



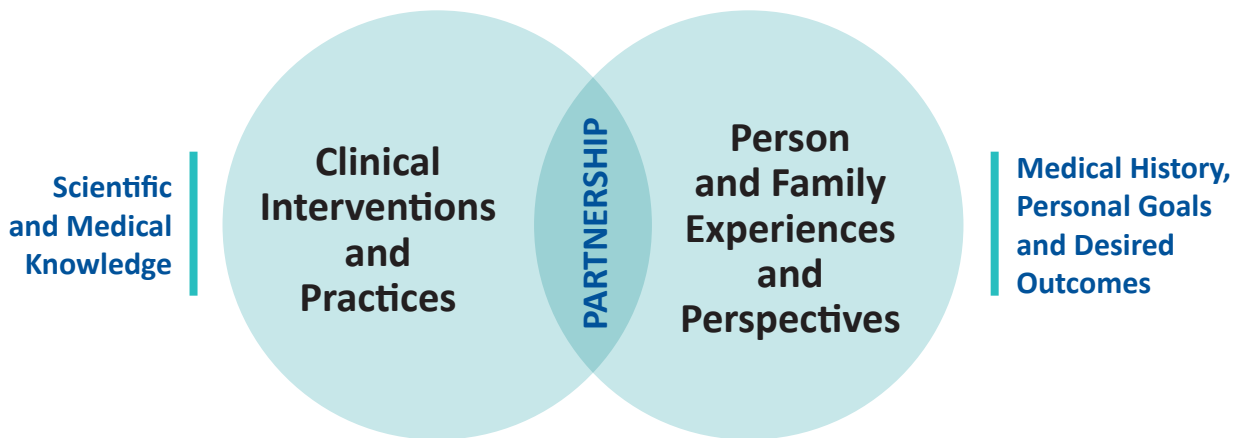
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Connecting PFE Best Practices to All-Cause Harm Reduction

The purpose of the 5 PFE Best Practices is to engage patients as partners with hospital staff and clinicians in reducing the risk of harm while in the hospital. This partnership occurs at the intersection of patient needs, experiences, and perspectives with clinical interventions and practices designed to reduce harm, as illustrated in the graphic below:



For example, hospital efforts in opioid stewardship intersect with a patient’s tolerance and management of pain. A successful partnership would engage the patient in using readily available alternative methods of pain management, potentially reducing the patient’s demand for and use of opioids.

How Do Hospitals Use the PFE Best Practices to Reduce All-Cause Harms?

The five PFE Best Practices provide the opportunity to activate partnerships among patients, clinicians, and staff to reduce harm. In other words, each of the five PFE Best Practices, when implemented, provides an opportunity for hospital staff, clinicians, patients, and designated care partners to engage in meaningful conversations that result in increased patient safety.

To be effective, the PFE Best Practices must focus on one or more of the all-cause harms. The following table identifies how each PFE Best Practice can be used to engage patients in actions that contribute to harm reduction or prevention. Not every hospital may need to apply all five PFE Best Practices to every all-cause harm. Hospitals can identify patients at greatest risk of any harm to prioritize partnership at the point of care (PFE Best Practices 1, 2, & 3). Additionally, measurements of concern related to harm for the hospital may be the focus of partnership in hospital operations (PFE Best Practices 4 & 5).

HOW TO USE THIS TOOL

1. Use the Purpose row below to understand the general application of each of the PFE Best Practices to all-cause harms.
2. Use any row to see examples of how the five PFE Best Practices might be applied to a specific all-cause harm. *Separated rows are available as individual documents in Appendices A – H.*
3. Use any column to see examples of how a single PFE Best Practice might be applied across the all-cause harms. *Separated Columns are available as individual documents in Appendices I – M.*

The content in each cell provide examples of activities based on the purpose of the Best Practice and are not exhaustive. We recommend working with your staff, patient and family advisors, and/or your hospital’s Patient and Family Advisory Committee (PFAC) to consider other ways that a PFE Best Practice might be applied to help reduce an all-cause harm.

Acknowledgment: This tool is adapted from a document titled “Integrating PFE Strategies into your Harms Reduction Efforts,” produced by the American Hospital Association’s Center for Health Innovation for the Hospital Improvement Innovation Network.

