



Health Equity Organizational Assessment & Patient Family Engagement for Equity Assessment

July 2022

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Health Equity Organizational Assessment & Patient Family Engagement for Equity Assessment

Complete the assessment [online here](#).

DEMOGRAPHICS

State:

Hospital:

Name of individual completing the survey:

Your title:

Email:

Scope for responses: *(single hospital, hospital system, service line)*

Directions: The individual with the deepest knowledge of your organization’s progress in patient family engagement and in collecting and using Race Ethnicity and Language (REaL) data to address health equity should complete the assessment. Use the Metric Guidance Resources in the following pages to view more scoring detail and to access supporting resources. This is a measurement of the current state to evaluate where hospital teams are in the development of each health equity metric. Rather than a single yes or no, please select the option that most accurately reflects the current state of each metric. This assessment will take some time and will likely involve multiple departments (IT, Admitting, Quality, etc.). The assessment needs to be as accurate as possible so that any gaps you identify and intend to work on are well defined.

Source: HQIC. This material was prepared by Convergence Health Consulting, Inc., a Hospital Quality Improvement Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-Convergence-HQIC-10252021-06. Used with permission.

Health Equity Organizational Assessment (HEOA) Core Measures

- 1. DATA COLLECTION: Hospital uses a patient self-reporting methodology to collect demographic (REaL) data from the patient and/or caregiver.** Example of guidance: [Metric 1 Guidance](#)
 - a. Forming:** Hospital is not currently collecting REaL data and/or data is staff-reported
 - b. Storming:** Hospital is capturing patient self-reported REaL data
 - c. Norming:** Hospital is collecting patient self-reported REaL data for 95% of patients and has multiple verification points beyond registration
 - d. Performing:** Hospital collects additional data such as sexual orientation/gender identity (SOGI), social determinants of health (SDOH), or disability status

- 2. DATA COLLECTION TRAINING: Hospital provides workforce training regarding the collection of self-reported patient demographic data.** Example of guidance: [Metric 2 Guidance](#)
 - a. Forming:** Hospital does not provide workforce training in the collection of patient self-reported REaL data
 - b. Storming:** Hospital provides workforce training in the collection of patient self-reported REaL data
 - c. Norming:** Workforce training is evaluated annually for effectiveness; staff can demonstrate competency in collecting patient self-reported REaL data
 - d. Performing:** Workforce receives training in the collection of additional patient self-reported data related to SOGI, SDOH, disability status, or other data points the hospital selects

- 3. DATA VALIDATION: Hospital verifies the accuracy and completeness of patient self-reported demographic data.** [Metric 3 Guidance](#)
 - a. Forming:** Hospital does not yet have a process to evaluate the accuracy and completeness or compare data to local demographic community data
 - b. Storming:** Hospital has a standardized process to evaluate data for accuracy (matches community demographics) and completeness (percent complete)
 - c. Norming:** Hospital addresses system-level processes that interfere with collection of patient self-reported REaL data
 - d. Performing:** Hospital evaluates the accuracy and completeness of additional demographic data such as SOGI, SDOH, disability status, or other selected data points

4. DATA STRATIFICATION: Hospital stratifies patient safety, quality, and/or outcome measures using patient demographic data. [Metric 4 Guidance](#)

- a. **Forming:** Hospital does not yet stratify any patient safety, quality and/or outcome measures by REaL
- b. **Storming:** Hospital stratifies at least one patient safety, quality, and/or outcome measure by REaL
- c. **Norming:** Hospital stratifies more than one (or many) patient safety, quality, and/or outcome measure by REaL
- d. **Performing:** Hospital stratifies more than one patient safety, quality, and/or outcome measure by REaL and other demographic data such as sexual orientation/gender identity (SOGI), social determinants of health (SDOH), or disability status

5. COMMUNICATE FINDINGS: Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations. [Metric 5 Guidance](#)

- a. **Forming:** Hospital does not yet have a reporting mechanism to communicate patient population outcomes to senior leadership, medical leadership, or the board
- b. **Storming:** Hospital uses a reporting mechanism to routinely communicate patient population outcomes to senior leadership, medical leadership, and the board
- c. **Norming:** Hospital uses a reporting mechanism to routinely communicate patient population outcomes across the organization (e.g., frontline staff, managers, etc.)
- d. **Performing:** Hospital uses a reporting mechanism to routinely communicate patient population outcomes externally to patients, families, and community members

