

PATIENT AND FAMILY ENGAGEMENT TOOLKIT





Texas Women's Foundation (formerly Dallas Women's Foundation)

is a catalyst for positive change across the state, with a focused mission and vision to empower strong women to build a better world. This project was made possible by grant funding from Texas Women's Foundation in collaboration with Texas Hospital Association Foundation.



Introduction

The delivery of safe, efficient and quality care is a team effort. This team is typically comprised of doctors, nurses, patient care technicians and other support services such as radiologists and lab technicians.

Too often, the patients and their families are not included in the health care “team”. Research shows that the inclusion of patients and their families in that health care “team” provides numerous positive benefits for not only the patients and their families, but for the health care facilities and their staff as well.

This toolkit is designed to provide background information on the positive impact of patient and family engagement, assist with the evaluation of your current patient care environment and provide tools to guide you as you progress toward implementation of active patient and family engagement activities.

How Patient and Family Engagement Can Bring A Positive Change

There are many factors that affect the overall patient care experience. While the plan of care for many patients can be similar, we must recognize the diversity of our patient population and understand that health care does not have a “one-size-fits-all” approach. Patient and family engagement will help address some of the disparities that impact our diverse patient population and help provide a more tailored experience for each patient. Engaging with patients and their families at all levels will:

- **Improve quality of care and patient safety** – When patients and their families are more engaged and involved in the decision-making process, they are more likely to comply with quality and patient safety needs such as fall prevention, medication use, etc. thus reducing patient harm events.
- **Increased patient satisfaction** – With engagement of patients and families we know that the quality of care improves and with that improvement comes increased patient satisfaction, decreased complaints, and an increase in the likelihood to recommend your service to others.
- **Better patient outcomes** – By engaging with patients and families and addressing disparities such as health care literacy, language barriers and other social and economic issues, patients will be more empowered to ask questions, take a more active role in their health, be more compliant with treatment plans and improve their overall health. This can in turn reduce unnecessary readmissions and risks of complications.
- **Lower cost of health care delivery** – As health care delivery becomes more efficient and patients are engaged and able to take more control over their health and follow through with treatment plans the overall cost of health care decreases.
- **Increased employee satisfaction** – When patients and their families are engaged with their health care providers and patient care process there are fewer complaints, the delivery of care becomes more effective and efficient providing staff with the opportunity for better time management and a less stressful work environment. Ultimately higher employee satisfaction leads to lower turnover rates.

These are just a few of the benefits of organized patient and family engagement activities and including them in your departmental processes will be rewarding to not only you and the department but to the women and their families that you provide care to. Next, we will walk you through the process of using this toolkit and how to get started with your process of change.

P-D-S-A

P-D-S-A (Plan-Do-Study-Act) is the process by which we test change in health care through planning change for identified opportunities for improvement, testing that change when implemented on small scale, observing the results achieved and acting on the results that you obtain. All quality and process improvement activities should follow this structured and well-defined plan in order to achieve the greatest level of success. This process will follow four easy steps:

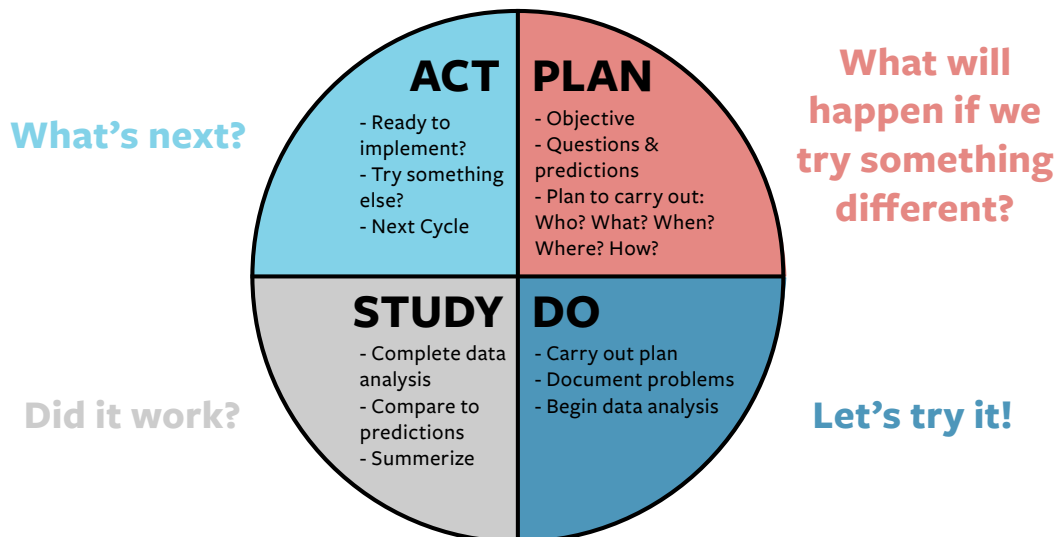
- 1. Plan**
 - State your objective.
 - Predict what you think will occur.
 - Develop your plan to test change (consider the who, what, when, where and how questions).
- 2. Do**
 - Perform a small test of change.
 - Document your findings (positive and negative effects of change, unusual or unexpected observations).
 - Begin data analysis.
- 3. Study**
 - Complete your data analysis.
 - Compare your analysis findings to your initial predictions.
 - Reflect on lessons learned.
- 4. Act**
 - Determine what modifications you need for your implemented small change process.
 - Plan your next steps (small test change or full-scale implementation).

This toolkit provides space for you to take notes and work through the PDSA cycle. It should be shared with the members of your work group so that you can all work on it collectively and document your ideas and progress. Now that you understand the process to be taken it is time to proceed to step one: PLAN.

Step 1 – Plan

Planning is one of the most critical components when implementing any process. It is the first step to any quality improvement activity once you identify an opportunity for improvement as part of the PDSA cycle.

The PDSA Cycle for Learning and Improvement



One of the first actions in the planning phase is to identify key members of your team. Individuals should represent not only department leadership, but physicians, frontline staff and other service lines that support the delivery of patient care in your department. Examples of appropriate team members would include the department director, a department manager to represent day-to-day operations, a frontline staff nurse, and a physician champion. You can also include your Case Management department or patient care services representative as well as someone from your spiritual care department.

The size of your workgroup is important. While you want to make sure all disciplines are represented you also do not want the size of your workgroup to impede your process. The larger the group the more difficult it may be to keep the group on task.

It is important to have an organized application process to select patient or family representatives. Not everyone will be a good candidate. As with any work group, the desired candidate must be willing to contribute to the conversation. They must be open to sharing ideas and have a good understanding that they are there to assist with the improvement of processes to meet the needs of patients and families. It is ok to select participants who may have brought criticism forward through patient surveys. It is ok to select participants who had a phenomenal patient care experience on your service. Whoever you select, it is important that everyone know this is not a time to work out any potential grievances, but rather a time to collaborate and work together for positive change. Once you find a few patients or family members that you think would be a good fit for your team, it will be important to complete an “application” process.

Below you will find some sample questions that you can include. Avoid questions that ask about past experiences on your service. This will keep the focus on a work group rather than a time for someone to work through a personal issue. Make sure all candidates receive the same questions and application. Set up an application period. Once you receive applications plan a meeting of your team with the sole purpose to review the applications, select the candidates that you feel best fit, and make notifications.

PFE Sample Interview Questions

1. Have you previously participated in a patient / family engagement committee?
2. What impact would you like to have on the patient / family experience in Women’s Services?
3. Describe any experience you have working in a group? What were the challenges you faced? What were the successes you experienced in group work?
4. Are you comfortable speaking and participating in a group setting that may include doctors, nurses, hospital leadership, or other patients and/or families? Would you be willing to share your perspective, ideas or opinions with this group?
5. What skills or experience do you have that you think would be most valuable to this group and the goal of patient/family engagement?
6. Would you be willing to commit _____ hours toward working with this group each month?



