* https://www.tfah.org/wp-content/uploads/archive/assets/files/Partner%20With%20Nonprofit%20Hospitals04.pdf
[22] Cohen, J. J., Gabriel, B. A., & Terrell, C. (2002). The case for diversity in the health care workforce. *Health Affairs, 21*(5), 90–102.

are accessed and in what languages) can further inform a hospital's efforts to establish an infrastructure and workforce that are responsive to the diverse needs of its patients.

Critical questions to ask:

- Do staff characteristics and training accurately reflect the patient populations and communities served by the hospital?
- Does the hospital have the right workforce and infrastructure to help meet the needs of diverse patient populations?
- What CLAS-related training opportunities are offered to current staff?
- Are there existing community partnerships that the hospital can build on to better meet patients' needs?

3.1.4. Identify Gaps and Opportunities for Improvement

By examining information about patient populations, communities served, and current capacity, a hospital can understand gaps in care delivery and other factors that may influence health outcomes. As described in more detail in PFE Strategy 2, hospitals can work with community partners to understand the data collected, identify priority areas on which to focus, and create action plans.

Critical questions to ask:

- What are the gaps between patient population needs and the care delivered at the hospital?
- What engagement practices can help promote equity in care, specifically among vulnerable patient populations?
- What resources, partners, and actions are needed to help implement practices that promote equitable engagement?

3.1.5. Achieving Equity in PFE Implementation: Application of PFE Strategy 1—Measurement and Research

In addition to thinking broadly about disparities, hospitals can think about how to achieve equity when implementing the five PFE practices. Exhibit 3 outlines specific tactics that hospitals can use to apply the concepts of PFE Strategy 1: Measurement and Research to the five PFE practices effectively, meaningfully, and sustainably.

Exhibit 3. Achieving Equity for the Five PFE Practices: Tactics Related to the Measurement and Research Strategy

PFE Practice	PFE Strategy 1: Measurement and Research Specific Tactics That Hospitals Can Use
1. Planning checklist for planned admission	• Collect patient, family, clinician, and staff feedback about the planning checklist and use it to refine the tool and processes related to its use. Ensure that feedback is solicited from vulnerable populations. • Set performance goals and track progress, and conduct subgroup analyses to examine equitable use of the checklist. • Collect data about the demographic and socioeconomic status of the hospital's patient populations and surrounding communities (social determinants) to account for and assess potential barriers to use or applicability in the development of the checklist.
2. Discharge planning checklist	• Collect patient, family, clinician, and staff feedback about the discharge planning checklist and use it to refine the tool and processes related to its use. Ensure that feedback is solicited from vulnerable populations. • Set performance goals and track progress, and conduct subgroup analyses to examine equitable use of the checklist. • Collect data about the demographic and socioeconomic status of the hospital's patient populations and surrounding communities (social determinants) to account for and assess potential barriers to use or applicability in the development of the checklist.
3. Shift-change huddles and bedside reporting	• Collect patient, family, clinician, and staff feedback about shift-change huddles and bedside reporting processes and use it to refine processes and policies. Ensure that feedback is solicited from vulnerable populations. • Set performance goals and track progress, and conduct subgroup analyses to examine equitable conduct of shift-change huddles and bedside reporting activities. • Collect data about the demographic and socioeconomic status of the hospital's patient populations and surrounding communities (social determinants) to account for and assess potential barriers to effective bedside reporting.
4. PFE leader	• Develop processes for evaluating PFE leader activities and impact that are inclusive of diverse patient and family feedback, including from vulnerable populations.
5. PFAC or representatives on hospital committees	• Work with the PFAC or committees with representative patient and family advisors to conduct a root cause analysis to identify problems and priority areas for improvement; narrow the hospital's focus to one issue (hospitals do not have to try to address everything at once); and develop actionable solutions for quality and safety deficits related to that issue. • Collect data to track PFAC or committee activities, experiences, and impact on hospital policies and practices.

3.2. PFE Strategy 2: Organizational Partnership—Working With Diverse Partners to Identify Problems and Potential Solutions

Creating strong organizational partnerships with diverse patient, family, and community partners can help hospitals take action toward improving the coordination and equitable delivery of safe, high-quality health care. Diverse partnerships offer multiple perspectives that can help hospitals identify the root causes of safety and quality disparities.[23] Options for hospitals include partnering with social services agencies, nonprofits, and community institutions such as churches and schools that serve the populations hospitals would like to reach. Hospitals can consider recruiting community or cultural leaders to serve as patient and family advisors (PFAs).

This strategy will help your hospital achieve the following:

- Engage effectively with community or cultural leaders to facilitate partnerships with patients, families, and other community representatives
- Decide on specific activities for involving organizational partners in efforts to engage diverse patient populations in care processes
- Collaborate with partners to consider priority areas for improvement and gather their ideas for addressing identified issues
- Determine potential intervention points in care delivery to incorporate partners' feedback and suggestions for improvement

3.2.1. Identify Community or Cultural Leaders

Community or cultural leaders can help hospitals establish partnerships by serving as go-betweens who link hospitals with groups or people from diverse cultural backgrounds.[24] Working closely with community or cultural leaders can also help hospitals overcome barriers to engagement, such as lack of trust. Patients and families from traditionally marginalized communities may be more willing to trust partners who have demonstrated a commitment to and/or success in addressing issues of inequity for underrepresented populations. Hospitals can identify cultural and community leaders through nonprofit groups, community groups, social institutions (e.g., churches and schools), and social services agencies in the public sector. Hospital-sponsored health fairs, educational events, health screenings, and vaccination events that target representatives' communities are also effective methods for identifying potential community and cultural leaders and PFAC representatives.[25]