6. ADDRESS & RESOLVE GAPS IN CARE: Hospital implements interventions to resolve differences in patient outcomes. [Metric 6 Guidance](#)

- a. **Forming:** Hospital has not yet engaged multi-disciplinary teams to develop and test solutions to identified disparities
- b. **Storming:** Hospital engages multi-disciplinary teams, including patient family advisors, to develop and test solutions to identified disparities
- c. **Norming:** Hospital implements interventions to resolve identified disparities and educates staff regarding findings
- d. **Performing:** Hospital has a process for continuously monitoring and adjusting interventions as needed to sustain improvement in outcomes

7. ORGANIZATIONAL INFRASTRUCTURE AND CULTURE: Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

Metric 7 Guidance

- a. **Forming:** Hospital does not yet have a standardized process to train its workforce in culturally competent and linguistically appropriate care
- b. **Storming:** Hospital has a standardized process to train its workforce in culturally competent and linguistically appropriate care
- c. **Norming:** Hospital has a person or department that has leadership responsibility and accountability for health equity efforts who engages with Patient Family Advisory Councils (PFACs) and community partners to create strategy and action plans to promote equity in outcomes
- d. **Performing:** Hospital demonstrates a commitment to ensure equitable care for all persons through policies, protocols, strategic plans and in its mission, vision, and values

8. ADMISSION CHECKLIST PROCESS: Hospital has a Pre-Admission Checklist process in place for planned admissions. [Metric 8 Guidance](#)

- a. **Forming:** Hospital does not yet have a checklist or process for planning admissions with patients and family caregivers
- b. **Storming:** Hospital has a checklist or process in development/testing and expects to implement in the next six months
- c. **Norming:** Hospital has a checklist or process in place for a small patient population
- d. **Performing:** Hospital has a well-established checklist or process in place for preparing all patients and family caregivers for planned admissions

9. SHIFT CHANGE HUDDLES: Hospital conducts shift change huddles and bedside reporting with patients and family caregivers. [Metric 9 Guidance](#)

- a. **Forming:** Hospital does not yet have a process for shift change huddles and bedside reporting with patients and family caregivers
- b. **Storming:** Hospital has a process in development/testing and expects to implement in the next six months
- c. **Norming:** Hospital has a process in place for a small patient population
- d. **Performing:** Hospital has a well-established process in place that engages all patients and family caregivers in shift change huddles and bedside reporting

10. DISCHARGE PLANNING CHECKLIST: Hospital has a Discharge Planning Checklist process in place. [Metric 10 Guidance](#)

- a. **Forming:** Hospital does not yet have a checklist or process for planning discharge with patients and family caregivers
- b. **Storming:** Hospital has a discharge checklist or process in development/testing and expects to implement in the next six months
- c. **Norming:** Hospital has a discharge checklist or process in place for a small patient population
- d. **Performing:** Hospital has a well-established checklist or process in place for preparing all patients and family caregivers for discharge

11. PFE LEAD OR DEPARTMENT: Hospital has a designated Patient & Family Engagement (PFE) lead or department. [Metric 11 Guidance](#)

- a. **Forming:** Hospital does not yet have a PFE lead in place
- b. **Storming:** Hospital has a vacant PFE lead position, or designating a PFE lead or department is a goal for the next six months
- c. **Norming:** Hospital includes PFE leadership as a part of an employee's job description and this individual fulfills the PFE responsibilities
- d. **Performing:** Hospital has one or more full time staff members or a department dedicated to PFE

12. ACTIVE COMMITTEE OR OTHER COMMITTEES: Hospital has an active PFE Committee or other Committees that represents patients and reports to the board. [Metric 12 Guidance](#)

- a. **Forming:** Hospital has not yet launched a committee or engaged patients and family caregivers in committees that report to the board
- b. **Storming:** Hospital is working to establish a PFE committee, or established PFE committee has not convened in the last six months
- c. **Norming:** Hospital has established a PFE committee that is gaining traction and Patient Family Advisors (PFAs) are engaged
- d. **Performing:** Hospital has a well-established PFE committee and PFAs are actively working on quality improvement projects