Potential Staff Team Members

NAME	TITLE	How They Can Contribute

It will be important to identify your champions out of those in your team. They will be key persons to help engage the rest of your staff and build support for your efforts. Some key characteristics of good champions include:

- **Respect** – When a clinician is respected among their peers, others are more likely to be active members when change is suggested. Identify a clinician (physician and nurse) who is a leader on your team, one that others look to for knowledge and skill.
- **Understanding** – It is important that any champion be able to understand both sides of the coin. In other words, they need to be able to see the perspective of others whether that is the patient, the family, or a staff member.
- **Time** – It is crucial that those chosen as champions and team members have adequate time to dedicate to the process and see it through.
- **Team Oriented** – Working with a team and a very diverse group of personalities can be both rewarding

and challenging. Your champions should possess the skills necessary to come to the table with the group, allow all voices to be heard, take all ideas into consideration and work toward the solution that best benefits those involved.

Once you have identified your champions it is time to bring your team together and begin the process of establishing organized patient and family engagement in your department. One of the most challenging pieces may be simply determining when the best meeting time will be.

You may never find a time that is ideal for everyone. Some suggestions to make this process easier are:

- **Provide several options** - If you simply ask when everyone is available, the options are unlimited, and it will be difficult to get everyone to agree on something. Provide several day/time options and allow team members to choose their top three.
- **Make it consistent** – Set your meeting to recur on the same day and time each month (first Thursday at 2 pm, etc.)
- **Avoid the busiest days of the week** - Mondays are the start to the work week and generally very busy. Fridays may be difficult as everyone is trying to wrap up the week or may be taking time off for weekend plans.

When you reach a consensus, it is time to prepare for your first workgroup meeting. Your first meeting should be a time to explain what the goal of the team is and provide education to the team on what patient and family engagement is, how it will benefit your department and how you will work together to achieve your goal. Allow plenty of time for questions and discussion. Establish a timeline and plan for moving forward.

You will have several steps to complete before you add patients and family members to your team.

1. **Development of patient and family engagement plan** – This should be well defined so that everyone understands what their role is and what you are trying to accomplish.
2. **Establish rules of engagement for the team** – Define the expectations of participation. This is a team that should share ideas and improve the patient care experience not a time to air grievances or discuss sensitive hospital matters. It is all about collaboration.
3. **Identify interview questions and potential candidates for patients/families** – You can refer to the sample application in the resource section for possible interview questions. You may identify potential candidates through your patient review process. Find someone who has made suggestions on how you can improve the experience. Think diversity!! Make sure your patient and family representatives represent the population that you serve. They should include all education/economic sectors, varying ethnicity/gender. Women's services is not just about women. Make sure significant others are represented as well.
4. **Determine the application period for patients / families** – Provide enough time to gather a good group of applicants who want to participate in your team. You must give them time to ask questions about what will be required and involved so that they can make the educated decision to apply.
5. **Select applicants** – Develop a scoring system on the applications. Allow one meeting to be dedicated to the review of applications with discussion on candidates and how they may best benefit your process.

A first course of action for your workgroup is to do an initial assessment of your current processes and see what you already have in place and what you may need to add.

We have provided a brief assessment tool below that you can use to quickly identify some areas in which you have opportunity to expand on patient and family engagement.

Initial Assessment

Key Indicator	Current Status		
	Yes	No	I Am Unsure
Departmental/Senior leadership understand the importance of patient/family engagement and its relationship to improved quality of care and outcomes and overall patient/family experience			
The mission statement of the department conveys a commitment to the concepts of patient and family-centered care.			
The department has defined quality improvement metrics that include those related to the patient/family centered care.			
The department has defined how patient care will be provided and what is expected relative to the experience of care (e.g., a philosophy of care statement).			
There is a functioning patient/family advisory council (e.g. meets regularly, at least quarterly, and reports to departmental/senior leadership).			
<p>Patients and families serve on departmental patient/family advisory committee or task forces such as:</p> <ul style="list-style-type: none"> o Quality and patient safety; o Diversity/cultural competency; o Patient care committee; o Discharge/transition planning; o End of life care; and o Patient support services 			
There is a staff liaison assigned to patient and family collaborative endeavors in the department.			
Patients and families are involved in quality improvement initiatives.			
Patients and families are involved in developing the questions and format for tools that measure patient and family perceptions of the experience of care.			
Patients and families assist in responding and finding solutions to information gathered through mechanisms that measure patient and family perceptions of the experience of care.			

