# How Patient and Family Engagement Benefits Your Hospital

Patient and family engagement is an area of increasing importance for hospitals. Not only is engaging patients and families and providing patient- and family-centered care the right thing to do, but also the many individual benefits of patient and family engagement work together to contribute to improved hospital performance.

Building patient and family engagement into your hospital’s current policies and practices can help:

* Improve quality and safety
* Improve financial performance
* Improve CAHPS® Hospital Survey scores
* Improve patient outcomes
* Enhance market share and competitiveness
* Increase employee satisfaction and retention
* Respond to Joint Commission standards

The strategies in the *Guide* can help achieve these outcomes. In a pilot implementation project, hospitals that implemented the strategies in the *Guide* observed improved patient experiences of care, increased staff satisfaction, and improved nursing time management.

There are two logos at the bottom of the page: the logo of the U.S. Department of Health and Human Services and the logo of the Agency for Healthcare Research and Quality (AHRQ):
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| Key Takeaways |
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| * Patient and family engagement is not a new or separate initiative. It is a critical part of what your hospital is already doing to improve quality and safety**.** * Patient and family engagement improves multiple aspects of hospital performance, including quality, safety, financial performance, patient experiences of care, patient outcomes, and employee satisfaction. * Together, the multiple individual benefits of patient and family engagement lead to improved hospital performance. * The *Guide to Patient and Family Engagement in Hospital Quality and Safety* is an evidence-based resource that helps hospitals develop effective partnerships with patients and family members, with the ultimate goal of improving hospital quality and safety.[[1]](#footnote-1) |

## What are the benefits of patient and family engagement?

### Overall improvements in quality and safety

When your approach to care centers on patients and families, they become allies in your efforts to improve quality and safety. They contribute through “informed choices, safe medication use, infection control initiatives, observing care processes, reporting complications, and practicing self-management.”[1](#EN1) All this translates into measurable improvements in quality and safety.[2](#EN2)

For example, Planetree hospitals that implemented patient-centered strategies exceeded Centers for Medicare & Medicaid Services national averages on several core quality measures, including care for heart attack, pneumonia, heart failure, and surgical sites.[3](#EN3) When Georgia Health Sciences Medical Center implemented changes to its visitation policy to promote patient and family engagement, the center saw a 62 percent reduction in medication errors, a 40 percent reduction in falls, and a 50 percent decrease in length of stay.[4](#EN4)

### Improved financial performance

Research from the Gallup Management Journal shows that patient and family engagement “consistently predicts hospital performance on an array of crucial business outcomes, including EBITA (earnings before the deduction of interest, tax, and amortization) per adjusted admission and net revenue per adjusted admission.”[5](#EN5) Patient-and family-centered care also decreases litigation and malpractice claims[6](#EN6) and leads to lower costs per case due to fewer complications and shorter length of stay.[7](#EN7),[8](#EN8) It can also improve patient flow and bed capacity and reduce overcrowding, with engaged patients and families serving as an early warning system for potential bottlenecks in care processes.[9](#EN9) When patients and families remain disengaged, hospitals waste resources in the form of delays and waste due to higher call volume, repetitive patient education efforts, increased diagnostic tests, and a greater need for referrals.[10](#EN10),[11](#EN11)

### Improved CAHPS Hospital Survey scores and patient experiences of care

Many of the CAHPS Hospital Survey measures reflect key elements of patient and family engagement —particularly related to patient-provider communication, pain management, medications, and discharge information. In 2012, Medicare instituted the national hospital value-based purchasing program. Under this program, achievement and improvement on patient experiences of care scores (based on the CAHPS Hospital Survey) are used to calculate value-based incentive payments.[12](#EN12),[13](#EN13) Reimbursement is tied to benchmarked performance on the CAHPS Hospital Survey, and hospitals are rewarded or penalized based on their performance on specific CAHPS measures.

Hospitals that have implemented strategies to improve patient engagement have seen subsequent improvements in patients’ ratings of care.[14](#EN14) At Georgia Health Sciences Medical Center, implementing patient and family engagement strategies on one unit led to an increase in patient satisfaction scores from the 10th to the 95th percentile.[4](#EN4) At Sharp Coronado Hospital in California, a medical-surgical unit that implemented patient-centered strategies consistently demonstrated higher overall patient satisfaction scores than a unit that had not.[7](#EN7) At Anne Arundel Medical Center in Maryland, implementing nurse bedside shift report and communication strategies contributed to significant increases in CAHPS Hospital Survey scores in the domains of communication with nurses, communication with doctors, pain management, and staff responsiveness.[15](#EN15)

### Better patient outcomes

Engaging patients and families through improved communication and other practices also has a positive effect on patient outcomes — specifically, emotional health, symptom resolution, functioning, pain control, and physiologic measures such as blood pressure and blood sugar levels.[16](#EN16),[17](#EN17) In addition, strategies that promote patient and family engagement can help hospitals reduce their rate of preventable readmissions.[18](#EN18)