Metric Guidance Resources

July 2022

Health Equity Organizational Assessment Core Measures

METRIC 1 Data Collection

- Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver

INTENT OF THE METRIC

- Best practice recommendations include the collection of patient demographic data to help hospitals and healthcare systems understand their patient populations and measure patient outcomes to ensure health equity
- National/State reporting requirements emphasize the need for obtaining REaL and disability data
- Federal policies govern racial, ethnic, and primary language data collection and reporting
- Meaningful Use Certification Criteria requires the recoding of demographic information including Race and Ethnicity in accordance with the [OMB Standards](#)
- Using a self-reporting methodology to collect patient demographic data removes “guess work” and ensures accurate data is being collected

Level of Hospital Implementation	Implementation Activities
Forming	Does not meet basic level/Does not apply
Storming Basic/fundamental	<ul style="list-style-type: none"> • Hospital uses self-reporting methodology to collect REaL data for all patients • All race and ethnicity categories collected should, at a minimum, roll up to the OMB categories and should be collected in separate fields. Engage Patient Family Advisors (PFAs) in the collection of REaL data to gain their insights and feedback.
Norming Mid-level intermediate	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental level of implementation plus: • Hospital collects REaL data for at least 95% of their patients with opportunity for verification at multiple points of care (beyond just registration) to ensure accuracy of the data and to prevent any missed opportunities for data collection (e.g., preregistration process, registration/admission process, inpatient units, etc.). For an additional resource, click here.
Performing Advanced	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus: • Hospital uses self-reporting methodology to collect additional demographic data (beyond REaL data) of patients such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors. • <i><u>SDOH/social risk factors</u> may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.</i>

METRIC 2 Data Collection Training

- Hospital provides workforce training regarding the collection of self-reported patient demographic data

INTENT OF THE METRIC

- Training must be provided during orientation for staff who collect patient demographic data and the effectiveness of training should be periodically evaluated
- Annual training updates for staff are highly recommended
- At a minimum, training is provided to registration/admission staff; training additional staff in patient self-reported demographic data collection should be completed as needed
- Standardized procedures are in place to train staff to use patient self-reporting methodologies to collect demographic data, ensuring this data is accurately and consistently collected

Level of Hospital Implementation	Implementation Activities
Forming	Does not meet basic level/Does not apply
Storming Basic/fundamental	<ul style="list-style-type: none"> • Workforce training is provided to staff regarding the collection of patient self-reported REaL data <ul style="list-style-type: none"> • Examples of training may include: role playing, scripts, didactic, manuals, online modules, or other tools/job aids. • Patient Family Advisors (PFAs) should be included in the development and delivery of workforce training to collect REaL data.
Norming Mid-level intermediate	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental level of implementation plus: <ul style="list-style-type: none"> • Hospital evaluates the effectiveness of workforce training on an annual basis to ensure staff demonstrate competency in patient self-reporting data collection methodology (e.g., observations, teach-back, post-test, etc.).
Performing Advanced	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus: <ul style="list-style-type: none"> • Workforce training is provided to staff regarding the collection of additional patient self-reported demographic data (beyond REaL data) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography, and/or other social determinants of health (SDOH) or social risk factors. • <u>SDOH/social risk factors</u> may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, <u>click here</u>.

METRIC 3 Data Validation

- Hospital verifies the accuracy and completeness of patient self-reported demographic data

INTENT OF THE METRIC

- Hospital has a standardized process in place to evaluate and validate the accuracy of patient self-reported demographic data including percent of “unknown,” “unavailable,” or “declined” for REaL data (aiming for a cumulative goal of <5%). For additional details, [click here](#).
- Hospital evaluates and addresses system-level issues throughout evaluation processes to continually improve the collection of self-reported patient demographic data

Level of Hospital Implementation	Implementation Activities
Forming	Does not meet basic level/Does not apply
Storming Basic/fundamental	<ul style="list-style-type: none"> • Hospital has a standardized process in place to both evaluate the accuracy and completeness (percent of fields completed) for REaL data and a process to evaluate and compare hospital-collected REaL data to local demographic community data
Norming Mid-level intermediate	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental level of implementation plus: <ul style="list-style-type: none"> • Hospital addresses any system-level issues (e.g., changes in patient registration screens/fields, data flow, workforce training, etc.) to improve the collection of self-reported REaL data • <i>Patient Family Advisors (PFAs) can provide invaluable insights and feedback to address system-level issues regarding the collection of REaL data.</i>
Performing Advanced	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus: <ul style="list-style-type: none"> • Hospital has a standardized process in place to evaluate the accuracy and completeness (percent of fields completed) for additional demographic data (beyond ReaL data) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography, and/or other social determinants of health (SDOH) or social risk factors, and has a process in place to evaluate and compare hospital collected patient demographic data to local demographic community data • <u><i>SDOH/social risk factors</i></u> may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.