Now that you have completed the initial assessment, it is time to evaluate the responses and determine a course of action. If you were able to answer “yes” to all the above questions, then your department is doing a great job with the incorporation of Patient and Family Engagement (PFE) in your plan of care. If you answered “no” or “I am unsure” to any of the above, then you have taken the first step to identify potential opportunities for improvement and should proceed to the next phase of planning.

Your workgroup will need to develop your objective or “AIM” statement. This will identify the patient population that will be impacted by the change and establish a timeline for implementation as well as measurable outcomes. For PFE, it can be as simple as saying that you will have an organized PFE committee within Women’s Services with at least two patient or family representatives in six months. Your objective is to have an organized PFE committee. The timeline is within six months and your measurable outcome is to have at least two patient or family representatives.

Once established, your PFE committee can develop other measures to work on. The AIM statements that your committee develops should reflect your opportunities for improvement within your department such as discharge planning. That AIM statement may indicate you wish to have a reduction in readmissions. It could also reflect that you wish to reduce the time it takes to discharge. Maybe you want to work on better instructions to prevent post-operative complications. Whatever measure you choose, whether it is decided upon by your department or something you are required to report, your AIM statement is your guide. Another example is provided below.

AIM Statement (objective)	Timeline	Measurable Outcome
<i>ex. Reduction in adverse drug events in Labor and Delivery</i>	<i>6 months</i>	<i>50% reduction</i>
<i>There will be a 50% reduction in adverse drug events in Labor and Delivery in 6 months.</i>		
AIM Statement (objective)	Timeline	Measurable Outcome

With your AIM Statement as a guide, your team will develop a plan of action and begin the process of working toward a new form of PFE activities. The inclusion of patients and families in the health care planning process can often be uncomfortable. Your clinicians and staff are crucial to the success of your patient and family engagement efforts, and it is important that they understand the value of providing patients and their families a place in the planning process. It all begins with education to show patient and family engagement can make a difference in your department. As with any change, it is important to answer the “who, why, how” questions. Everyone must know who is involved and responsible for what pieces of the puzzle. There should be a clear explanation as to why you are implementing change and why it is important.

Everyone involved should know how your goal will be accomplished and how it will impact your department. It is important to remember that patient and family engagement in your processes is not so that they can be privy to your most sensitive discussions. They should be included for things such as:

- **Discharge planning** – assisting to review your current discharge process and instructions and making recommendations to improve that process for the patient population.
- **Admission process** – Identify ways in which the admission process may be more fluent and easily accessible to patients and families.
- **Follow up** – Is it easy for patients to ask follow up questions post discharge or get help they may need?
- **Instructions** – Are your discharge instructions understandable to all patients and those who will be their caregivers at home? Have you considered all educational levels and the health literacy of your patient population? What if you have patients who cannot read?
- **Patient care environment** – Patient rooms are typically situated with the health care providers in mind. Are there minor changes that could be made to make it easier for patients and their families to comply with instructions such as fall prevention efforts, etc. Are the rooms equipped with adequate tools that make it easy for patients and families to identify their caregivers or any special restrictions they may have?

When choosing any topic for engagement it is important to ask if the topic is feasible. Do you already have the data to support the need to improve the process? Are you open to changing the process? Will the feedback that you obtain be translatable into an action? Is the topic something that is within your scope to change?

It will be important to begin engaging your physicians and staff as you start the process toward PFE so that they have time to prepare for organized patient and family engagement within your department. While this can have a profound positive impact on health care, the inclusion of patients and family in our planning and process and policy development is still something many are uncomfortable with. You will need to begin providing education on PFE, answering any questions that staff may have, alleviating any concerns, and generally helping everyone become comfortable with having patients and their families involved in processes. This may be uncharted territory for many of your physicians and staff. It will be important that your physician and nurse champions be prepared to relay positivity toward your goal, encourage participation and support from the rest of the staff and lead change.

