

# Person and Family Engagement (PFE) Implementation Guide for Hospitals

## PFE Practice 1: Preadmission Planning Checklist

### Introduction

Meaningful person and family engagement (PFE) at multiple levels (i.e., point of care, policy and protocol, and governance) helps hospitals address what matters most to patients and families, and it improves hospitals' ability to achieve long-term improvements in quality and safety. This guide provides hospital leaders and staff with practical, step-by-step guidance to successfully implement PFE Practice 1: Preadmission Planning Checklist, one of five PFE best practices in the CMS-funded Hospital Quality Improvement Contract (HQIC) program (see Exhibit 1). For more detailed information about PFE and the five PFE best practices, please refer to the [Hospital Roadmap for Person and Family Engagement: Achieving the five PFE best practices to improve patient safety and health equity.](#)

*By engaging patients at the beginning of their stay, hospitals gain an extra set of eyes and ears to help reduce preventable errors and readmissions.*

### Exhibit 1. Five Practices for Patient and Family Engagement

#### FIVE PRACTICES FOR PATIENT AND FAMILY ENGAGEMENT



SOURCE: Centers for Medicare and Medicaid Services (2020)

AMERICAN INSTITUTES FOR RESEARCH | AIR.ORG



- Healthcentric Advisors
- Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

HQIC  
Hospital Quality Improvement Contractors  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP



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## PATIENT SAFETY

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Invite and empower patients and families to speak up during their hospital stay about anything that does not feel or look right. Help them know what to look for: Are they receiving the right medications at the right time? Did the nurse mark the correct body part for surgery?

### PFE Practice 1 Definition

At least one unit at the hospital has a physical planning checklist that is discussed with every patient prior to or at the time of any scheduled admission (e.g., surgery, procedure, test, delivery). The checklist can be a stand-alone document or integrated into other materials, for example, a patient handbook.

### Intent of PFE Practice 1

The intent of this practice is to establish an active partnership between the patient and the hospital from the very start of inpatient care. The discussion should invite the patient and their designated family caregiver to partner with hospital staff to ensure safe, patient-centered care throughout their stay, and to identify specific needs and preferences that can inform care. The discussion should result in patients and family caregivers feeling comfortable asking questions and actively participating in their care. The practice focuses on the use of the checklist by admissions staff, an admitting nurse or physician, or other healthcare professional to guide a conversation with patients and families at the earliest point possible before or during their care. Ideally, patients and families also receive a physical copy of the checklist. While there is not a standard checklist that must be used by all hospitals, the checklist should, at a minimum, facilitate conversation about:

- What patients should expect during their stay
- Patients' concerns and preferences for their care
- Potential safety issues (e.g., preadmission medicines, history of infections, falls)
- Relevant home issues that may affect discharge, such as a need for additional support, transportation and care coordination

### Benefits of PFE Practice 1

The preadmission planning checklist encourages patients and their care partners to be active members of the healthcare team by sharing and receiving information, asking

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*Hospitals should focus on the intent of this practice. The checklist is a tool that hospitals can use to facilitate a conversation with the patient prior to admission or at the earliest point possible during their stay. The conversation is the most important, specifically the invitation to partnership.*

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questions and participating in care planning throughout the hospital stay. When used effectively, the checklist facilitates the sharing of information by both the patient and hospital staff. It is an opportunity for patients to communicate their most important needs and concerns, such as a disability, allergy or desire to have a family member close by during their hospital stay. Having this knowledge in advance helps the hospital address patient safety issues and leads to a better patient experience. By engaging patients and families at the beginning of their stay, the hospital gains extra sets of eyes and ears to help reduce preventable errors and readmissions.

## Five Suggested Steps to Implement PFE Practice 1

1. Secure support and buy-in from leaders and hospital staff
2. Create or adapt a draft checklist
3. Pilot the checklist in one unit or department for a defined period of time
4. Identify opportunities for improvement and refine the checklist
5. Expand use of the checklist and evaluate for continuous improvement

### Step 1. Secure support and buy-in from leaders and hospital staff

Securing support and buy-in from leaders and hospital staff is the first step in developing a plan to implement (or do) and study the PFE practice.

- **Get commitment from leaders.** Discuss with leaders the importance and benefits of engaging patients and their care partners (including those who represent vulnerable populations) in preadmission planning. Educate leaders about how you plan to implement and evaluate this new process—and invite their input.
- **Plan for and secure the necessary resources to pilot the checklist.** In addition to printing costs, you will need to train clinicians, nurses and staff on how to effectively use the checklist and conduct the discussion.