METRIC 4 Data Stratification

- Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data

INTENT OF THE METRIC

- Examine patient safety, quality, or outcome measures with an equity lens to determine if differences in patient outcomes exist and identify areas in need of quality improvement and targeted interventions

Level of Hospital Implementation	Implementation Activities
Forming	Does not meet basic level/Does not apply
Storming Basic/fundamental	<ul style="list-style-type: none"> • Hospital stratifies at least one patient safety, quality, and/or outcome measure by REaL
Norming Mid-level intermediate	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental level of implementation plus: <ul style="list-style-type: none"> • Hospital stratifies more than one (or many) patient safety, quality, and or outcome measures by REaL
Performing Advanced	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus: <ul style="list-style-type: none"> • Hospital stratifies more than one (or many) patient safety, quality and/or outcome measures by REaL and other demographic data (beyond REaL data) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography, and/or other social determinants of health (SDOH) or social risk factors. • <u><i>SDOH/social risk factors</i></u> may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, <u><i>click here</i></u>.

METRIC 5 Communicate Findings

- Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.

INTENT OF THE METRIC

- Hospital communicates identified gaps in disparities with the intent to create organization and community-wide awareness of potential differences in patient outcomes and promotes understanding of patient population needs
- A regular reporting mechanism (e.g. quarterly, semi-annually, etc.) is in place that leadership can visually assess for potential differences in patient outcomes (this may include equity dashboards, scorecards, or reports)

Level of Hospital Implementation	Implementation Activities
Forming	Does not meet basic level/Does not apply
Storming Basic/fundamental	<ul style="list-style-type: none"> • Hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes to hospital senior executive leadership (including medical staff leadership) and the board
Norming Mid-level intermediate	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental level of implementation plus: <ul style="list-style-type: none"> • Hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes widely within the organization (e.g., quality staff, front line staff, managers, directors, providers, committees, departments, service lines, etc.)
Performing Advanced	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus: <ul style="list-style-type: none"> • Hospital uses a reporting mechanism (e.g., equity dashboard) to share/communicate patient population outcomes with patients and families (e.g., Patient Family Advisory Council (PFAC) members), and/or other community partners or stakeholders

METRIC 6 Address & Resolve Gaps in Care

- Hospital implements interventions to resolve differences in patient outcomes

PRACTICAL EXAMPLE: BACKGROUND/EXPLANATION

- Hospital identified a disparity in readmission rates between patients with limited English proficiency (LEP) compared to native English speaking counterparts. LEP contributes to readmissions due to factors such as (but not limited to) inadequate understanding of discharge diagnosis and instructions, lower rates of outpatient follow-up and use of preventative services, and lack of medication adherence.^{1,2}

INTENT OF THE METRIC

- Ensure proper provision of resources to resolve differences in patient outcomes
- Tailor interventions to resolve differences in patient outcomes and educate staff about gaps in care
- To every extent possible, existing teams should be utilized to address gaps in care

