AHA CENTER FOR HEALTH INNOVATION

Integrating PFE Strategies into your Harms Reduction Efforts

Point of Care	• Planning checklist for scheduled admissions (Metric 1) • Shift change huddles / bedside reporting with patients and families (Metric 2)
Policy & Protocol	• PFE leader or function area exists in the hospital (Metric 3) • PFEC or Representative on hospital committee (Metric 4)
Governance	• Patient and family on hospital governing and/or leadership board (Metric 5)

Effectively implementing cross-cutting strategies can accelerate your improvement efforts. This includes the engagement of patients and their family members as active partners throughout the change process. Patients and families can and want to play a key role in building will, sharing ideas, and supporting patient safety and quality. Patient and Family Engagement (PFE) strategies will help your organization establish and sustain these vital partnerships and help educate staff on how to develop and sustain PFE in your improvement work.

Use the table below to identify possibly change ideas to help you embed PFE strategies into the work for each harm area. The examples below are designed to help you improve harm performance and address the goals for each of the five PFE metrics.

	Change Ideas				
	Point of Care Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers		**Policy & Protocol** Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders		**Governance** Implementation Partners: Board of Directors, C-Suite
Harm Topic	**Metric 1**	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
ADE Adverse Drug Events	Talk with patient/family about the important role they have in understanding their medications, including: why they are taking it, how and when they will take it, potential side effects, and safe disposal. Provide them with a tool, such as the AHRQ Medication List, to begin tracking their medications.	Each day, provide the patient/family with the patient's current medication list. During daily rounds, ensure that the patient understands why they are taking each medication, as well as side effects to be aware of; prior to going home, make certain the patient/family understands the medication discharge plan.	Identify a team member in nursing to educate fellow nurses regarding the use of teach-back to check for patient/family understanding regarding medications.	Engage your PFAC to design a campaign regarding the patient/family role in medication reconciliation.	Invite Board Members to attend a PFAC meeting to learn from the patient/family perspective why it is important for the patient/family to receive a daily printout of all medications the patient is being given while inpatient.
CAUTI Catheter-Associated Urinary Tract Infections	For patients going home with a catheter, explain how to care for it, when to contact their doctor (should symptoms	Educate the patient/family re: the importance of removing the patient's catheter as soon as possible. During	Identify a team member to round with patients who have a catheter and ask the patient/family if removal of the	Recruit patients/family members who were discharged with a catheter to help design educational	Invite Board Members to join team members conducting rounds with patients/family members to hear

	Change Ideas				
	Point of Care Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers		**Policy & Protocol** Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders		**Governance** Implementation Partners: Board of Directors, C-Suite
Harm Topic	**Metric 1**	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
	of UTI develop), and contact information for a person to call if questions or problems arise. Provide the patient/family with a take-home educational resource that reinforced this information and includes infographics, such as the Caring for Your Urinary Catheter resource from Memorial Sloan Kettering.	change of shift report, discuss anticipated timeline for removal with patient/family.	catheter was discussed during change of shift report. Encourage the patient/family to bring it up if it is not addressed.	materials to be used with future patients/family members.	feedback from the patient/family re: education and partnership re: catheter removal.
CDI Clostridium Difficile Infections	Following a positive C. diff test result, provide the patient/family with information about treatment and prevention of the spread of C. diff, using a patient education tool such as the American College of Physicians Patient FACTS: Clostridium difficile (C. diff). Walk through the tool with the patient/family and ask what questions/concerns they have.	Educate patients on antibiotics regarding the risk of C. diff and the most common symptoms, including: watery diarrhea, fever, loss of appetite, nausea, belly pain and tenderness. During each change of shift, ask the patient/family if the patient has experienced any of these symptoms.	Select a member of your team to educate health care providers regarding the patient and family experience of C. diff. Ask them to organize an event that includes speakers who are patients/family members who have had C. diff; consider using an existing forum, such as a staff meeting, grand rounds, learning fair, etc.	Engage your PFAC to review and redesign the SOAP-UP Campaign tools to be used for patient/family engagement.	Invite members of the Board to stay in an isolation room on your unit overnight, asking their family/friends to spend time with them there; make sure that contact precautions are utilized for all individuals participating in this simulated experience, so that they can understand the isolation experience from the patient/family perspective.
CLABSI Central Line-Associated Blood Stream Infections	Educate the patient/family regarding the importance of hand hygiene and	Educate the patient/family re: the steps being taken to prevent CLABSI. Use	Identify a team member to provide patient/family education and	Train patient/family advisors to serve as "secret shoppers,"	Invite the patient/family advisors who served as "secret shoppers" to