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[23] Institute on Assets and Social Policy. (2016). *Patient and family advisory councils: Advancing culturally effective patient-centered care.* https://iasp.brandeis.edu/pdfs/2016/PFAC.pdf

[24] Jezewski, M. A., & Sotnik, P. (2001). *Culture brokering: Providing culturally competent rehabilitation services to foreign-born persons*. Center for International Rehabilitation Research Information and Exchange. http://nccc.georgetown.edu/documents/Cultural_Broker_Guide_English.pdf

[25] Johnson, B., Abraham, M., Conway, J., Simmons, L., Edgman-Levitan, S., Sodomka, P., Schlucter, J., & Ford, D. (2008). *Partnering with patients and families to design a patient- and family-centered health care system*. Institute for Patient- and Family-Centered Care. https://www.ipfcc.org/resources/PartneringwithPatientsandFamilies.pdf

3.2.2. Work With Identified Partners on Efforts to Reduce Disparities in Care

Hospitals should engage partners with the direct intention of working in close collaboration to address identified disparities in care quality and safety. Partners can help hospitals review and interpret data (collected as part of PFE Strategy 1), narrow their scope of action, inform prioritization for targeted intervention, and develop strategies for translating identified solutions into clinical practice.

3.2.3. Considerations for Effective and Sustainable Partnerships

Establishing and maintaining effective partnerships takes persistence and proactive effort on the part of the hospital. Hospitals should keep the following information in mind as they identify and engage diverse organizational partners.

- Meaningful PFE requires the **intentional inclusion of diverse partners** based on identified needs to ensure equitable representation in terms of race, ethnicity, language, gender orientation, diagnosis, disability, etc. Intentional inclusion may require acknowledging and addressing unconscious biases against specific populations.
- Using PFE strategies to establish trust and build sustainable partnerships requires **acknowledgement of all patient and community partners' perspectives, values, and past experiences with health care and/or health care research.** Throughout the engagement process, hospitals should remain mindful of whether engagement efforts are truly inclusive. Aligning safety net hospital alliance strategies with PFE strategies can help hospitals effectively engage representatives from vulnerable populations.
- **Clear, consistent, two-way communication** can result in a shared understanding of issues, barriers, and opportunities related to addressing inequities. Patients and families should feel that their perspectives are as valid as those provided by clinicians, administrators, experts, and patients from a majority population. This will require hospitals to intentionally invite and respect diverse points of view.
- Hospitals should **demonstrate a willingness to tackle issues collaboratively** with partners by welcoming feedback and conveying a sense of openness about implementing partner-directed or partner-informed changes, as appropriate.
- Hospitals should seek to **engage trusted partners of patient populations of interest who represent the interests, values, and beliefs of those populations**. In addition, hospitals should engage multiple representatives from patient populations of interest in developing organizational partnerships to help ensure that the needs and interests of the community are better represented. By recruiting as many candidates from a particular group as is feasible for increased representation, hospitals can ensure that any decisions regarding that

group are not based solely on one person's perspectives and experiences regarding care quality and safety.[26]

3.2.4. Achieving Equity in PFE Implementation: Application of PFE Strategy 2—Organizational Partnership

Exhibit 4 outlines specific tactics that hospitals can use to apply the concepts of PFE Strategy 2: Organizational Partnership to the five PFE practices effectively, meaningfully, and sustainably.

Exhibit 4. Achieving Equity for the Five PFE Practices: Tactics Related to the Organizational Partnership Strategy

PFE Practice	PFE Strategy 2: Organizational Partnership Specific Tactics That Hospitals Can Use
1. Planning checklist for planned admission	• Leverage community or cultural brokers to create strong organizational partnerships with diverse patient, family, and community partners. • Ask diverse partners to assess the checklist review process and suggest improvements to better address needs. • Work with diverse partners to solicit feedback from patients and families from a variety of backgrounds regarding whether they feel included or marginalized in the checklist review process.
2. Discharge planning checklist	• Leverage community or cultural brokers to create strong organizational partnerships with diverse patient, family, and community partners. • Ask diverse partners to assess the checklist review process and suggest improvements to better address needs. • Work with diverse partners to solicit feedback from patients and families from a variety of backgrounds regarding whether they feel included or marginalized in the checklist review process.
3. Shift-change huddles and bedside reporting	• Leverage community or cultural leadership to create strong organizational partnerships with diverse patient, family, and community partners. • Ask diverse partners to assess shift-change huddles and bedside reporting processes and suggest improvements to better address needs. • Work with diverse partners to solicit feedback from patients and families from a variety of backgrounds regarding whether they feel included or marginalized in shift-change huddles and bedside reporting processes. • Review performance and patient experience data (stratified by patient subgroups) with partners to help identify and understand opportunities for improvement.