Level of Hospital Implementation	Implementation Activities
Forming	Does not meet basic level/Does not apply
Storming Basic/fundamental	<ul style="list-style-type: none"> • Hospital engages multi-disciplinary team(s) to develop and test pilot interventions to address identified disparities in patient outcomes • Multi-disciplinary teams can include: diversity and inclusion committee, data analytics, Patient Family Advisory Councils (PFACs), patient safety committee, information technology, quality/performance improvement, patient experience, corporate auditing and finance, etc. • PRACTICAL EXAMPLE: Hospital organized a team (nursing, linguistic services, case management, providers, and a PFAC member) to pilot test the mandatory use of in-person interpreters at the point of discharge for all patients/families with LEP for three months and monitor readmissions rates.
Norming Mid-level intermediate	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental level of implementation plus: <ul style="list-style-type: none"> • Hospital implements interventions (e.g., redesigns processes, conducts system improvement projects, and/or develops new services) to resolve identified disparities and educates staff/workforce regarding findings. • PRACTICAL EXAMPLE: Pilot data shows reduction in readmissions in LEP patients. Due to positive results, the hospital broadened linguistic resources, changed a policy to make in-person interpreters mandatory at discharge, and built in triggers in the Electronic Health Records (EHR) to alert staff to use in-person interpreters at the point of discharge.
Performing Advanced	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus: <ul style="list-style-type: none"> • Hospital has a process in place for ongoing review, monitoring, and recalibrating interventions (as needed) to ensure changes are sustainable • PRACTICAL EXAMPLE: Linguistic services and case management keep dashboards to monitor LEP-related readmissions and in-person interpreter utilization with EHR triggers, and report this to leadership on a monthly basis.

METRIC 7 Organizational Infrastructure & Culture

- Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations

INTENT OF THE METRIC

- Hospital has a commitment to effectively deliver services that meet the cultural and linguistic diversity of the population served (according to Culturally and Linguistically Appropriate Services (CLAS) standards)
- Hospital has designated an individual(s) with leadership responsibility and accountability for health equity efforts (this person or team may wear more than one hat, be full-time, or dedicate a portion of their time to equity efforts)
- Hospital actively involves key stakeholders including patients, families, and/or community partners in the planning, development and implementation of health equity efforts

Level of Hospital Implementation	Implementation Activities
Forming	Does not meet basic level/Does not apply
Storming Basic/fundamental	<ul style="list-style-type: none"> • Hospital has a standardized process to train its workforce to deliver culturally competent care and linguistically appropriate services (according to the CLAS standards) • Training should routinely involve patient and family input (e.g., PFACs) and can include cultural competency/intelligence regarding racial and ethnic minorities, patients with physical and mental disabilities, veterans, limited English proficiency (LEP) patients, LGBTQ+ patients, elderly patients, etc.
Norming Mid-level intermediate	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental level of implementation plus: • Hospital has named an individual(s) who has leadership responsibility and accountability for health equity efforts (e.g., manager, director, Equity/Inclusion/Diversity Officer/Council/Committee) who engages with clinical champions, patients and families (e.g., PFACs), and/or community partners in strategic and action planning activities to reduce disparities in health outcomes for all patient populations. <i>Note: This doesn't have to be a member of the C-Suite.</i>
Performing Advanced	<ul style="list-style-type: none"> • Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus: • Hospital has made a commitment to ensure equitable health care is prioritized and delivered to all persons through written policies, protocols, pledges, or strategic planning documents by organizational leadership and the Board of Directors (e.g. mission, vision, and values reflect commitment to equity and is demonstrated in organizational goals and objectives). <i>Example: #123forEquity Pledge</i>

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METRIC 8 Admission Checklist Process

- Using a Pre-Admission Checklist prior to admission, hospital staff provides and discusses a planning checklist with every patient that has a scheduled admission, allowing for questions or comments from the patient or family

INTENT OF THE METRIC

- Initiate contact with patients and family caregivers prior to or upon admission in order to establish expectations, capture preferences and priorities, and answer questions, which sets the tone for engagement in care processes
- The expectations, preferences and concerns expressed by the patient and family caregiver should be documented and shared with the rest of the care team. Patients and family caregivers should also receive a copy of the documentation.

Level of Hospital Implementation	Implementation Activities
<p>Forming Hospital does not yet have a checklist or process for planning admissions with patients and family caregivers.</p>	<ul style="list-style-type: none"> Convene multi-disciplinary team to build the checklist and the process, include Patient Family Advisors (PFAs) Create a project timeline with milestones Create a clear vision for success
<p>Storming Hospital has a checklist or process in development/testing and expects to implement in the next six months.</p>	<ul style="list-style-type: none"> Gather information on current admission process Create a patient flow map to identify the process of admission from different settings (ED, Home, SNFs) Collect all preadmission paperwork/documents that are currently provided to patients and family caregivers Identify policies for admissions and any obstacles/workarounds Identify where the preadmission information lives in the Electronic Health Records (EHR) and how it is accessed by the clinical staff
<p>Norming Hospital has a checklist or process in place for a small patient population.</p>	<ul style="list-style-type: none"> Review materials collected during Storming phase from an interdisciplinary lens Identify gaps in the process Develop and test the Pre-Admission Checklist with staff, administrative staff, patients, and family caregivers Implement the checklist in the admissions process Document in EHR
<p>Performing Hospital has a well-established checklist or process in place for preparing all patients and family caregivers for planned admissions.</p>	<ul style="list-style-type: none"> Adapt Pre-Admission Checklist for use in at all points of admission (including ED) Document in EHR system Update preferences and priorities as changes occur during the hospitalization Preferences and priorities are reviewed with patient and/or family caregiver during bedside rounds