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*We recommend using the Plan-Do-Study-Act (PDSA) cycle to implement PFE Practice 1. PDSA is a method to test a change that is implemented by creating a plan, testing the plan, observing and learning from the test, and determining what modifications are needed to improve the outcome. For more information on the PDSA cycle, visit the Institute for Healthcare Improvement's [website](#).*



- **Work with physicians, nurses, and admissions staff to obtain their input about patient safety needs that could be addressed in the checklist.** This could include information about prior infections, falls prevention, pain management (including use of opioids and alternatives to opioids), medication allergies and preparing for discharge. Define process and outcome measures of success for each topic.
- **Determine, with clinical staff, how the discussion will fit into the planned admissions process.** Many hospitals conduct the discussion and checklist at the pre-admissions/pre-surgical visit. Others add it to the actual admissions process, or have nurses use the checklist to hold the discussion during the initial assessment once the patient is on the floor. The process should be fully integrated into the clinical flow so that it is a part of the process.
- **Educate clinicians and staff about the benefits of using the checklist to facilitate a conversation with patients and families at the beginning of their hospital stay.** Remind them that engaging the patient—and their family members—as partners in their care contributes to a better experience and better health outcomes.

## Step 2. Create or adapt a draft checklist

Another important step in developing a plan is to create or adapt a draft checklist that uses patient- and family-friendly language. Creating the checklist in partnership with patients and families—and with administrative and clinical leaders—also helps to secure buy-in for the practice.

- **Create or adapt an existing checklist that invites the patient to be a partner in their care to help ensure patient safety.** The checklist and conversation should address issues that the hospital and the patient—and their family—need to think about before, during, and after a hospital stay and specific opportunities for partnership, such as participating the bedside nurse shift change report working with the nurses and doctors to manage pain and calling for help to get out of bed. Examples of pre-admissions checklists are available at the end of this guide.
- **Partner with patient and family advisors to provide input on the draft checklist.** Circulate the draft checklist with your Patient and Family Advisory Council (PFAC). Ask them to provide input on the questions to make sure they are easily understood by patients and address patient and family concerns.
- **Review the draft checklist with clinical and administrative staff.** Make sure that the topics and questions are useful and cover relevant patient safety concerns. This step helps gain buy-in and support from those who will use the checklist.

- **Make the checklist available to patients and their care partners.** For example, your hospital may want to provide the checklist prior to admission, so that patients and families can identify questions or concerns before the discussion. Also, consider making the checklist available on the hospital’s website and other convenient places the patient can access, such as through a patient portal. Remember to provide an interpreter if the patient and family do not speak English before the discussion.

### **Step 3. Pilot the checklist in one unit or department for a defined period of time**

Implement your plan by piloting the checklist in one unit or department for a defined period of time. Be sure to collect data during the pilot so that you can study and measure changes that result from using the checklist.

- **Decide where in your hospital you want to begin using the checklist.** For example, if your hospital routinely performs knee or hip replacement surgeries, you may want to begin using the checklist with those patients. An important factor in selecting a unit or department for the pilot is the belief in—and commitment to—meaningful person and family engagement among leaders, clinicians and staff.
- **Train staff to use the checklist with patients and families.** Consider asking patient and family advisors to role play in conversations with clinicians and staff, or present during a lunch-and-learn workshop. This may help nurses and admitting staff get more comfortable with discussing the topics in the checklist, and it provides an opportunity for real-time feedback from the patient and family advisors. Provide a script or talking points to aid staff in preparing for and having these conversations. As with any new process, make sure to address questions or concerns raised by staff.
- **Consider how your hospital can document the conversation with the patient and their care partners so that it is incorporated into every aspect of the care throughout the patient’s stay.** For example, consider how the care team—including the patient and family—can use the information learned from the conversation when updating the patient’s white board or in nurse shift change huddles. Add notes from the conversation into the patient’s electronic or written record.
- **Identify how you will measure success and collect data.** For example, your hospital may want to conduct pre- and post-implementation surveys; monitor HCAHPS scores before and after implementation; or look at specific harm areas to see if implementation caused any reduction of harms or length of stay.

- **Gather feedback from key stakeholders on the new process.** Get feedback from clinicians, nurses, hospital leaders, patient and family advisors, as well as patients. Conduct periodic observations to ensure the checklist is being used as intended.