[26] Johnson, B., Abraham, M., Conway, J., Simmons, L., Edgman-Levitan, S., Sodomka, P., Schlucter, J., & Ford, D. (2008). *Partnering with patients and families to design a patient- and family-centered health care system*. Institute for Patient- and Family-Centered Care. https://www.ipfcc.org/resources/PartneringwithPatientsandFamilies.pdf

PFE Practice	PFE Strategy 2: Organizational Partnership Specific Tactics That Hospitals Can Use
4. PFE leader	• Work with diverse patient, family, and community partners to identify and hire a PFE leader from within the community. • Engage diverse partners throughout the hiring process to help ensure that they represent and are invested in the community at large.
5. PFAC or representatives on hospital committees	• Work with partners and community or cultural leaders to recruit diverse members (e.g., by race, ethnicity, diagnosis, disability, employment status) to serve on a PFAC or committee. • Intentionally include members of vulnerable populations to ensure that traditionally marginalized voices are heard and represented. • Engage more than one representative of a population for better representation (i.e., to help avoid tokenism and more accurately reflect the needs and interests of the community). • Work with partners and advisors to integrate diversity and inclusion into the PFAC and committee values.

3.3. PFE Strategy 3: Care, Policy, and Process Redesign—Adapting to Better Meet Identified Needs

As hospitals engage with diverse partners, they should work collaboratively to create policies and implement redesigned care practices that directly address patient-, family-, and community-identified needs. Prior to any care redesign efforts, hospitals should assess (a) the changes that are necessary, (b) their readiness to implement those changes, and (c) the resources and infrastructure that are needed to successfully execute changes that can help improve care quality and safety.

This strategy will help your hospital identify the following:

- The hospital's infrastructure and workforce capacity to meet patients' needs
- Mechanisms for addressing the cultural, language, disability, or other needs of the patients and families served by the hospital
- The key care intervention points where services can be offered to engage diverse patients and families
- Potential community resources that can help patients address some of those needs and provide information to patients during the care process

3.3.1. Establish Infrastructure and Workforce Capacity to Support Care Redesign to Better Address Cultural, Language, Disability, or Other Identified Needs

Improving care delivery processes to ensure that all patients receive the same level of quality and safety in care may require greater investment in the hospital's infrastructure and workforce. The goal is to help make the hospital system more inclusive of and easier to navigate by all patients, particularly those from vulnerable populations who are commonly

challenged by cultural, language, and disability barriers, among others. Hospitals can make tangible changes that improve care experiences for patients, including the following:

- Expand the hospital's workforce to ensure adequate representation of the patients and communities it serves
- Hire sign or language interpreters for patients with limited English proficiency who can be available to support staff on all care shifts
- Implement hiring practices that support the recruitment of diverse, culturally competent staff members
- Ensure that hospital rooms have adequate seating and technology (e.g., video conferencing software) so that multiple family members can participate in discussions with the clinical care team
- Upgrade the hospital's technological capacity to facilitate telehealth communication with patients and families who have limited access to the hospital or other care services

A hospital's ability to make such improvements greatly depends on the availability of financial resources. However, hospitals with financial limitations can consult with patient and family partners to help identify low- or no-cost alternatives for addressing barriers.

Once this infrastructure is in place, hospitals should coordinate services to ensure that all patients have access to these services throughout all points of care. For example, hospitals can inform patients with limited English proficiency that medical interpreters are available for all interactions with the hospital. Similarly, by providing discharge instructions, written materials, and verbal communication in the patient's preferred language and in a clear and concise manner, hospitals can help to increase understanding of health information and prevent avoidable safety issues among vulnerable patient populations. Hospitals can assess and refine their discharge processes to help discharge counselors better gauge patients' and families' understanding of and ability to adhere to critical health information, and then direct patients and families to the appropriate hospital- or community-based support services if gaps are identified.

3.3.2. Achieving Equity in PFE Implementation: Application of PFE Strategy 3—Care, Policy, and Process Redesign

Exhibit 5 outlines specific tactics that hospitals can use to apply the concepts of PFE Strategy 3: Care, Policy, and Process Redesign to the five PFE practices effectively, meaningfully, and sustainably.

Exhibit 5. Achieving Equity for the Five PFE Practices: Tactics Related to the Care, Policy, and Process Redesign Strategy

PFE Practice	PFE Strategy 3: Care, Policy, and Process Redesign Specific Tactics That Hospitals Can Use
1. Planning checklist for planned admission	• Use the checklist regardless of age, race or ethnicity, language, or disability. • Build in processes and technology to include family members and other caregivers in activities (e.g., change when the checklist review is conducted to accommodate family schedules). • Ensure that the checklist uses plain language and considers best practices for health literacy. • Make the checklist available in languages other than English. • Make the checklist available in other communication formats (e.g., Braille) to ensure the inclusion of people with disabilities. • Ensure that verbal conversation occurs in the patient's and family's preferred language and provide sign or language interpreters as needed. • Ensure that infrastructure and staffing support diverse language and communication needs and are accessible 24 hours a day. • Encourage providers to ask patients (during their stay or prior to discharge) whether they received the checklist at admission. If not, provide it to them in an appropriate or preferred format or language and work with partners to improve processes.
2. Discharge planning checklist	• Use the checklist regardless of age, race or ethnicity, language, or disability. • Build in processes and technology to include family members and other caregivers in activities (e.g., change when the checklist review is conducted to accommodate family schedules). • Ensure that the checklist uses plain language and considers best practices for health literacy. • Make the checklist available in languages other than English. • Make the checklist available in other communication formats (e.g., Braille) to ensure the inclusion of people with disabilities. • Ensure that verbal conversation occurs in the patient's and family's preferred language and provide sign or language interpreters as needed. • Ensure that infrastructure and staffing support diverse language and communication needs and are accessible 24 hours a day.