METRIC 9 Shift Change Huddles

- Hospital conducts shift change huddles (bedside hand-offs) and bedside reporting with patients and family members in all feasible cases

INTENT OF THE METRIC

- Establish a process to include patients and family caregivers in care team rounds to enhance shared decision making and active engagement
- The intent of bedside reporting is to establish a process in as many units as possible (minimum of one) to include patients and family caregivers in conversations about their care to enhance shared decision-making and active engagement. Hospitals meet this metric if they include patients in shift change huddles or bedside reporting.

Level of Hospital Implementation	Implementation Activities
<p>Forming Hospital does not yet have a process for shift change huddles and bedside reporting with patients and family caregivers.</p>	<ul style="list-style-type: none"> • Convene multi-disciplinary team to build rounding process, include Patient Family Advisors (PFAs) • Create a project timeline with milestones • Create a clear vision for success
<p>Storming Hospital has a process in development/testing and expects to implement in the next six months.</p>	<ul style="list-style-type: none"> • Gather information on current bed shift report process, identify roles and responsibilities • Identify opportunities in current workflow to engage the patient and family caregivers into bedside shift rounds • Identify any workarounds in the environment • Create and test the new workflow • Listen to staff feedback/concerns and adjust accordingly • Identify linguistic support needed
<p>Norming Hospital has a process in place for a small patient population.</p>	<ul style="list-style-type: none"> • Communicate new process to staff and support with training (use PFAs for practice sessions) • Invite patients and family caregivers to participate (include in admissions checklist/process) • Audit process for staff and patient satisfaction and adjust processes based upon feedback, as needed • Collect and share bright spots
<p>Performing Hospital has a well-established process in place that engages all patients and family caregivers in shift change huddles and bedside reporting. Options are provided for family caregivers who can't be present to participate.</p>	<ul style="list-style-type: none"> • Develop options for family caregivers who are not available to be physically at the bedside • Include progress to discharge in rounds, allowing time to discuss discharge planning with the patient and their family caregiver

METRIC 10 Discharge Planning Checklist

- Hospital has a Discharge Planning Checklist process in place

INTENT OF THE METRIC

- Plan and implement discharge processes that provide the patient and family caregivers timely information for accurate expectations and contingency plans for a successful transition home or to a community setting
- There is [evidence](#) that by including the family caregiver in discharge instructions, readmissions can be avoided

Level of Hospital Implementation	Implementation Activities
<p>Forming Hospital does not yet have a checklist or process for planning discharge with patients and family caregivers.</p>	<ul style="list-style-type: none"> • Convene multi-disciplinary team to build the checklist and the process, include Patient Family Advisors (PFAs) • Create project timeline with milestones • Create a clear vision for success that includes readmission improvement target
<p>Storming Hospital has a discharge checklist or process in development/testing and expects to implement in the next six months.</p>	<ul style="list-style-type: none"> • Look at readmissions data to identify an area experiencing higher readmission rates • Identify current discharge process in that area • Host a listening session with patients and family caregivers to understand current discharge challenges • Create a journey map of the patient through the discharge process, include timing • Map staff roles and responsibilities to patient journey • Include post-discharge touchpoints for patients to communicate after discharge • Test discharge checklist
<p>Norming Hospital has a discharge checklist or process in place for a small patient population.</p>	<ul style="list-style-type: none"> • Review discharge checklist with the patient/family caregiver during daily bedside rounds to support preparation • Establish a system to document patient challenges and SDOH • Identify need for linguistic support/translation • Evaluate effectiveness of checklist from staff and patients and adjust the tool or processes accordingly
<p>Performing Hospital has a well-established checklist or process in place for preparing all patients and family caregivers for discharge.</p>	<ul style="list-style-type: none"> • Bedside reporting process includes progress toward discharge • Engage community health providers to support effective discharge • Cultivate community resources to support patients with social challenges • Evaluate discharge process with staff and patient and family caregivers and adjust accordingly