#### **Step 4. Identify opportunities for improvement and refine the checklist**

Study your data to identify what works well and what needs to be improved. Make any necessary adjustments to the checklist and the processes used to share and discuss the checklist.

- **Refine the process as needed.** Study your data and use feedback from nurses, patients, and their families and caregivers to identify opportunities for improvement and refine the checklist and the processes used to share and discuss the checklist. Encourage brainstorming among staff to problem solve any reoccurring issues or challenges.
- **Prepare for hospital wide implementation.** Identify and train champions in each of the remaining units that will utilize the process. Consider and prepare for challenges that may arise in other clinical areas.

#### **Step 5. Expand use of the checklist and evaluate for continuous improvement**

Implement the checklist and related processes again. Be sure to periodically evaluate to identify lessons learned and make improvements as needed.

- **Expand use of the preadmission planning checklist to other units.** Remember, the goal is to use the checklist to have a conversation with every patient who has a scheduled admission to help ensure the delivery of safe care.
- **Evaluate implementation.** Create a plan for monitoring use of the checklist over time. Adapt the checklist as needed to address issues or concerns that arise during conversations. Consider placing a “feedback box” in the waiting room or gathering feedback from patients and families during the discharge process and follow-up calls. Track and compare the predefined measures of success over time, including HCAHPS scores before and after implementation to determine whether the preadmission planning checklist made a difference in patients’ care experiences and satisfaction.

## When to Report “Yes, Our Hospital is Meeting PFE Practice 1”

Hospitals meet the practice if at least one unit at the hospital has a physical planning checklist for patients with scheduled admissions, *and* hospital staff discuss the checklist with the patient and family upon admission. (*Note: Although currently this practice applies only to hospitals with scheduled admissions, hospitals may want to consider discussing a checklist with all admissions. Hospitals that do not have any planned admissions, including “swing-bed hospitals,” will be exempt from this practice.*)

## Lessons From the Field: Michigan Medicine, University of Michigan

Michigan Medicine, a member of the Vizient Hospital Improvement Innovation Network (HIIN), engaged a multidisciplinary team—including patients and families—to develop guidebooks to help patients prepare for hip and knee replacement surgery. Michigan Medicine asked past and recent patients questions about their pre-surgery and post-surgery experiences, for example, what patients wished they had known prior to surgery, what they wished they had asked during their care, and what did (or did not) work well during their stay. The guidebooks—[\*Preparing and Recovering from My Hip Replacement Surgery\*](#) and [\*Preparing and Recovering from My Knee Replacement Surgery\*](#)—include a “Checklist for Success” to patients prepare for surgery by providing information on items and over-the-counter medications to purchase, how to get ready the day before the surgery, information to bring to the surgery, recovery planning tips, and more. Patients receive the guidebooks in required pre-op classes and can also access them online, at clinics, or via mail. Patients are also encouraged to bring the guide with them during their stay. Michigan Medicine—and its patients—has experienced a number of benefits as a result of sharing and discussing the guide with patients prior to surgery, including reductions in length of stay, readmissions, skilled nursing facility (SNF) admissions and opioid usage. In addition, the guidebooks have increased patient preparedness; patients provided feedback that “Everybody knows what to do.”

## Resources for Implementation of PFE Practice 1

- Sample Preadmission Planning Checklist (American Institutes for Research, available in [English](#) and [Spanish](#))
- [What You Need to Know Before and After Surgery](#) (World Health Organization)
- [Preparing and Recovering from My Hip Replacement Surgery](#) (Michigan Medicine, University of Michigan)

- [Your Guide for Total Knee Replacement Success](#) (AMITA Health)
- [Patient Passport](#) (National Quality Forum and Planetree)
- [Implementation Guide for Patient Preferences Passport](#) (Planetree)

Sources for this guide include the following:

- American Institutes for Research. Hospital Roadmap for Person and Family Engagement: Achieving the five PFE best practices to improve patient safety and health equity. Washington, DC: American Institutes for Research; 2021. Available from. Available from <https://hqic-library.ipro.org/2021/03/31/hospital-roadmap-for-person-and-family-engagement-pfe-achieving-the-five-pfe-best-practices-to-improve-patient-safety-and-health-equity>
- Planetree. Planetree Passport Version 1.0 based on the National Quality Forum Version 1.0. Washington DC: American Institutes for Research; 2014. 16 p. Available from <https://resources.planetree.org/wp-content/uploads/2017/04/18.-Patient-Preferences-Passport.pdf>