PFE Practice	PFE Strategy 3: Care, Policy, and Process Redesign Specific Tactics That Hospitals Can Use
3. Shift-change huddles and bedside reporting	• Conduct shift-change huddles and bedside reporting regardless of age, race or ethnicity, language, or disability. • Build in processes and technology (e.g., video conferencing software) to include family members and other caregivers in activities (e.g., change when the huddle and/or bedside report is conducted). • Ensure that any informational tools use plain language and consider best practices for health literacy. • Make any informational tools available in languages other than English. • Make any informational tools available in other communication formats (e.g., Braille) to ensure the inclusion of people with disabilities. • Ensure that verbal conversation occurs in the patient's and family's preferred language and provide sign or language interpreters as needed. • Ensure that infrastructure and staffing support diverse language and communication needs and are accessible 24 hours a day. • Establish feedback mechanisms so clinicians can debrief and share experiences in conducting these discussions with diverse patients and families. • Include whiteboards in rooms so patients and families can write down questions in advance of bedside reports and shift changes. • Ensure there is enough seating in patient rooms to help patients' families comfortably participate in discussions.
4. PFE leader	• Build in processes to link patients and families to PFE leadership in the hospital. • Ensure that any information tools provided to patients and families on PFE leadership are available in various communication formats and languages, provide plain language explanations, and ensure access to sign or language interpreters. • Designate a PFE leader as a health equity champion within the organization.
5. PFAC or representatives on hospital committees	• Consider and be responsive to the personal needs of PFAC and/or committee members, such as time, travel, child care, and financial barriers. • Rotate PFAC and committee members periodically to prevent stagnation in thought or action (e.g., define periods of performance). • Practice inclusive behaviors that demonstrate a commitment to diversity (e.g., get to know the patient representatives and communicate how their ideas are being considered). • Incorporate PFAC and committee involvement in organizational governance and decision making by working with the PFE leader. • Make training materials available in various communication formats and languages, use plain language, and ensure access to sign or language interpreters. • Identify actionable projects that represent priorities across most, if not all, patient groups.

3.4. PFE Strategy 4: Clinician, Staff, and Leadership Preparation—Delivering Patient-Centered Care

Hospitals can work to improve care by providing training to reduce barriers, and by supporting providers in delivering culturally competent, patient-centered care.

This strategy will help your hospital identify the following:

- Hospital leadership, clinician, and staff challenges in engaging all patient populations, along with pathways to overcome those challenges
- Focus areas for training clinicians and leaders to interact and engage with diverse patient populations
- Convenient opportunities and effective tools to train clinicians and leaders in culturally competent care delivery
- The level of uptake and application of lessons learned in clinical practice

3.4.1. Encourage Providers and Leaders to Self-Assess Biases and Assumptions

Many research studies have found a link between unconscious biases and differential treatment of patients based on various sociodemographic characteristics (e.g., race, gender, weight, age, language, income, and insurance status).[27] Although unintentional, these biases often lead to substandard care (e.g., the overuse or underuse of services) that can directly result in harm to patients.[28]

Positive Versus Negative Language

- Drug misuse versus drug abuse
- Person with a substance use disorder versus drug abuser

These biases can also filter into the use of language that perpetuates stereotypes and reinforces stigma. For example, positive and empowering language is needed to address the opioid epidemic (see text box). Negative language can reduce an individual's feeling of self-worth, increase isolation, and decrease patient and family engagement in health care.[29]

The promotion of equitable health care requires hospital leadership, clinicians, and staff to assess their own conscious and unconscious biases and assumptions in their behaviors, as well as in their approach to data collection and care delivery.[30] Hospitals can promote the use of tools such as the Implicit Association Test (https://implicit.harvard.edu/implicit/research/; a

[27] The Joint Commission, Division of Health Care Improvement. (2016). *Implicit bias in health care.* https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf
[28] The Joint Commission, Division of Health Care Improvement. (2016). *Implicit bias in health care.* https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf
[29] Dardess, P., Dokken, D. L., Abraham, M. R., Johnson, B. H., Hoy, L., & Hoy, S. (2018). *Partnering with patients and families to strengthen approaches to the opioid epidemic.* Institute for Patient- and Family-Centered Care. https://www.ipfcc.org/bestpractices/opioid-epidemic/IPFCC_Opioid_White_Paper.pdf
[30] Institute for Diversity in Health Management. (2011). *Building a culturally competent organization: The quest for equity in health care*. Health Research & Educational Trust.

computerized assessment that measures implicit preferences by bypassing conscious processing) to shed light on unconscious social attitudes.[31] Such self-awareness can help providers and leaders better engage patients from all backgrounds in care.

3.4.2. Provide Education and Training in Cultural Competence and Effective Engagement of Diverse Populations

Successful PFE involves understanding the need for an ongoing, culturally competent care process that is responsive to the patient and family members.[32] Hospitals can provide or support continuing education and professional development training opportunities for staff in culturally competent communication and care practices. Awareness of varying perceptions among patients—such as differences in the perceived benefits of Western versus Eastern medicine, or perceived susceptibility to disease or harm—can enable providers to better communicate with patients in a way that is inclusive of differences in basic health beliefs, and can help build rapport and trusting patient, family–provider, and hospital relationships. Hospitals can leverage opportunities to train staff during rounds or in lunch-and-learn, brown-bag sessions. Providing real-practice examples of effective, culturally competent engagement (or examples in which it was not implemented effectively) can be useful in identifying solutions.

3.4.3. Achieving Equity in PFE Implementation: Application of PFE Strategy 4—Clinician, Staff, and Leadership Preparation

Exhibit 6 outlines specific tactics that hospitals can use to apply the concepts of PFE Strategy 4: Clinician, Staff, and Leadership Preparation to the five PFE practices effectively, meaningfully, and sustainably.

