

PFE Quickinar Series

Session 4

Engaging the Patient and Care Partner to Prepare for Hospital Admission

CMS Definition of PFE

“Patients and families are partners in defining, designing, participating in, and assessing the care practices and systems that serve them to assure they are respectful of and responsive to individual patient preferences, needs, and values. This collaborative engagement allows patient values to guide all clinical decisions and drives genuine transformation in attitudes, behavior, and practice.”

—Centers for Medicare & Medicaid Services (CMS)

OBJECTIVES

- Discuss planning checklists for scheduled admissions.
- Describe how to involve the patient and care partner in the plan of care.
- Identify opportunities to collaborate and engage members of the healthcare team.
- Review a PFE handout to prepare patients and care partners for the hospital stay.

CMS Metric for Person and Family Engagement

- Point of Care
- PFE Metric 1
- Planning Checklist for Scheduled Admissions
 - **Intent:** For all scheduled admissions, hospital staff discuss a checklist of items to prepare patients and families for the hospital stay and invite them to be active partners in care.
 - **Example:** Planned admissions for elective surgeries, tests, or special procedures.

CMS Metrics for PFE

PFE METRIC	INTENT	MUST BE IN PLACE TO MEET METRIC	Resources
1 Planning Checklist for Scheduled Admissions	For all scheduled admissions, hospital staff discuss a checklist of items to <u>prepare patients and families</u> for the hospital stay and invite them to be <u>active partners</u> in care.	<ul style="list-style-type: none"> Hospital has a planning checklist for patients with scheduled admissions. Hospital staff discuss the checklist with the patient and family prior to or at admission. 	https://www.mnhospitals.org/Portals/0/Documents/patientsafety/Patient%20Family%20Engagement/RoadmapMetric-1-508.pdf ; Page 1–9
2 Discharge Planning Checklist	For all inpatient discharges, hospital staff utilize and discuss a checklist to ensure key elements of discharge planning and care transitions are covered to <u>prepare patients and families</u> for discharge and invite them to be <u>active partners</u> in care.	<ul style="list-style-type: none"> Hospital has a planning checklist to proactively prepare for discharge. Hospital staff discuss the checklist with the patient and family to ensure a successful transition of care. 	https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy4/Strat4_Tool_1_IDEAL_chklst_508.pdf
3 Shift Change Huddles or Bedside Reporting	Include the patient and/or family caregiver in as many conversations about the patient’s care as possible throughout the hospital stay.	<ul style="list-style-type: none"> On at least one unit, nurse shift change huddles OR clinician reports/rounds occur at the bedside and involve the patient and/or family members in all feasible cases. 	https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy3/Strat3_Tool_2_Nurse_Chklst_508.pdf
4 Designated PFE Leader	Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE.	<ul style="list-style-type: none"> There is a named hospital employee (or employees) responsible for PFE efforts. Such individual(s) can hold either a full-time position or a percentage of time within another position. Appropriate hospital staff and clinicians can identify the person named as responsible for PFE. 	https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/BestPractices_Hosp_Leaders_508.pdf
5 PFAC or Patient/ Family Representative(s) on Hospital Committee	Ensure that a hospital has a formal relationship with patient and family advisors (PFAs) from the local community who provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts.	<ul style="list-style-type: none"> Patient and/or family representatives from the community have been formally named as members of a PFAC or another hospital committee (at least one patient.). Meetings of the PFAC or another committee with patient and family representatives have been scheduled and conducted. 	https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy1/index.html

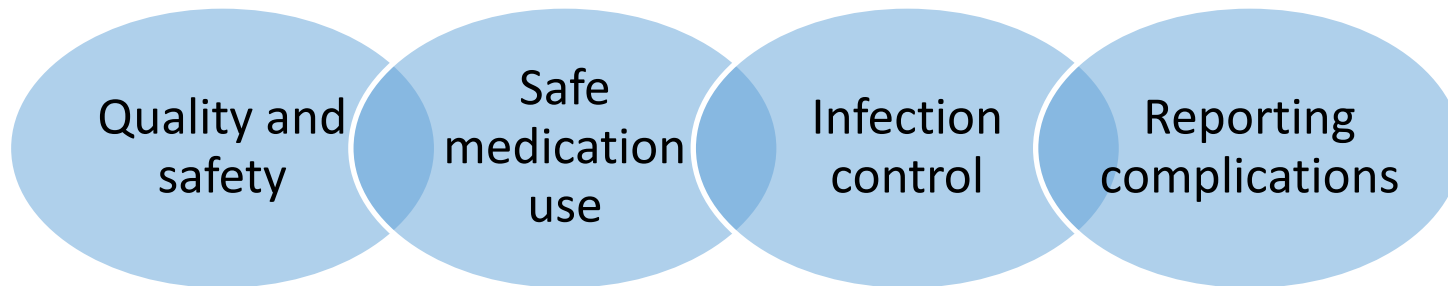
CMS = Centers for Medicare & Medicaid Services; PFAC = Patient and family advisory council

What Must Be in Place to Meet PFE Metric 1?