Understanding the Purpose of the Five PFE Practices in Harm Reduction

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Purpose	Invite patients and designated care partners to serve as partners in reducing all-cause harms at or prior to admissions	Discuss ways to prevent or mitigate harms once the patient has been discharged from the hospital	Involve the patient in a review of care provided and in planning of care in the upcoming time period, with a focus on addressing or preventing harm	Coordinate and oversee PFE activities to establish and sustain a culture of PFE	Partner with patient and family advisors on committees that are focused on improving the quality and safety of care

Examples of Applying the Five PFE Practices Per All-Cause Harm Area

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Sepsis	Offer invitation to communicate when early symptoms of infection appear	Prepare patient to recognize when early signs of infection appear and when and where to seek medical care	Review and confirm use of protocols to prevent sepsis; discuss and address potential signs of infection	Identify and recruit former patients who have experienced sepsis, or their family caregivers, to participate in efforts to address sepsis in the hospital	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce sepsis
Catheter-Associated Urinary Tract Infection (CAUTI)	Invite patient to communicate urinary tract infection (UTI) history; give feedback about insertion and maintenance concerns, symptoms of UTI, and importance of informing staff of any symptoms of UTI	Prepare patient and family caregiver to properly insert, remove, and maintain a catheter, if needed after discharge; the signs of UTI; and when and where to seek medical care	Review and confirm use of protocols for maintenance of catheter; Discuss and address potential signs of urinary infection	Identify and recruit former patients who have experienced CAUTI or their family caregivers to participate in efforts to address CAUTI in the hospital	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce CAUTI
Central Line-Associated Blood Stream Infection (CLABSI)	Offer patient invitation to communicate past central line infections; encourage to speak up when needed if insertion or maintenance procedures aren't followed or if symptoms of infection appear	Prepare patient and family caregiver to maintain and monitor a central line if needed after discharge, the signs of CLABSI, and when and where to seek medical care	Review protocols for maintenance of catheter; discuss and address potential signs of CLABSI	Identify and recruit former patients who have experienced CLABSI or their family caregivers to participate in efforts to address CLABSI in the hospital or department	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce CLABSI
C Difficile and Antibiotic Stewardship	Offer invitation to partner with hospital in antibiotic stewardship by questioning antibiotic use and limiting requests for antibiotics; encourage speaking up when any symptoms of <i>C Diff</i> appear and the role of isolation	Discuss importance of antibiotic stewardship after discharge, the signs and symptoms of <i>C Diff</i> , and the importance of isolation/disinfection; review when and where to seek medical care if needed	Review disinfection and prevention protocols; discuss and address potential signs of <i>C Diff</i>	Identify and recruit former patients who have experienced <i>C Diff</i> or their family caregivers to participate in efforts to address <i>C Diff</i> or implement antibiotic stewardship in the hospital or department	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce <i>C Diff</i> and implement antibiotic stewardship

Examples of Applying the Five PFE Practices Per All-Cause Harm Area (cont.)

	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Adverse Drug Events	Engage patient in medication reconciliation; confirm drug allergies and sensitivities	Engage patient in medication reconciliation and medication planning and management; discuss signs of adverse drug events and when and where to seek medical care	Involve the patient/care partner in a review of medication taken in the past and adverse events while taking medications, discuss medications planned for upcoming period	Identify and recruit former patients who have experienced ADEs or their family caregivers to participate in efforts to address ADEs in the hospital or department	Invite and include patient and family perspectives and ideas for reducing adverse drug events in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce adverse drug events
Unplanned Readmission	Discuss successful discharge as a goal of hospital care	Engage patient and designated care partner in planning for hospital discharge	Include discharge plans in daily conversations; connect activities of the previous and future time periods to planning for hospital discharge	Identify and recruit former patients who have experienced unplanned readmissions or their family caregivers to participate in efforts to address readmissions in the hospital or department	Invite and include patient and family perspectives and ideas for reducing unplanned readmissions in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce unplanned readmissions
Pressure Injury	Engage patient and designated care partner in identifying and preventing pressure injuries, for example through positioning and nutrition, during recovery	Engage patient in preventing pressure injuries after hospital discharge	Engage patient in identifying emerging or existing pressure injuries and developing a plan for preventing them in the upcoming time period	Identify and recruit former patients who have experienced pressure injuries or their family caregivers to participate in efforts to address pressure injuries in the hospital or department	Invite and include patient and family perspectives and ideas for reducing pressure injuries in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to prevent pressure injuries
Opioid Stewardship/ Behavioral Health	Discuss with patient/family past experiences with pain management, alternative pain management approaches, and risks of opioid dependency prior to surgery	Engage patient in co-creating a pain management plan after hospital discharge, including alternatives to opioids (as appropriate)	Discuss pain control and management in the previous time period and engage the patient in a pain management plan and goals for the upcoming time period	Identify and recruit former patients who have experienced opioid dependency and/or successful pain management without opioids or their family caregivers to participate in efforts to address opioid stewardship in the hospital or department	Invite and include patient and family perspectives and ideas for reducing opioid dependency and implementing opioid stewardship in the hospital or department