Exhibit 6. Achieving Equity for the Five PFE Practices: Tactics Related to the Clinician, Staff, and Leadership Preparation Strategy

PFE Practice	PFE Strategy 4: Clinician, Staff, and Leadership Preparation Specific Tactics That Hospitals Can Use
1. Planning checklist for planned admission	• Educate providers in exhibiting cultural competence while using the checklist; promote self-awareness of biases, variation in cultural meanings, stigma, and other cultural sensitivities; and emphasize the importance of avoiding stereotypes or generalizations. • Educate providers and leaders on cultural differences in nonverbal communication styles, health beliefs, and the role of family and community. • Use positive and empowering language (e.g., drug misuse, person in recovery, offer, choose, support).

[31] The Joint Commission, Division of Health Care Improvement. (2016). *Implicit bias in health care.* https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf

[32] Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing, 13*, 181–184.

PFE Practice	PFE Strategy 4: Clinician, Staff, and Leadership Preparation Specific Tactics That Hospitals Can Use
2. Discharge planning checklist	• Educate providers in exhibiting cultural competence while using the checklist; promote self-awareness of biases, variation in cultural meanings, stigma, and other cultural sensitivities; and emphasize the importance of avoiding stereotypes or generalizations. • Educate providers and leaders on cultural differences in nonverbal communication styles, health beliefs, and the role of family and community. • Use positive and empowering language (e.g., drug misuse, person in recovery, offer, choose, support).
3. Shift-change huddles and bedside reporting	• Educate providers on exhibiting cultural competence while conducting huddles and bedside reporting; promote self-awareness of biases, variation in cultural meanings, stigma, and other cultural sensitivities; and emphasize the importance of avoiding stereotypes or generalizations. • Educate providers and leaders on cultural differences in nonverbal communication styles, health beliefs, and the role of family and community. • Train clinicians in strategies to promote and communicate a welcoming environment that encourages active family participation in conversations and decision making. • Use positive and empowering language (e.g., drug misuse, person in recovery, offer, choose, support).
4. PFE leader	• Educate the PFE leader on how they can help integrate PFE and health equity into quality improvement activities. • Support the PFE leader to develop tools to help clinicians better implement PFE with vulnerable populations, as well as scripts for including patients and families in conversations and decisions. • Include the PFE leader in organizational discussions and decisions to ensure that their valuable insights about PFE and health equity are heard and considered by those at the top of the organization.
5. PFAC or representatives on hospital committees	• Work with the PFAC or committee to develop training activities for clinicians on culturally competent care. • Communicate PFAC or committee recommendations on changes to procedures or interactions with specific groups to clinicians to help improve care experiences. • Train clinicians in how to communicate opportunities and effectively encourage participation in formal PFE activities (e.g., PFAC) during care interactions. • Train clinicians and leaders in working with PFACs and committees to ensure that all members feel included, heard, and valued.

3.5. PFE Strategy 5: Patient and Family Preparation—Empowering Patients to Actively Engage

Patients and families must be equipped with the necessary information and confidence to partner in and contribute to care improvement in meaningful ways. Hospitals can help empower and prepare diverse patients for these partnerships.

This strategy will help your hospital achieve the following:

- Provide the necessary tools to meet the educational, communication, and language needs of patient populations
- Understand tools that are effective in educating and empowering patients and families
- Provide plain language examples of the ways in which patients and families can engage with care partners (hospital leaders, clinicians, staff, community partners, etc.)
- Prioritize services (e.g., interpreters, patient navigators, etc.) that are being used to help patients and families engage
- Solicit patients' and families' perceptions of engagement tools and communication strategies

3.5.1. Provide Culturally and Linguistically Appropriate Educational Tools, Materials, and Resources, Including Examples of How to Engage

Hospitals can begin the process of preparing patients and families to engage in the plan for equitable care by tailoring CLAS and resources to meet the needs of diverse patient populations. Using relatable language that is positive, empowering, and appropriate to sociocultural, language, and literacy needs is especially important when working with patients from vulnerable populations who may experience additional barriers to engaging with their health care providers. Providing tailored educational materials and resources at critical points of care (e.g., at admission, immediately prior to procedures, prior to discharge), along with clear examples of what engagement in care means, helps support patients as they navigate hospital providers or care settings, improving communication, understanding, and inclusion. Incorporating adult learning principles can facilitate patient and family understanding of how their active engagement in their care process can lead to better outcomes. Furthermore, simplifying the complexity of the terminology and providing plain language examples in patient-centered educational materials and discharge instructions can facilitate patients' and families' understanding of diagnoses, the necessary treatment protocol, and available support, which helps prevent avoidable readmissions.