	Change Ideas				
	Point of Care Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers		**Policy & Protocol** Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders		**Governance** Implementation Partners: Board of Directors, C-Suite
Harm Topic	**Metric 1**	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
	provide them with a copy of the CDC's hand hygiene brochure. Tell them that, if they do not see providers clean their hands, they should ask them to do so before examining the patient.	teach-back to ensure they understand the purpose of the central line, expected duration of use, and why it is important to remove it as soon as it is no longer needed. Encourage the patient/family to ask, "do I still need this line?," each day during rounds.	hands-on activities (e.g., Glo Germ training kit) regarding effective hand hygiene practices.	observing and documenting hand-washing practices of providers.	report their findings to the Board and share recommendations.
Falls	At the pre-op appointment (or as early as possible following admission), provide the patient/family with a copy of the Delirium Education Brochure. Review key points regarding how family and friends can help prevent delirium and the impact it has on preventing falls.	Ask family caregivers to complete the Who Am I: Getting to Know Me, My Routines and Preferences tool and post it next to the patient white board. During daily rounds, use this tool as a guide while creating and discussing the plan of care with the patient/family and identifying practices to be put in place to prevent falls.	Ask a member of your Falls Prevention Team to implement the Caregiver's ABCDE. Ask this team member to share local patient stories or those from Patients' Perspectives of Falling while in an Acute Care Hospital and Suggestions for Prevention to explore how implementation of the Caregiver's ABCDE program might have prevented the falls.	Recruit patient family advisors to conduct rounds in your unit. Ask them to visit family caregivers, whose loved ones are at high risk for delirium/falls and educate them regarding their role in prevention, including those suggestions found in the Delirium Education Brochure.	Invite members of the Board to conduct rounds in your patient care area; help them understand the time and attentiveness that goes into delirium and falls prevention by having them observe care in action.
HAPU/I Hospital-Acquired Pressure Ulcer/Injury	As early in the admission as possible, share and review the resource,	Educate patient/family on how to conduct skin inspections and ask them to	Identify a team member in nursing to educate fellow nurses on how to	Invite a former patient/family member who experienced a pressure injury	Invite Board Members to tour your unit and learn how you are preventing

	Change Ideas				
	Point of Care Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers		**Policy & Protocol** Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders		**Governance** Implementation Partners: Board of Directors, C-Suite
Harm Topic	**Metric 1**	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
	Preventing Pressure Ulcers: A Patient's Guide, with the patient/family. Emphasize the important role they play in pressure injury prevention and early detection.	record their observations using the Action Chart for Patients, Carers, and Relatives. During daily rounds, review the chart and ask if they've noted anything concerning.	discuss and engage the patient/family in SSKIN assessments. Following education, have the team member conduct audits to ensure implementation has been successful.	to review your patient/family education tools and provide suggestions for making them easier to understand and use. Make changes to the tools based on their feedback.	pressure injuries through patient and family engagement. Select one or two patients/family members to share their role in skin inspections with the Board Members.
MDRO/MRSA Multidrug-Resistant Organisms/ Methicillin-Resistant Staphylococcus Aureus	Prior to admission, talk with the patient/family about the importance of using antibiotics wisely; share patient education tools with them, such as the Choosing Wisely handout, Antibiotic Treatment in the Hospital, to be reviewed before they check-in for surgery.	Utilize the patient whiteboard to document the expected number of days the patient will be on a prescribed antibiotic. During daily rounds, discuss with the patient/family any relevant test results and if/how that may change the type and/or course of antibiotics being given.	Select a member of your team to educate fellow team members regarding the "cost" to the patient when isolation precautions are instated, such as those outlined in the article, Patient Isolation Precautions: Are They Worth It?. Discuss the benefits and costs of isolation precautions and identify best practices for ensuring that isolated patients receive the same level of care and social contact as non-isolated patients.	Engage your PFAC to design a campaign to educate patients/family members regarding the role of the environment and personal items in transmitting germs and how they can prevent this from happening.	Invite patient and family advisors to discuss their experience with antibiotic use and prescribing practices with the Board. Ask Board members to make it a hospital-wide priority to promote appropriate antibiotic use (right drug, right time, right dose, right duration).
Readmissions	Once the patient is no longer acutely/critically ill, ensure that a member of the	Utilize the patient whiteboard to document goals and progress towards	Select a member of your care team to facilitate training related to the role of	Invite patients/family members who have experienced a	Invite members of the Board to attend Discharge Planning Meetings in your unit to