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APPENDIX A: Sepsis

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Sepsis	Offer invitation to communicate when early symptoms of infection appear	Prepare patient to recognize when early signs of infection appear and when and where to seek medical care	Review and confirm use of protocols to prevent sepsis; discuss and address potential signs of infection	Identify and recruit former patients who have experienced sepsis, or their family caregivers, to participate in efforts to address sepsis in the hospital	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce sepsis

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APPENDIX B: Catheter-Associated Urinary Tract Infection (CAUTI)

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Catheter-Associated Urinary Tract Infection (CAUTI)	Invite patient to communicate urinary tract infection (UTI) history; give feedback about insertion and maintenance concerns, symptoms of UTI, and importance of informing staff of any symptoms of UTI	Prepare patient and family caregiver to properly insert, remove, and maintain a catheter, if needed after discharge; the signs of UTI; and when and where to seek medical care	Review and confirm use of protocols for maintenance of catheter; Discuss and address potential signs of urinary infection	Identify and recruit former patients who have experienced CAUTI or their family caregivers to participate in efforts to address CAUTI in the hospital	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce CAUTI

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APPENDIX C: Central Line-Associated Blood Stream Infection (CLABSI)

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Central Line-Associated Blood Stream Infection (CLABSI)	Offer patient invitation to communicate past central line infections; encourage to speak up when needed if insertion or maintenance procedures aren't followed or if symptoms of infection appear	Prepare patient and family caregiver to maintain and monitor a central line if needed after discharge, the signs of CLABSI, and when and where to seek medical care	Review protocols for maintenance of catheter; discuss and address potential signs of CLABSI	Identify and recruit former patients who have experienced CLABSI or their family caregivers to participate in efforts to address CLABSI in the hospital or department	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce CLABSI

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APPENDIX D: C Difficile and Antibiotic Stewardship

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
C Difficile and Antibiotic Stewardship	Offer invitation to partner with hospital in antibiotic stewardship by questioning antibiotic use and limiting requests for antibiotics; encourage speaking up when any symptoms of <i>C Diff</i> appear and the role of isolation	Discuss importance of antibiotic stewardship after discharge, the signs and symptoms of <i>C Diff</i> , and the importance of isolation/disinfection; review when and where to seek medical care if needed	Review disinfection and prevention protocols; discuss and address potential signs of <i>C Diff</i>	Identify and recruit former patients who have experienced <i>C Diff</i> or their family caregivers to participate in efforts to address <i>C Diff</i> or implement antibiotic stewardship in the hospital or department	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce <i>C Diff</i> and implement antibiotic stewardship

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APPENDIX E: Adverse Drug Events

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Adverse Drug Events	Engage patient in medication reconciliation; confirm drug allergies and sensitivities	Engage patient in medication reconciliation and medication planning and management; discuss signs of adverse drug events and when and where to seek medical care	Involve the patient/care partner in a review of medication taken in the past and adverse events while taking medications, discuss medications planned for upcoming period	Identify and recruit former patients who have experienced ADEs or their family caregivers to participate in efforts to address ADEs in the hospital or department	Invite and include patient and family perspectives and ideas for reducing adverse drug events in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce adverse drug events

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APPENDIX F: **Unplanned Readmission**

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Unplanned Readmission	Discuss successful discharge as a goal of hospital care	Engage patient and designated care partner in planning for hospital discharge	Include discharge plans in daily conversations; connect activities of the previous and future time periods to planning for hospital discharge	Identify and recruit former patients who have experienced unplanned readmissions or their family caregivers to participate in efforts to address readmissions in the hospital or department	Invite and include patient and family perspectives and ideas for reducing unplanned readmissions in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce unplanned readmissions

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APPENDIX G: Pressure Injury

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Pressure Injury	Engage patient and designated care partner in identifying and preventing pressure injuries, for example through positioning and nutrition, during recovery	Engage patient in preventing pressure injuries after hospital discharge	Engage patient in identifying emerging or existing pressure injuries and developing a plan for preventing them in the upcoming time period	Identify and recruit former patients who have experienced pressure injuries or their family caregivers to participate in efforts to address pressure injuries in the hospital or department	Invite and include patient and family perspectives and ideas for reducing pressure injuries in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to prevent pressure injuries