3.5.2. Inform Patients and Families About How to Access Services at the Hospital and in the Community That Can Help Them Better Engage

Patients with clinical and social supports are more likely to have access to appropriate health information and education, participate in health risk assessments, receive follow-up diagnostic services, and be referred to community services that can affect the social determinants of health behaviors.[33,34] Hospitals can assist the engagement process by creating support

[33] Schillinger, D. (2020). The intersections between social determinants of health, health literacy, and health disparities. *Studies in Health Technology and Informatics*, *269*, 22–41. doi:10.3233/SHTI200020

[34] Balogh, E., Miller, B. T., & Ball, J. (2015). Diagnostic team members and tasks: Improving patient engagement and health care professional education and training in diagnosis. In *Improving diagnosis in health care* (pp. 145–216). The National Academies Press.

opportunities (e.g., sign or language interpreters, patient navigators, community partners, peer supports) and making them accessible to all patients and their families. Hospital leaders and staff should implement processes to inform patients and their families of these supports and encourage engagement in a partner-led solution for improving care equity in quality and safety. For instance, peer mentoring programs can offer shared interactions in either individual or group settings. Participants can use their related personal experiences to help others navigate the health care system and manage their conditions effectively.[35] By supporting peer-to-peer linkages for vulnerable patients, hospitals can help patients successfully manage their health issues and better engage with their providers to prevent avoidable errors or health care–associated conditions.

3.5.3. Achieving Equity in PFE Implementation: Application of PFE Strategy 5—Patient and Family Preparation

Exhibit 7 outlines specific tactics that hospitals can use to apply the concepts of PFE Strategy 5: Patient and Family Preparation to the five PFE practices effectively, meaningfully, and sustainably.

Exhibit 7. Achieving Equity for the Five PFE Practices: Tactics Related to the Patient and Family Preparation Strategy

PFE Practice	PFE Strategy 5: Patient and Family Preparation Specific Tactics That Hospitals Can Use
1. Planning checklist for planned admission	• Inform patients and families of any services available at the hospital that will help them participate in the planning checklist review (e.g., sign or language interpreters, patient navigators, community partners) and how they can access them. • Educate patients and families on types of questions they can ask during the checklist review that can help improve quality and safety.
2. Discharge planning checklist	• Inform patients and families of any services available at the hospital that will help them participate in the checklist review (e.g., sign or language interpreters, patient navigators, community partners) and how they can access these services. • Educate patients and families on types of questions they can ask during the checklist review that can help improve quality and safety.

[35] Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing, 13*, 181–184.

PFE Practice	PFE Strategy 5: Patient and Family Preparation Specific Tactics That Hospitals Can Use
3. Shift-change huddles and bedside reporting	• Inform patients and families of any services available at the hospital that will help them participate in huddles and bedside reporting (e.g., sign or language interpreters, patient navigators, community partners) and how they can access them. • Invite patients and families to ask questions and clarify and/or confirm information. Educate patients and families on types of questions they can ask during huddles and bedside reporting that can help improve quality and safety. • Describe shift-change huddles and bedside reporting at admission and let patients know who they will be interacting with during these processes, the amount of time they will take, and when they are likely to occur. • Educate patients and families on who they can notify if they are not included in a bedside discussion.
4. PFE leader	• Inform patients of the PFE leader and how they can contact them to provide feedback. Provide examples of the types of information they should report regarding their quality and safety experiences. • Establish and/or support participation in peer-to-peer support or mentoring programs offered through the PFE leader's office or department. Peers can communicate information for patients who may need assistance or who experience challenges.
5. PFAC or representatives on hospital committees	• Hold information sessions in various areas to expand a PFAC's or committee's reach to include diverse patients who may be interested in serving as a representative. • Leverage peer-to-peer support programs and connections to help recruit members from vulnerable patient populations to serve on a PFAC or committee. • Provide culturally and linguistically appropriate educational tools, materials, and resources, along with examples of how to engage as a representative on a PFAC or committee.

3.6. PFE Strategy 6: Transparency and Accountability—Communicating Openly and Consistently

Consistent and timely access to data and resources can strengthen partnerships, inspire trust, and empower clinicians, medical leadership, patients, and families to remain committed to the goal of achieving equitable care. By consistently sharing data, hospitals can better engage staff, patients and families, and communities to collaborate on improving care quality and safety.

This strategy will help your hospital achieve the following:
• Be transparent about progress toward equity in engagement, care, and health outcomes • Reward staff who meet goals for providing CLAS

3.6.1. Share Quality and Safety Measure Data With Patient, Family, and Community Partners

Transparent and frequent communication between the care team and the populations it serves is critical in helping all patients and families feel included in the care process. Hospitals can overcome communication barriers and mistrust by collecting and sharing quality and safety performance data on an ongoing basis. Hospitals can share updates on their performance—including efforts to improve their performance—on their websites. When doing so, they should be sure to use clear and concise language. Hospitals can also share quality and safety performance data (stratified by REAL characteristics) with partners to broaden awareness of the most pressing issues, and to help partners become engaged in efforts to improve care.

Hospitals can leverage communication tools such as dashboards, newsletters, and mailing list servers to share quality improvement plans, progress toward goals, and successes and areas for improvement with providers, staff, patients, and families. Consistent tracking and sharing of quality improvement data with multiple stakeholders can help hospitals remain accountable in their actions and continue to foster innovation in their approaches. Hospital associations and other organizations can help hospitals **share and compare experiences with other providers and hospitals** to gauge performance across health care systems or settings and identify solutions.[36]

3.6.2. Institute Organizational Rewards for Meeting Performance Goals to Help Demonstrate Prioritization of Equity in Care Quality and Safety

Advancing equity involves creating a health care environment and culture in which all partners are empowered to engage in efforts to improve care quality and safety. Hospitals can help facilitate a culture that is committed to equity in care by acknowledging challenges and celebrating successes across the organization, such as through the provision of organizational rewards for meeting quality and safety performance targets. For example, hospitals can implement specific rewards for providers who consistently provide CLAS.[37] Tangible actions help demonstrate a hospital's commitment to delivering safe, high-quality care to all patients.