	Change Ideas				
	Point of Care Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers		Policy & Protocol Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders		Governance Implementation Partners: Board of Directors, C-Suite
Harm Topic	**Metric 1**	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
	patient's care team shares and reviews the AHRQ Booklet, Be Prepared to Go Home with the patient/family. Ask the patient/family to complete the guided questions and make a plan to review their answers as a care team (including the patient/family).	discharge, encouraging the patient/family to take part in care practices to support their knowledge and confidence in caregiving at home. During daily rounds, discuss progress towards discharge goals and ask the patient/family what questions or concerns they have so they may be addressed well in advance of their transition home.	patient/family engagement in transitions from hospital to home, utilizing the AHRQ IDEAL Discharge Planning Training; ask this team member to ensure that all relevant staff receive the training. Following implementation, identify a small number of patients to phone back after discharge to get feedback on aspects of discharge education that were helpful, as well those that could have been done differently; use this feedback to modify the discharge planning process.	hospital readmission to share their stories with a staff champion; explore possible causes of each patient's return and, as a team, compare the findings to what was documented in the patients' charts. Use this information to design and implement a quality improvement strategy, alongside patient/family partners, to eliminate preventable readmissions.	understand the variety and complexity of challenges experienced by patients preparing to go home.
Sepsis	Prior to discharge home, share Sutter's Stoplight tool, Signs of Infection and Sepsis at Home. Review key points regarding signs and symptoms to be aware of and what to do if any are noticed by the patient and/or family. Fill in the	Post the Protect Yourself and Your Family from Sepsis fact sheet in the patient room. Introduce it to the patient and family and inform them of any conditions that put the patient at higher risk for sepsis. Use teach-back to	Select a member of your quality committee to spearhead a campaign emphasizing the importance of patient and family engagement in preventing sepsis. Ask the team member to highlight human impact by sharing	Engage your PFAC to review and redesign the Signs of Infection and Sepsis at Home tool so that it is personalized to your hospital and target population. Keep what they like about the tool and use	Ask the team member spearheading the PFE campaign for sepsis to make a presentation to the Board – emphasizing not only the financial cost of sepsis, but underscoring the human impact, including lives lost and long term