We have included engagement tools with key points for engaging both physicians and frontline staff. This should be reviewed and filled out as a team. The goal will be to identify what measures you currently have in place to engage your staff and physicians with process change and what measures you can add to enhance engagement, cooperation, and success with the changes you work to implement. As a team, review each bullet point and check those that you have in place. Upon completion of the assessment, review all those points that remain unchecked. These will be your opportunities for improvement where staff and physician engagement are concerned within your quality process.

Physician Engagement Tool

Engaging physicians through collaboration and mutual understanding.

ESSENTIALS

Organizational Culture and Accountability

Studies show that organizational culture and work environment are the number one factors of physician disengagement, burnout, and turnover. Hospital executive and leadership teams must focus on implementing and sustaining a shared set of beliefs and standards of a safe and just culture. Hold all team members accountable to their actions and work diligently and openly to curb toxicity and incivility in the organization. Create space for honest feedback and follow through when concerns are raised.

Connect through shared purpose

Actively reconnect physicians with their meaning and purpose, their “why,” for being in health care. This can be achieved through storytelling and the sharing of personal patient experiences before meetings or safety briefings. Also, connect their whys back to organizational mission, vision, values, and goals. Provide frequent and honest communication and feedback through data or patient stories that correspond directly to key organizational metrics and clearly illustrate the physician’s role in achieving those goals.

Decision Making

Physicians should have a seat at the table with the executive team. They should be heard and acknowledged and actively involved in decision making that affects their workflow and productivity. Additionally, proactively seek their feedback and insight when making organizational decisions.

Meaningful and transparent use of data

Collected data should be shared and used in meaningful, tangible ways. Develop physician datasheets with clearly outlined expectations and organizational metrics. Create friendly competition that both engages physicians and drives improved patient care.

Resources

It is important to have working knowledge and understanding of the equipment and resource needs of the physician teams. Practice active listening to understand where the need or request is coming from. Offer financial transparency and collaborate to determine the greatest need to patient and staff safety and improved clinical outcomes.

Work Life Harmony

Create an organizational environment where an emphasis is placed on personal wellbeing; where physicians are empowered to take time away from patient care to do things and be with people that bring them joy and meaning in their life. Additionally, seek out or develop innovative solutions to the growing burden and demand of non-clinical tasks and the growing dependence on electronic and digital systems. For example, integration of documentation programs and devices that streamline electronic health record workflow and allow physicians quick and easy access even when away from the hospital campus.

ABOVE AND BEYOND

Courage with the board

Develop and sustain physician trust through purposeful interaction and courage with the organization's board. Show that the physician team hospital leadership is willing to stand up and advocate on behalf of physician requests.

Individualize Experiences

Be thoughtful and purposeful when engaging physicians and physician groups. Get to know their individual strengths, focus, needs, and workflow. While actively managing their expectations, tailor the approach to engagement that best highlights their skills, knowledge, and contribution to the organization.

Partnership

Physician engagement and burnout reduction should be a shared responsibility of both the physician teams and the hospital leadership team. Both have a vested interest in developing strategies to improve and sustain quality of patient care, patient engagement and satisfaction, and access to care. Develop strong physician partnerships and collaborate closely in engagement initiatives.



Employee Engagement Tool

Engaging frontline staff with Patient and Family Engagement initiatives does not have to be complicated. Below are some tips and tools to consider when collaborating with frontline staff.

STRATEGIES FOR SUCCESS

Lead with authenticity and optimism

Authentic leaders operate in a space of genuineness and self-awareness. They build trust through openness and consistency in their actions and words. Optimistic leaders inspire solution focused, productive employees with their attention to collaboration, success mindset, and meaningful motivation and encouragement.

Write department mission statement together

Writing a department mission statement promotes accountability of staff members and unifies the team with a common and connected mindset of the unit. It also solidifies the organizational mission statement while also individualizing department goals and strategies for success

Set clear goals and expectations

Everyone on the nursing team needs to be focused on the same goals and outcomes and what strategies are in place for success. Each staff member has a role in achieving high Patient and Family Engagement and should be able to clearly articulate their contribution and practice competently in that role.