3.6.3. Achieving Equity in PFE Implementation: Application of PFE Strategy 6—Transparency and Accountability

Exhibit 8 outlines specific tactics that hospitals can use to apply the concepts of PFE Strategy 6: Transparency and Accountability to the five PFE practices effectively, meaningfully, and sustainably.

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[36] Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing, 13*, 181–184.

[37] Office of Minority Health. (2013). *National standards for culturally and linguistically appropriate services in health and health care: A blueprint for advancing and sustaining CLAS policy and practice*. U.S. Department of Health and Human Services. https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf

Exhibit 8. Achieving Equity for the Five PFE Practices: Tactics Related to the Transparency and Accountability Strategy

PFE Practice	PFE Strategy 6: Transparency and Accountability Specific Tactics That Hospitals Can Use
1. Planning checklist for planned admission	• Report data on use of the preadmission planning checklist to stakeholders, stratified by various patient characteristics (e.g., REAL), to identify any gaps. • Compare performance regarding use of the checklist with that of other hospitals to gauge successes and identify areas for improvement.
2. Discharge planning checklist	• Report data on use of the planning checklist to stakeholders, stratified by various patient characteristics (e.g., REAL), to identify any gaps. • Compare performance regarding use of the checklist with that of other hospitals to gauge successes and identify areas for improvement.
3. Shift-change huddles and bedside reporting	• Report data on the conduct of huddles and bedside reporting and on patient experiences to stakeholders, stratified by various patient characteristics (e.g., REAL), to identify any gaps. • Compare performance regarding huddles and bedside reporting with that of other hospitals to gauge successes and identify areas for improvement.
4. PFE leader	• Incorporate the PFE leader at the bedside (e.g., during huddles, checklist reviews) to increase visibility and help ensure fidelity. • Report on the impact of the PFE leader and/or their office or department on clinical care processes and diverse patient and family experiences. • Compare PFE leader experiences with those of other hospitals to gauge successes and identify areas for improvement.
5. PFAC or representatives on hospital committees	• Report on the diversity of PFAC and committee members. • Share success stories and examples of areas in which PFAC or committee input helped to inform efforts to improve quality and safety. • Share data on PFAC or committee activities and experiences publicly. • Compare experiences with those of other hospitals, identify areas for improvement, and refine PFAC or committee activities accordingly.

Appendix A. Resources to Help Hospitals Use Person and Family Engagement Strategies to Achieve Equity in Care Quality and Safety

Resource	Description
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals Source: The Joint Commission	This roadmap provides practical steps that health care providers can build on to ensure equitable care by meeting the individualized needs of all patients.
A Leadership Resource for Patient and Family Engagement Strategies Source: Hospitals in Pursuit of Excellence	The five steps outlined in this toolkit will help hospital leadership to (a) envision a future in which hospital staff engage with patients, families, and communities; (b) identify opportunities to improve on patient- and family-centered care; (c) develop a plan; (d) monitor progress; and (e) provide ongoing support.
A Physician's Practical Guide to Culturally Competent Care Source: U.S. Department of Health and Human Services, Office of Minority Health	This self-directed e-learning program will equip health care providers with competencies that will enable them to advance health equity and better treat the increasingly diverse U.S. population.
A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease Source: Centers for Disease Control and Prevention	This guide provides lessons learned and innovative ideas that can help build key foundational skills for reducing health disparities, including identifying and analyzing health inequities, designing and implementing strategies, building organizational capacity, engaging community members, and developing partnerships.
Assuring Healthcare Equity: A HealthCare Equity Blueprint Source: Institute for Healthcare Improvement	This five-part framework is designed to help hospitals address racial and ethnic disparities in health care through partnerships with patients, families, and communities; executive leadership; culturally and linguistically appropriate care provision; measures for equitable care; and responsiveness to cultural needs and expectations.
Building an Organizational Response to Health Disparities Source: Centers of Medicare and Medicaid Services (CMS), Office of Minority Health	Focused quality improvement efforts should be targeted to populations at risk for disparities. This guide provides resources and discusses concepts that are key to addressing disparities and improving health care quality throughout an organization.
Building Effective Multi-Stakeholder Research Teams Source: Patient-Centered Outcomes Research Institute	This multimedia website is designed to help multi-stakeholder teams work together. The information and resources are intended to help patients, clinicians, researchers, and other team members practice inclusive behaviors, create a shared vision, engage in productive disagreement, problem solve, and more.