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APPENDIX H: Opioid Stewardship/Behavioral Health

Patient and Family Engagement at the Point of Care				Patient and Family Engagement in Hospital Operations	
	PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission	PFE Best Practice 2: Implement a discharge planning checklist	PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families	PFE Best Practice 4: Designate a PFE leader in the hospital	PFE Best Practice 5: Active Person and Family Engagement Committee or other committees
Opioid Stewardship/ Behavioral Health	Discuss with patient/family past experiences with pain management, alternative pain management approaches, and risks of opioid dependency prior to surgery	Engage patient in co-creating a pain management plan after hospital discharge, including alternatives to opioids (as appropriate)	Discuss pain control and management in the previous time period and engage the patient in a pain management plan and goals for the upcoming time period	Identify and recruit former patients who have experienced opioid dependency and/or successful pain management without opioids or their family caregivers to participate in efforts to address opioid stewardship in the hospital or department	Invite and include patient and family perspectives and ideas for reducing opioid dependency and implementing opioid stewardship in the hospital or department

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APPENDIX I: PFE 1

PFE Best Practice 1: Implement a planning checklist for patients who have a planned admission

Purpose	Invite patients and designated care partners to serve as partners in reducing all-cause harms at or prior to admissions
Sepsis	Offer invitation to communicate when early symptoms of infection appear
Catheter-Associated Urinary Tract Infection (CAUTI)	Invite patient to communicate urinary tract infection (UTI) history; give feedback about insertion and maintenance concerns, symptoms of UTI, and importance of informing staff of any symptoms of UTI
Central Line-Associated Blood Stream Infection (CLABSI)	Offer patient invitation to communicate past central line infections; encourage to speak up when needed if insertion or maintenance procedures aren't followed or if symptoms of infection appears
C Difficile and Antibiotic Stewardship	Offer invitation to partner with hospital in antibiotic stewardship by questioning antibiotic use and limiting requests for antibiotics; encourage speaking up when any symptoms of <i>C Diff</i> appear and the role of isolation
Adverse Drug Events	Engage patient in medication reconciliation; confirm drug allergies and sensitivities
Unplanned Readmission	Discuss successful discharge as a goal of hospital care
Pressure Injury	Engage patient and designated care partner in identifying and preventing pressure injuries, for example through positioning and nutrition, during recovery
Opioid Stewardship/ Behavioral Health	Discuss with patient/family past experiences with pain management, alternative pain management approaches, and risks of opioid dependency prior to surgery

For more guidance on how to implement this PFE Best Practice, download the **Person and Family Engagement Implementation Guides for Hospitals** at <https://hqic-library.ipro.org/2021/12/20/person-and-family-engagement-implementation-guides-for-hospitals/>

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APPENDIX J: PFE 2

PFE Best Practice 2: Implement a discharge planning checklist

Purpose	Discuss ways to prevent or mitigate harms once the patient has been discharged from the hospital
Sepsis	Prepare patient to recognize when early signs of infection appear and when and where to seek medical care
Catheter-Associated Urinary Tract Infection (CAUTI)	Prepare patient and family caregiver to properly insert, remove, and maintain a catheter if needed after discharge; the signs of UTI; and when and where to seek medical care
Central Line-Associated Blood Stream Infection (CLABSI)	Prepare patient and family caregiver to maintain and monitor a central line if needed after discharge, the signs of CLABSI, and when and where to seek medical care
C Difficile and Antibiotic Stewardship	Discuss importance of antibiotic stewardship after discharge; the signs and symptoms of <i>C Diff</i> and the importance of isolation/disinfection; review when and where to seek medical care if needed
Adverse Drug Events	Engage patient in medication reconciliation and medication planning and management; discuss signs of adverse drug events and when and where to seek medical care
Unplanned Readmission	Engage patient and designated care partner in planning for hospital discharge
Pressure Injury	Engage patient in preventing pressure injuries after hospital discharge
Opioid Stewardship/ Behavioral Health	Engage patient in co-creating a pain management plan after hospital discharge, including alternatives to opioids (as appropriate)

For more guidance on how to implement this PFE Best Practice, download the **Person and Family Engagement Implementation Guides for Hospitals** at <https://hqic-library.ipro.org/2021/12/20/person-and-family-engagement-implementation-guides-for-hospitals/>

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APPENDIX K: PFE 3

PFE Best Practice 3: Conduct shift change huddles and bedside reporting with patients and families