Solicit ideas and feedback and use them

Frontline staff are subject matter experts regarding department culture and workflow. Use this knowledge to solicit ideas and feedback for improvements and sustainability.

Celebrate wins

Celebrate the wins! Even the small ones. Each step forward is a step in the right direction and recognition of these efforts and successes bonds teams together.

Follow up and follow through

When staff share ideas, suggestions, and feedback, it is important to appropriately manage employee expectations but also to follow up and follow through. Be true to your word and advocate honestly and truthfully for department needs.

Communicate and be transparent

Use clear, concise written and verbal language when communicating with staff. Share what you know timely and accurately. Its ok to not have all the information. However, its important to acknowledge you do not know and you are being proactive in finding out.

Be visible, available, and provide support

Many studies site direct correlations between employee satisfaction and how they perceive their direct supervisor. Building trust starts with being visible and available in the department both with staff and with patients and families. Provide support at all levels, from med pass to advocating on behalf of department to senior leadership.

Foster interpersonal and organizational trust

Continue building trust by developing and sustaining interpersonal relationships. Get to know the team beyond their job title and what motivates and influences them. Connect those motivations and influences back to organizational goals and how they directly affect patient and family experiences within the organization.

ABOVE AND BEYOND

Provide time for idea sharing and program development

Engaging employees in organizational initiatives requires meaningful time management. It is important to provide time away from patient care for staff to engage in idea sharing and process development.

Encourage and manage up floating

Experiencing different departments provides employees the opportunity to learn about the hospital and how different departments meet organizational goals. Encourage staff to bring back best practices, new ideas, or outside feedback on their own processes and department culture.

Incorporate Patient and Family Engagement into onboarding processes

Engage employees from the very beginning. Incorporating patient and family engagement into the new hire onboarding process sets the foundation of the department culture and the employee's role in meeting those expectations. It will also be something modeled to them directly from their peers.



Now that you have reached your first objective of having an organized PFE committee with patient and family representatives, it's time to continue planning and determine your first opportunity for improvement. Part of that planning should be to decide how you will test your change process.

Testing any new idea on a small scale is ideal because if modifications to the process need to be made, there are less pieces involved. You may have multiple nursing units related to Women's Services. Rather than roll out change across all the units for all nurses, start with one unit such as Labor and Delivery. If the unit itself is very large you can start with certain designated nurses who are ready to implement change. Doing so will help streamline your overall process and prevent a great deal of confusion. For example, if your first priority is to modify your discharge process in order to reduce the time it takes to discharge a patient then you may decide to test your new discharge process on the day shift of the post partem unit for a specified amount of time. You can further simplify your test of change by selecting a few of your senior nurses to utilize your new discharge process on their patients rather than all nurses. You would then collect data on discharge times and feedback from nursing and patients regarding the process itself, what works well, and what may not work well. We will discuss this further in the Study section.

Step 2 – DO

You have developed your charter and presented your concept of organized PFE to leadership and gained approval. You completed the planning phase and organized your PFE committee, selected patient and family representatives, and you have selected your first opportunity for improvement. It is now time to test your change of process.

It is always best to do a small test of change rather than try and implement overall change all at once. You should be prepared to collect the required data to evaluate the change process in order to determine the effectiveness. You should also have a defined period of time to test your change. Documentation will be very important during this time so that you know where you started, how the change is working, and what the lessons learned are.

Below is a form that you can utilize to document your progress. You may already have a well-defined documentation process for your department. This is simply a tool to assist you in the event you do not. The first is a sample with instructions on what would be included in each section. The second form is blank for you to use on your own.