	Change Ideas				
	Point of Care Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers		**Policy & Protocol** Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders		**Governance** Implementation Partners: Board of Directors, C-Suite
Harm Topic	**Metric 1**	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
	phone numbers to call should action be necessary.	review the things they can do to prevent sepsis. During daily rounds, ask the patient/family to report any potential signs/symptoms of sepsis they've noticed, as well as any preventative measures they've engaged in.	patient and family stories as part of unit newsletters and during staff meetings, such as the CDC blog, My Story: When the Signs of Sepsis are Missed and selections from the collection of patient stories from the Sepsis Alliance, Faces of Sepsis.	their feedback to improve the areas they feel should be changed.	consequences to the patient and family. Invite a sepsis survivor who received care at your hospital to share his/her story, asking for the Board's support in prioritizing patient and family engagement as a key strategy for prevention.
SSI Surgical Site Infection	During the perioperative appointment, discuss risks and preventive practices related to SSI; share the resource, FAQs about Surgical Site Infections, with the patient and family.	Educate the patient/family regarding the common symptoms of SSI, including: redness and pain around the area they had surgery, draining of cloudy fluid from the surgical wound, and fever. During nursing change of shift, ask the patient/family to report any potential signs/symptoms of sepsis they've noticed and if they have any questions or concerns regarding prevention.	Identify a team member to conduct rounds with patients/families to discuss the importance of hand hygiene and their role in asking healthcare providers to clean their hands, if they have not seen them do so. Combine this with provider education that includes appropriate responses for when patients/family members ask them about their hand hygiene practices.	Invite your PFAC to design a campaign regarding the patient/family role in ensuring healthcare providers engage in appropriate hand hygiene practices.	Invite patients to share with the Board their role, pre-surgery, in SSI prevention. Discuss the barriers experienced by some patients in following through with bathing best practices and ask the Board to support the implementation of SSI prevention drivers that include providing patients with pre-surgery bathing instructions and supplies, as well as reminder texts/emails the day before surgery.
VAE Ventilator Associated Events	As early in the admission process as possible, provide the patient's family with the tool,	Engage ventilated patients in bedside rounds and change of shift by ensuring	Identify a member of your VAE Prevention Team to implement the F	Engage your PFAC to identify and/or design patient/family education	Invite members of the Board to conduct rounds in your patient care area; help them

	Change Ideas				
	Point of Care Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers		**Policy & Protocol** Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders		**Governance** Implementation Partners: Board of Directors, C-Suite
Harm Topic	**Metric 1**	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
	Prevent Pneumonia from Campaign Zero. Emphasize the important role they can plan in pneumonia prevention.	they have access to communication tools such as: chalk boards, dry erase boards, electronic tablets/iPads, notepads, etc. At each point in care, make sure all members of the care team communicate what they are doing and ask the patient/family what questions and concerns they have.	element of the ABCDEF (A2F) Bundle. Following education and implementation, have the team member conduct audits to ensure implementation has been successful.	materials that correspond with the VAE improvement bundle, covering the following topics: staff hand hygiene, ventilator settings used to provide ventilation support and prevent further lung injury, elevation of the head of the bed, daily sedation vacation in the weaning process, spontaneous breathing trial process, early progressive mobility, regularly scheduled oral care with chlorhexidine or other antiseptic agent, and reporting any concerns in relation to ventilator care.	understand the time and attentiveness that goes into VAE prevention by having them observe care in action.
VTE Venous Thromboembolism	During the perioperative appointment, discuss risks and preventive practices related to VTE; share the resource Preventing Venous Thromboembolism	Discuss the important role mobility and the use of Sequential Compression Devices (SCDs) play in VTE prevention. Create a place on the patient	Select a nurse member of your VTE improvement team to spearhead an internal education campaign regarding the importance of SCD use and the	Engage your PFAC to create a patient and family educational resource regarding SCDs; ask them to wear SCDs during the	Invite members of the Board to wear SCDs during a Board Meeting to help them understand the patient experience; couple this experiential learning with a

	Change Ideas				
	Point of Care Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers		Policy & Protocol Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders		Governance Implementation Partners: Board of Directors, C-Suite
Harm Topic	**Metric 1**	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
	After Surgery with the patient and family.	whiteboard for the patient/family to track walking and SCD use; refer to the board during morning rounds and ask the patient/family to describe successes and challenges related to mobility and SCD use.	role of nursing. Ask this nurse to share local patient stories or those from Stop the Clot to underscore the potential impact of blood clots on patient lives; measure the success of the campaign by conducting regular audits on SCD use in the targeted care unit.	meeting so that they can better understand how to describe their use and benefits, as well as address potential challenges and support needs related to their use.	report out on the work your improvement team has conducted to prevent VTE.

,