Purpose	Involve the patient in a review of care provided and in planning of care in the upcoming time period, with a focus on addressing or preventing harm
Sepsis	Review and confirm use of protocols to prevent sepsis; discuss and address potential signs of infection
Catheter-Associated Urinary Tract Infection (CAUTI)	Review and confirm use of protocols for maintenance of catheter; Discuss and address potential signs of urinary infection
Central Line-Associated Blood Stream Infection (CLABSI)	Review protocols for maintenance of catheter; discuss and address potential signs of CLABSI
C Difficile and Antibiotic Stewardship	Review disinfection and prevention protocols, discuss and address potential signs of C Diff
Adverse Drug Events	Involve the patient/care partner in a review of medication taken in the past and adverse events while taking medications, discuss medications planned for upcoming period
Unplanned Readmission	Include discharge plans in daily conversations; connect activities of the previous and future time periods to planning for hospital discharge
Pressure Injury	Engage patient in identifying emerging or existing pressure injuries and developing a plan for preventing them in the upcoming time period
Opioid Stewardship/ Behavioral Health	Discuss pain control and management in the previous time period and engage the patient in a pain management plan and goals for the upcoming time period

For more guidance on how to implement this PFE Best Practice, download the **Person and Family Engagement Implementation Guides for Hospitals** at <https://hqic-library.ipro.org/2021/12/20/person-and-family-engagement-implementation-guides-for-hospitals/>

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APPENDIX L: PFE 4

PFE Best Practice 4: Designate a PFE leader in the hospital

Purpose	Coordinate and oversee PFE activities to establish and sustain a culture of PFE
Sepsis	Identify and recruit former patients who have experienced sepsis or their family caregivers to participate in efforts to address sepsis in the hospital
Catheter-Associated Urinary Tract Infection (CAUTI)	Identify and recruit former patients who have experienced CAUTI or their family caregivers to participate in efforts to address CAUTI in the hospital
Central Line-Associated Blood Stream Infection (CLABSI)	Identify and recruit former patients who have experienced CLABSI or their family caregivers to participate in efforts to address CLABSI in the hospital or department
C Difficile and Antibiotic Stewardship	Identify and recruit former patients who have experienced <i>C Diff</i> or their family caregivers to participate in efforts to address <i>C Diff</i> or implement antibiotic stewardship in the hospital or department
Adverse Drug Events	Identify and recruit former patients who have experienced ADEs or their family caregivers to participate in efforts to address ADEs in the hospital or department
Unplanned Readmission	Identify and recruit former patients who have experienced unplanned readmissions or their family caregivers to participate in efforts to address readmissions in the hospital or department
Pressure Injury	Identify and recruit former patients who have experienced pressure injuries or their family caregivers to participate in efforts to address pressure injuries in the hospital or department
Opioid Stewardship/ Behavioral Health	Identify and recruit former patients who have experienced opioid dependency and/or successful pain management without opioids or their family caregivers to participate in efforts to address opioid stewardship in the hospital or department

For more guidance on how to implement this PFE Best Practice, download the **Person and Family Engagement Implementation Guides for Hospitals** at <https://hqic-library.ipro.org/2021/12/20/person-and-family-engagement-implementation-guides-for-hospitals/>

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APPENDIX M: PFE 5

PFE Best Practice 5: Active Person and Family Engagement Committee or other committees

Purpose	Partner with patient and family advisors on committees that are focused on improving the quality and safety of care
Sepsis	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce sepsis
Catheter-Associated Urinary Tract Infection (CAUTI)	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce CAUTI
Central Line-Associated Blood Stream Infection (CLABSI)	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce CLABSI
C Difficile and Antibiotic Stewardship	Invite and include patient and family perspectives and ideas regarding infection prevention and control in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce <i>C Diff</i> and implement antibiotic stewardship
Adverse Drug Events	Invite and include patient and family perspectives and ideas for reducing adverse drug events in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce adverse drug events
Unplanned Readmission	Invite and include patient and family perspectives and ideas for reducing unplanned readmissions in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to reduce unplanned readmissions
Pressure Injury	Invite and include patient and family perspectives and ideas for reducing pressure injuries in the hospital or department; partner with patient and family advisors to implement and evaluate efforts to prevent pressure injuries
Opioid Stewardship/ Behavioral Health	Invite and include patient and family perspectives and ideas for reducing opioid dependency and implementing opioid stewardship in the hospital or department

For more guidance on how to implement this PFE Best Practice, download the **Person and Family Engagement Implementation Guides for Hospitals** at <https://hqic-library.ipro.org/2021/12/20/person-and-family-engagement-implementation-guides-for-hospitals/>

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