SAMPLE PDSA TABLE:

PLAN – DO – STUDY – ACT (PDSA)			
PLAN	AIM STATEMENT:	<i>Should include the following: What are you trying to accomplish? What is your measured goal of improvement? Where is the change expected? What is your date to achieve this improvement?</i>	
	Current Process: (attach flow chart) <i>What is the current process you are trying to change?</i>	Identify potential causes of the problem: <i>What are the identified issues in the process?</i>	
	Key Measures: <i>What are your data measures?</i>	What changes may cause Improvement and what is the plan for collection of data (Who-What-When-Where) <ul style="list-style-type: none"> o <i>The concrete goals you want to achieve</i> o <i>Who will benefit from this improvement? Whose interests are served?</i> o <i>What will be done? Is it supported by evidence or experience?</i> o <i>Where will the change occur?</i> o <i>When will it start and stop?</i> o <i>What are the boundaries of the processes? What is in, what is out?</i> 	
	Team: <i>Who will be on your team?</i>		
DO	Carry Out Small Test of Change	Collect Data and Begin Analysis	
STUDY	Data Analysis (attach applicable data graphs): <i>Show your data What does it show?</i>	Summarize what was learned: <i>How did you interpret the data findings regarding your small change? What did you learn? What worked well? What did not work well? What barriers did you encounter?</i>	
ACT	Was desired improvement achieved?		
	Yes – Adopt (What is your plan for full implementation of change?) <i>What is your rollout plan? How will you monitor going forward?</i>	No – Adapt and try again (What will you do going forward to achieve desired improvement?) <i>What modifications can you try to achieve desired change? How will you overcome barriers that you encountered?</i>	

PLAN – DO – STUDY – ACT (PDSA)		
PLAN	AIM STATEMENT:	
	Current Process: (attach flow chart)	Identify potential causes of the problem:
	Key Measures:	What changes may cause Improvement and what is the plan for collection of data (Who-What-When-Where)
	Team:	
DO	Carry Out Small Test of Change	Collect Data and Begin Analysis
STUDY	Data Analysis (attach applicable data graphs):	Summarize what was learned:
ACT	Was desired improvement achieved?	
	Yes – Adopt (What is your plan for full implementation of change?)	No – Adapt and try again (What will you do going forward to achieve desired improvement?)

Step 3 – Study

Now that you have implemented your small test of change it is time to observe, collect data and information, and see how well your change process worked. It is “OK” if the new process is not completely successful. Some questions that your team may address during this time are:

- What was learned with this small test of change?
- Did you meet the desired outcome?
- What worked well?
- What did not work well?
- Were there any barriers to implementation?
- What could be done better?

This is the time for your team to reflect on what you have done, review the data and information gathered during the small test of change, and formulate your plan as you move forward. You will then be ready to move on to the final phase of process improvement.

Step 4 – Act

Once you have completed your small test of change, collected your data and information, and evaluated the findings it is time to move into the final phase of process improvement. It is at this time that your team must decide to do one of three things:

- **Adapt** – make necessary adjustments based on the data and information collected in order to refine the process and achieve success
- **Adopt** – fully implement your change process
- **Abandon** – if the small test of change was not successful and there is no way to make adjustments in order to make it successful then it is time to move on to new ideas

It is important to remember that sometimes no matter how much effort is put into improving a process, not all ideas will result in success. The PDSA process is a cycle that you can repeat until you get the change you are looking for. Quality process improvement is ongoing, and it is important to try and try again until you achieve the desired outcome. Sometimes, adapting your change idea may only involve a few minor changes in order to be successful. It may require a more extensive modification. Once any modifications are made, simply go back to the “DO” section and test your modified small change once again and move through the remainder of the PDSA cycle. If you do small test of change achieved your goal, then you are ready to move toward full implementation across the unit. Unfortunately, some change ideas will not work no matter how much modification is done. If this occurs it will be important for your team to be ready to head back to the drawing board to evaluate new ideas and try something new. Never give up. Always move forward.



This toolkit has instructed you through the process of patient and family engagement, how to include patients and/or family in your planning process, and the Plan-Do-Study-Act (PDSA) cycle of change. Our goal is to improve the quality of care for women across Texas and it is widely recognized that patient and family engagement can impact the delivery of care and help achieve that goal. We hope that you find this toolkit useful and that it helps start the conversation toward the inclusion of patients and their families in the healthcare planning process. Not only can you lead change and improve care to the women on your service, but you can lead the way for change throughout your organization. Together we can build an all-inclusive team, one of healthcare providers and patients and their families, in order to facilitate change and build healthier communities.

For any questions or assistance please contact:

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Resources

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