Measuring Impact of Patient- and Family-Centered Care

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Why Measure Impact?

Taking a patient- and family-centered approach to care has consistently been shown to improve the quality, safety and experience of care. Evolving organizational culture to align with the principles of patient- and family-centered care (PFCC) takes time and resources. Along the way, it is important to understand and demonstrate the ways partnering with patients and families adds value. Capturing those benefits will help garner PFCC support and sustain existing efforts.

Measuring the impact of patient- and family-centered care should be both a quantitative and qualitative activity. Identifying specific performance measures will enable the organization to objectively and systematically monitor the effects of the changes being implemented. Meanwhile, capturing personal stories and other anecdotal experiences of both staff and patients and families will provide compelling and relatable evidence to share with the organization and community.

How to Use This Guide

The purpose of this guide is to assist your organization in measuring the impact of PFCC implementation, including setting goals, identifying what to track, monitoring progress, and determining how to document and share results.

The guidance provided below and the accompanying tools can and should be tailored and customized for your organization, but offer a model to build upon.

Measuring PFCC Impact is a Continuous Process

There are four basic steps to undertake when measuring the impact of PFCC implementation; however, the process is cyclical and should be repeated periodically. Reevaluating how you are measuring your progress will help ensure that your organization is continually challenged to do better and striving to achieve ambitious goals.
**STEP 1: Establish Goals for PFCC Implementation**

As with any organizational change, it is important to identify outcomes that you are hoping to achieve at the outset. Because PFCC is a strategy for improving care delivery overall, the goals selected should address the highest priorities of your organization and the populations you serve in a variety of areas. The following are some recommendations to keep in mind when establishing goals:

- While choosing goals related to improving patient experience may be the most obvious, goals addressing quality and safety as well as efficiency should also be identified since PFCC has a positive impact in these areas as well.

- It is important to keep both short-term and long-term achievements in mind. Achieving intermediate milestones on the way to reaching ultimate goals will help maintain momentum and offer opportunities to recognize patients, their families and staff for their hard work. For example, if you are working to establish a Patient and Family Advisory Council, you could track when your advisor recruitment goal is met and celebrate that achievement as you continue to work toward your ultimate goal of establishing an effective Council.

- Together, leaders and patient and family advisors should reevaluate goals on a quarterly basis and update them as needed. It’s important to keep in mind that culture change takes time and goals may not change every year.

- Specific examples of PFCC goals may include:
  - Establish a Patient and Family Advisory Council
  - Improve overall patient experience scores by 5% across all units
STEP 2: Identify Key Indicators of Success

Once the overarching PFCC goals have been established, identify some key indicators, or specific measures of success, that relate to those goals. Baseline data for these indicators should be collected at the start of your cultural transformation so that comparisons can be made to demonstrate improvements. There are a few things that should be considered when selecting key indicators:

- Look to existing quality measurement efforts within the organization when determining specific indicators for this work to help ensure efficiency in this process. For example, choose a specific question or two from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey already administered to patients or select a readmissions measure for which data is currently being collected for submission to the Centers for Medicare & Medicaid Services (CMS).

- Choosing only 1-3 meaningful measures for each goal will keep data collection burden low and simplify information sharing (See PFCC Key Indicators Pick List).

- Indicators should be reevaluated by leaders and advisors periodically; however, caution should be taken when replacing or modifying these measures. Because cultural change takes time, having data that spans multiple quarters and even years is important to able to show improvement over time.

STEP 3: Collect Data and Monitor Progress

It is important to begin tracking progress early on and throughout the PFCC journey. This will help you to understand the effectiveness of working in partnership with patients and families and to recognize the hard work of both Advisors and staff. A specific plan and detailed processes should be established for data collection and monitoring up front. The plan should:

- Identify a specific individual or individuals who are accountable for data collection and monitoring.

- Establish the time period for data collection and monitoring, including specified reporting intervals like monthly or quarterly.

- Specify who in the organization will be receiving and reviewing the progress of this work – this is generally the senior leadership team and the Patient and Family Advisory Council.

- Determine the format(s) in which information will be shared. Consider how to best convey the information to your audience.
The data collection and tracking process should not be complicated or cumbersome but is extremely beneficial in sharing your organizations’ experience with transformation. Consider the following tips when beginning the data collection and reporting process:

- Most organizations already track and monitor numerous measures of care quality and patient experience – use existing data collection mechanisms whenever possible to save time and resources.

- Expand upon current administrative tools, such as an Advisor Contact List, to include years of participation and project assignments to track indicators like Number of Advisors Engaged with your Organization, Number of Committees with Advisor Members, etc. (See sample Contact List). Collaborate with other departments, such as the volunteer department or hospital foundation to eliminate duplication in efforts.

- Develop new and streamlined tracking tools for logging information related to the activities and outcomes of the work done in partnership with Advisors (See sample Tracking Tool).

- Conduct annual evaluations to assess the experiences of Advisors and staff working with Advisors – this can be done using a brief written survey or through informal face to face discussions (See sample Questionnaires and Cover Letter).

- Be creative when collecting data – take before and after photographs to illustrate changes that have been made in collaboration with Advisors, such as updated wayfinding tools and communication boards.

- Develop a report or tool, such as a Dashboard, for regularly sharing improvements and progress toward achieving PFCC goals (See sample Dashboard). Plan to discuss the Dashboard as well as staff and patient or family experiences as a standing agenda item for unit/department, quality improvement committee, Patient and Family Advisory Council, and leadership meetings.

**STEP 4: Share Successes**

The entire organization and many members of the community will be actively engaged in the transition to providing care that is patient- and family-centered. It’s important that all of these individuals are aware of the progress being made in the organization. Updates on the work being done related to PFCC and the positive outcomes of that work should be shared on a regular and on-going basis. There are a number of ways to monitor, share, and celebrate progress, and some suggestions (and examples) are described below:

- Create a PFCC Annual Report describing the great work and accomplishments of the organization as a result of working in partnership with patients and families and share it far and wide in the community. (See Examples and Guidance on Creating an Annual Report).

- Hold a PFCC Celebration for staff, Advisors and members of the community to share accomplishments to date, gather feedback on how to continue improving, and most
importantly, thank them for their efforts (See Guidance on Holding a PFCC Celebration).

- Integrate PFCC work and accomplishments into skills fairs and community health fairs or hold a PFCC fair to educate staff and patients and families about all of your good work.
- Add a PFCC-focused column to organization-wide newsletters.
- Share PFCC updates and patient, family or staff stories as standing agenda items at Board of Directors meetings and Community Advisory Board meetings.

Take Advantage of Available Expertise

The National Partnership for Women & Families is a non-profit consumer organization located in Washington, DC that offers tailored technical assistance to health care organizations working to advance the practice of patient- and family-centered care in their facilities. As part of this work, the National Partnership is available to support your organization through individualized coaching, tools and resources, and training.

For more information, contact Lindsay Lang, Sr. Health Care Quality Improvement Specialist at llang@nationalpartnership.org or (202) 986-2600.

* Special consideration when measuring PFCC impact

When working to improve care, most organizations implement changes on multiple fronts at the same time which can make it difficult to single out one intervention as the most effective. As a result, it could be challenging to show that the changes made through PFCC implementation are solely responsible for improved patient outcomes. Often, the combination of multiple, different interventions result in the positive outcomes achieved. With that in mind, the goal here is to demonstrate that positive outcomes are related to changes made as the organization evolved to a patient- and family-centered approach to care.