METRIC 11 PFE Lead or Department

- Hospital has a person or functional area, who may also operate within other roles in the hospital, that is dedicated and proactively responsible for Patient & Family Engagement (PFE) and systematically evaluates PFE activities (i.e., open chart policy, PFE trainings, establishment and dissemination of PFE goals, etc.)

INTENT OF THE METRIC

- The intent of having a PFE lead or area with specific responsibility for PFE in the hospital is to ensure that the hospital dedicates resources (staff time) to be accountable for coordinating PFE efforts at the hospital.
- This does not have to be a designated title or position, but the staff member or department should have dedicated time to coordinate PFE activities.
- This person frequently facilitates the Patient Family Advisory Council (PFAC).
- Hospitals meet this metric when they can identify an individual or department that coordinates PFE efforts.

Level of Hospital Implementation	Implementation Activities
Forming Hospital does not yet have a PFE lead in place.	<ul style="list-style-type: none"> • Identify Leadership Champion for PFE • Document current PFE activities – Use the Readiness Tool • Include an organizational communication pathway from staff to patients and family caregivers and Patient Family Advisors (PFAs) via PFE Lead • Create a clear vision
Storming Hospital has a vacant PFE lead position, or designating a PFE lead or department is a goal for the next six months.	<ul style="list-style-type: none"> • PFE lead is onboarded with a clear reporting structure • PFE lead receives coaching and support for facilitating patient family engagement • PFE lead has access to senior leadership, quality and safety, and operations staff for collaboration • Design multiple points for patient and family input into organizational design and improvement • Follow the Gateways Course to establish PFA program
Norming Hospital includes PFE leadership as a part of an employee’s job description and this individual fulfills the PFE responsibilities.	<ul style="list-style-type: none"> • Communicate the vision and purpose of PFE across the hospital • Establish a formal request process for hospital staff to request PFE in projects • Establish an evaluation process for PFE activities from staff and PFAs, adjusting activities accordingly
Performing Hospital has one or more full time staff members or a department dedicated to PFE.	<ul style="list-style-type: none"> • Recruitment is continuous for new PFAs • Develop an annual report from the activities from the request process • Create a budget for PFE activities for stipends, staff time, translation services, etc. • Apply continuous improvement processes to PFE activities

METRIC 12 Active Committee or Other Committees

- Hospital has an active Patient & Family Engagement (PFE) Committee or other Committees that represents patients and reports to the board

INTENT OF THE METRIC

- Formalizes the process by which patients who receive services from the hospital can inform hospital operations, including quality improvement
- The intent of placing a patient family representative in hospital governance is to make sure patients and family caregivers' perspectives are included in making governance decisions at the hospital.

Level of Hospital Implementation	Implementation Activities
Forming Hospital has not yet launched a committee or engaged patients and family caregivers in committees that report to the board.	<ul style="list-style-type: none"> • Use the Gateways Readiness Tool to identify organizational resources
Storming Hospital is working to establish a PFE committee, or established PFE committee has not convened in the last six months.	<ul style="list-style-type: none"> • Identify your patient population to ensure representation in PFA programs • Use the 3-step process for recruitment (Gateways) • Prepare an orientation for Patient Family Advisors
Norming Hospital has established a PFE committee that is gaining traction and Patient Family Advisors (PFAs) are engaged.	<ul style="list-style-type: none"> • Design Patient Family Advisory Council (PFAC) agendas to serve the hospital quality improvement goals and strategic priorities • Formalize a communication loop to provide PFAs feedback on engagement • Host regular meetings of Patient Family Advisory Board
Performing Hospital has a well-established PFE committee and PFAs are actively working on quality improvement projects.	<ul style="list-style-type: none"> • Continually recruit to ensure representation • Develop a menu of PFE activities in addition to the PFAC • Document the pathway for patient family advisors to inform the hospital board or decision-making body