Resource	Description
CMS Equity Plan for Improving Quality in Medicare Source: Centers of Medicare and Medicaid Services, Office of Minority Health	The purpose of the CMS Equity Plan for Medicare is to better position CMS to support the following in activities to achieve health equity: hospital engagement networks; federal, state, local, and tribal organizations; providers; beneficiaries and their families; researchers; policymakers; and other stakeholders.
COVID-19 Resources on Vulnerable Populations Source: The Centers for Medicare & Medicaid Services, Office of Minority Health	The CMS Office of Minority Health compiled federal resources on COVID-19 to assist its partners who work with those who are most vulnerable, such as older adults, those with underlying medical conditions, racial and ethnic minorities, rural communities, and people with disabilities.
Cultural & Linguistic Competency Toolbox Source: IPRO	This learning toolbox focuses on cultural and linguistic competency and its importance for helping to eliminate disparities in the delivery of quality health care. It provides useful links to articles, tools, and resources.
Eliminating Disparities to Advance Health Equity and Improve Quality Source: MHA Keystone Center	This resource will guide organizations to prioritize and act on identified gaps so that deliberate and purposeful action is taken to ensure equitable outcomes across all patient populations.
Eliminating Stigma Toolbox Source: IPRO	This toolbox highlights resources, trainings, assessments, research, and reports regarding stigma.
Equity of Care: A Toolkit for Eliminating Health Care Disparities Source: Hospitals in Pursuit of Excellence	This how-to guide is designed to accelerate the elimination of health care disparities and ensure that hospital leadership reflects the communities served.
Finding Answers: Disparities Research for Change—A Roadmap to Reduce Racial and Ethnic Disparities in Health Care Source: Robert Wood Johnson Foundation	The roadmap offers a comprehensive, six-step approach to achieving equity: (1) linking quality and equity, (2) creating a culture of equity, (3) diagnosing the disparity, (4) designing the intervention, (5) securing the buy-in, and (6) implementing and sustaining change.
Guide to Developing a Language Access Plan Source: Centers of Medicare and Medicaid Services, Office of Minority Health	A language access plan can help ensure that an organization provides high-quality and appropriate language services. This guide identifies ways in which providers can assess their programs and develop language access plans to ensure that people with limited English proficiency have meaningful access to their programs.
Guide to Patient and Family Engagement in Hospital Quality and Safety Source: Agency for Healthcare Research and Quality	This evidence-based resource was designed to help hospitals engage and create partnerships with patients and families to improve quality and safety by (a) working with patients and families as advisors; (b) communicating to improve quality; (c) implementing nurse bedside shift reporting; and (d) implementing IDEAL (include, discuss, educate, assess, listen) discharge planning.

Resource	Description
Guide to Preventing Readmissions Among Racially and Ethnically Diverse Medicare Beneficiaries Source: Centers of Medicare and Medicaid Services, Office of Minority Health	This practical and actionable guide provides a set of activities (with concrete case examples of strategies and initiatives) that can help hospital leaders take actions aimed at reducing readmission rates for racially and ethnically diverse Medicare beneficiaries.
Guide to Reducing Disparities in Readmissions Source: Centers of Medicare and Medicaid Services, Office of Minority Health	This guide provides an overview of key issues related to readmissions for racially and ethnically diverse Medicare beneficiaries, as well as useful resources for hospital leaders to take action to address readmission disparities.
Harvard Implicit Association Test Source: The Joint Commission, Division of Health Care Improvement	Hospitals can promote the use of tools such as the Implicit Association Test—a computerized assessment that measures implicit preferences by bypassing conscious processing. The results are confidential but can be used to raise self-awareness and take conscious behavioral steps to minimize negative professional interactions based on hidden biases.
Health Literacy Toolbox Source: IPRO	This learning toolbox focuses on health literacy as an important determinant of health equity and outcomes. It includes links to articles, tools, and resources to improve the health literacy of organizations and patients.
Hospital Guide to Reducing Medicaid Readmissions Toolbox Source: Agency for Healthcare Research and Quality	This guide offers in-depth information about the unique factors driving Medicaid readmissions and a step-by-step process for designing a locally relevant portfolio of strategies to reduce Medicaid readmissions. The toolbox includes a patient and family interview process.
Improving Health Equity Through Data Collection and Use: A Guide for Hospital Leaders Source: Hospitals in Pursuit of Excellence	To meet the needs of their diverse populations, hospitals and health systems will need to employ strategies to bridge the gap between collecting meaningful patient data and reviewing those data to (a) identify inequities in health care provision and use, and (b) implement simple yet effective interventions to improve care for patients.
Improving Quality and Achieving Equity: A Guide for Hospital Leaders Source: Agency for Healthcare Research and Quality	This guide is for hospital staff who want to make the case for addressing disparities to hospital leadership. It includes a review of the peer-reviewed literature, key informant interviews with hospital leaders, and case studies of innovative approaches that hospitals are undertaking to identify and address disparities and achieve equity.
Mapping Medicare Disparities Source: Centers for Medicare and Medicaid Services, Office of Minority Health	The CMS Office of Minority Health has designed the Mapping Medicare Disparities Tool to identify areas of disparity between subgroups of Medicare beneficiaries (e.g., racial and ethnic groups) in health outcomes, utilization, and spending.

Resource	Description
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice Source: U.S. Department of Health and Human Services, Office of Minority Health	This resource is designed to help individuals and health care organizations deliver culturally and linguistically appropriate services (CLAS). The national standards for CLAS aim to promote health equity by providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.
Re-Engineered Discharge (RED) Toolkit Source: Agency for Healthcare Research and Quality	Researchers at the Boston University Medical Center developed and tested the Re-Engineered Discharge (RED) Toolkit, which research has shown to be effective in reducing readmissions and posthospital emergency department visits. This toolkit is designed to assist hospitals to replicate RED, particularly those that serve diverse populations.
Toolkit to Reduce Racial and Ethnic Disparities in Health Care Source: National Health Plan Collaborative	This toolkit shares the National Health Plan Collaborative's efforts to develop and test new methods of measuring and addressing racial and ethnic disparities so that other health care decision makers and leaders can learn from this work, implement best practices, and address unacceptable differences in health care and health outcomes.
Using Data to Reduce Disparities and Improve Quality Source: Advancing Health Equity	Stratifying quality data by patient race, ethnicity, language, and other demographics is important for uncovering and responding to health care disparities. This brief recommends strategies that health care organizations can use to effectively organize and interpret stratified, quality data to improve health equity for their patients.

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