- The facility must have a physical planning checklist.
- Staff must discuss items on the checklist with every patient who has a scheduled admission.
 - Staff/patient discussion is at or before the admission, allowing for questions or comments.
- If both requirements are conducted, the metric is met.
- Hospitals are not required to provide a physical checklist to meet this metric, but it is considered a best practice.
- If a hospital does not conduct any scheduled admissions, PFE Metric 1 is not applicable.

Admission Planning Checklist: Benefits for Patients and Care Partners

- Patients and care partners are informed and educated.
 - Includes information on what will happen to them before, during, and after their hospital stay.
- Engages patients in conversation.
- Involves patients in an active partnership:



- Provides readiness for patients and care partners to participate in their care once admitted.
- Plans for discharge needs prior to admission.

Admission Planning Checklist: Benefits for Clinicians and Staff



- Recognizes specific care goals, preferences, and needs of patients from admission to discharge.
- Identifies patients' care partners and main contacts.
- Develops a sense of trust.
- Patients are prepared with information on admission.
- Identifies potential safety issues.

Example: Elements of an Admission Planning Checklist

- What patients should expect during their hospitalization.
- The facility's infection control practices.
- Identify the patients' care partners.
- Address patients' concerns and preferences.
- Request from the patients:
 - Copy of their Living Will or Advance Directives
 - Wishes regarding their care and treatment
 - Names and phone numbers of their PCP and any specialists

List what patients need to bring on admission.

- Current medications list (do not bring actual medications)
- Medication/food allergies
- Insurance information
- Driver's license
- Form of payment for deductibles and co-payments

Example of an Admission Planning Checklist

This checklist is a way for our hospital to partner with you and your care partner for your upcoming scheduled admission. We would like to guide you on what is necessary for your admission and to provide safe and quality care.

Identify a family member or friend who will be identified as your care partner:

- Provide your care partners name and contact information.
- Will this care partner be your main contact person?

Please bring the following items with you when you arrive to the hospital:

- Driver's license or picture ID
- Medical insurance cards
- Form of payment for any deductibles and co-payments
- Your wishes regarding you care and treatment
- Copy of living will and/or advance directives

List current medications, over-the-counter medicines, vitamins, herbals, and supplements.

- Dosage and frequency of medications (Do not bring your actual bottles)
- Allergies to medications and food
- Name and phone number of PCP and any specialists

Personal Items:

- Please do not bring anything of value with you to the hospital.
- If you use glasses, dentures, hearing aides or a C-PAP machine, please bring them with you.

Talk to your doctor prior to your admission for any information you need regarding:

- Your plan of care
- Type of procedure or treatment
- Testing you will have
- Medications you may be given
- How your pain will be safely managed
- How long will your hospital stay be and will you likely be discharged to home
- Any therapies such as physical therapy while in the hospital

Implementing an Admission Planning Checklist

The preadmission checklist:

- Should facilitate conversation between patients, staff, and clinicians.
- Should involve staff, patients, and/or care partners in its development.
- Can be completed by admissions staff, an admitting nurse, or other healthcare professionals.
- Is a great project for a PFAC if your facility has one.



HSAG PFAC Hospital Admission Instructions Flyer

First Things First

- Tell the nurse* or doctor what you would want to be done if you should stop breathing or your heart should stop (if you have Do Not Resuscitate wishes).
- Give the nurse a copy of your Advance Directives/Living Will for your chart.
 - If you do not have one, information can be provided.
- Tell the nurse if you have a specific person who can get information about you during your hospital stay.
- Tell the nurse if you have a Power of Attorney for your healthcare and who that person is.
- Make sure all hospital staff are washing their hands when entering and leaving your room.
- Talk to your doctor and nurse about your plan of care.
 - Discuss what you may need when you are released from the hospital.
- Ask hospital staff to explain anything that you may not understand.

Medications

- Give the nurse an updated list of medications you are taking right now.
- Tell the nurse if you have any allergies.
- Tell the nurse if you have trouble getting your medications.
- If you are given a new medication(s), ask:
 - What it is for.
 - How it will help you.
 - How often you take it.
 - What the side effects are.

Nutrition

A healthy diet is necessary to heal wounds, control illnesses, and build or maintain strength.

Tell or ask the nurse:

- How you have been eating and drinking at home.
- If you need help with your meals.
- If you have trouble swallowing food or liquids.
- What kind of foods you like.
- How you can order your meals.
- How you get your meals at home.



Mobility

Even though you may not be feeling well, getting you moving as soon as possible will help decrease the chance of your muscles getting weak and you developing blood clots or bed sores.

Tell or ask the nurse:

- How you have been getting around at home.
- If you use anything to help you walk.
- If you can get out of bed and go to the bathroom on your own, or if you should call for help first.
- If you can get out of bed to eat your meals.
- To show you how you can prevent getting blood clots by doing exercises, such as ankle pumps.

To prevent bed sores, tell or ask the nurse:

- If you have trouble holding your urine or stool.
- To look at your skin.
- Where skin injury can happen to you.
- If you see any changes on your skin.
- How you or your caregiver can safely change your position in bed.
- To tell you about rubbing or friction on the skin and ways to prevent it.



Mental State

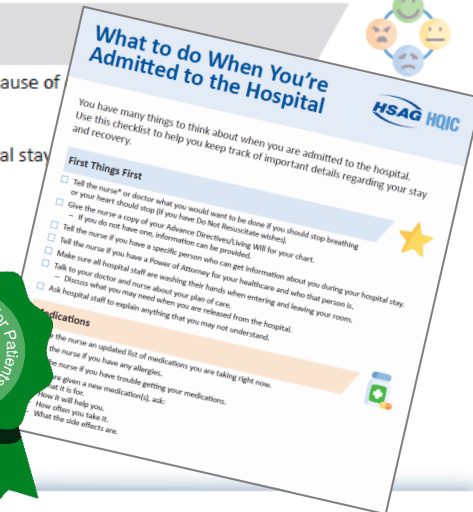
Sometimes being in the hospital can cause confusion because of

Tell or ask the nurse:

- How your thinking can be affected during your hospital stay
- If you have trouble sleeping.

For family members, tell or ask the nurse:

- If your loved one is acting different.
- If anything causes confusion for your loved one.
- If your loved one gets confused during



Key Concepts

- To meet CMS PFE Metric 1, hospital staff complete a planning checklist on all scheduled admissions.
- Planning checklists prepare patients and care partners for the hospital stay and invite them to be active partners in their care.
- Planning checklists provide pertinent information to patients and staff to help develop trust and to identify safety issues.



Join Us for the Entire PFE Quickinar Series: 1st and 3rd Thursdays

Recordings, slides, and resource links are posted for on-demand access after every session.

1. Intro to PFE



3. Preparing for PFE Programs



5. PFE to Prepare for Hospital Discharge



7. Bedside Hand Off to Improve Patient Outcomes



9. Role of the PFE Advisor



11. PFE in Critical Access & Small Rural Hospitals



2. Achieving Patient/Family Centered Care



4. PFE to Prepare for Hospital Admission



6. Role of PFE in Readmission Prevention



8. Adverse Event Transparency



10. Selecting/Training/Engaging Advisors



12. PFE in Acute Care Hospitals



5. PFE to Prepare for Hospital Discharge



Engaging Patients and Family to Prepare for Hospital Discharge

Thursday, April 6, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Demonstrate methods of assessing patient social needs prior to discharge.
- Summarize the concept of discharge planning beginning at admission.
- Review how to use checklists to prepare patient for discharge.
- Refer to care coordination quickinars for more information on health literacy.

Check Out the Health Equity Quickinar Series: 2nd and 4th Thursdays

Recordings, slides, and resource links are posted for on-demand access after every session.

- 1. Health Equity, Hospitals, and CMS Reporting ▼
- 3. Health Equity as a Strategic Priority ▼
- 5. Social Determinants and Social Drivers of Health ▼
- 7. Culturally Competent Data Training ▼
- 9. Health Equity Interventions ▼
- 11. Community Paramedicine ▼
- 13. Community Engagement—Health Equity ▼

- 2. Engaging Leadership in Health Equity ▼
- 4. Collection and Validating REaL Data ▼
- 6. Screening for Social Drivers ▼
- 8. Analysis and Stratification of Health Equity Data ▼
- 10. Best Practices in Health Equity Interventions ▼
- 12. Identifying Community Health Disparities ▼

6. Screening for Social Drivers ▲

6. Screening for Social Drivers

Thursday, March 23, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Identify new Centers for Medicare & Medicaid Services (CMS) metrics for social drivers.
- Identify how the social drivers of health are calculated for submission to CMS.
- Define Z Codes and how they can be implemented to document social drivers in the patient medical record.

QUESTIONS?



Thank you!

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