### Enhanced hospital market share and competitiveness

For many hospitals, establishing a brand identity around patient and family engagement becomes a competitive edge in the marketplace. By incorporating patient-and family-centered care into their business model, Cleveland Clinic in Ohio increased its market share with additions in both new and returning patients.[19](#EN19) Similarly, as a result of implementing patient and family engagement strategies, Griffin Hospital in Connecticut saw growth in both inpatient and outpatient volume.[8](#EN8) These experiences are bolstered by findings from a survey of more than 2,000 patients in which 41 percent indicated they would be willing to switch hospitals for a better patient experience.[20](#EN20)

### Increased employee satisfaction and retention

Patient and family engagement strategies also help improve employees’ satisfaction with their work. This, in turn, leads to higher levels of retention and an improved ability to recruit quality talent. At Bronson Methodist Hospital in Michigan, implementing patient-and family-centered care practices led to a decrease in the average nurse turnover rate (from 21 to 7 percent). The hospital estimates that higher nursing staff retention has led to a savings of $3 million over 5 years.[21](#EN21) As another example, Bronson’s experience engaging patients and families in nurse bedside change-of-shift report increased both nurse and physician satisfaction, as assessed with a staff survey.[22](#EN22)[-](#EN23)[24](#EN24)

### Better response to Joint Commission standards

Patient and family engagement helps hospitals respond to Joint Commission standards that recognize the need for patients and families to be “active and informed decisionmakers throughout the course of care.”[15](#EN15)

| Joint Commission standards that relate to patient and family engagement |
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| **PC.02.01.21** The hospital effectively communicates with patients when providing care, treatment, and services.  **PC.02.02.01** The hospital coordinates the patient’s care, treatment, and services based on the patient’s needs.  **PC.02.03.01** The hospital provides patient education and training based on each patient’s needs and abilities.  **PC.04.01.05** Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her followup care, treatment, and services.  **R1.01.01.03** The hospital respects the patient’s right to receive information in a manner he or she understands.  **R1.01.02.01** The hospital respects the patient’s right to participate in decisions about his or her care, treatment, and services.  Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals. Oakbrook Terrace, IL:  Joint Commission; 2010. |

## References

1. Coulter A, Ellins J. Effectiveness of strategies for informing, educating, and involving patients. BMJ. 2007;335(7609):24-7.

2. Johnson B, Abraham M, Edgman-Levitan S, Sodomka P, Schlucter J, Ford D. Partnering with patients and families to design a patient-and-family-centered health care system. 2008.

3. Frampton S, Guastello S. Patient-centered care: more than the sum of its parts. AJN. 2010;110(9):5.

4. Connor M, Marshall R. Changing the view that families are visitors in adult hospital settings. *Presented at Hospitals Moving Forward with Patient- and Family-centered Care*

5. Robison J. What is the "patient experience"? Hospitals are becoming increasingly frustrated - and wasting money - trying to hit the wrong target. Gallup Management Journal Online. 2010:1-3.

6. Hickson GB, Federspiel CF, Pichert JW, Miller CS, Gauld-Jaeger J, Bost P. Patient complaints and malpractice risk. JAMA. 2002;287(22):2951-7.

7. Stone S. A retrospective evaluation of the impact of the Planetree patient-centered model of care on inpatient quality outcomes. HERD. 2008;1(4):55-69.

8. Charmel PA, Frampton SB. Building the business case for patient-centered care. Healthc Financ Manage. 2008;62(3):80-5.

9. Hall MF. Looking to improve financial results? Start by listening to patients. Healthc Financ Manage. 2008;62(10):76-80.

10. Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, et al. The impact of patient-centered care on outcomes. J Fam Pract. 2000;49(9):796-804.

11. Conway J, Johnson B, Edgman-Lefitan S, Schlucter J, Ford D, Sodomka P, et al. Partnering with patients and families to design a patient- and family-centered health care system: a roadmap for the future: a work in progress. Bethesda, MD: Institute for Family-Centered Care, 2006.

12. HCAHPS fact sheet (CAHPS hospital survey): Centers for Medicare and Medicaid Services; 2010 [updated 2010/09/15/]. Available from: <http://www.hcahpsonline.org/files/HCAHPS%20Fact%20Sheet,%20revised1,%203-31-09.pdf>.

13. Centers for Medicare and Medicaid Services. Plan to implement a Medicare hospital value-based purchasing plan. Washington, DC: U.S. Department of Health and Human Services; , 2007.

14. Iacono S. A study on the relationship of patient satisfaction and utilization of a Planetree model in care delivery. PlaneTalk Newsletter. 2001.

15. The Joint Commission. Advancing effective communication, cultural competence, and patient- and family-centered care. 2010 Prepublication edition - not for distribution.

16. Epstein RM, Street RL, Jr. Patient-centered care for the 21st century: physicians' roles, health systems and patients' preferences. Philadelphia: American Board of Internal Medicine Foundation; 2008.

17. Roter D. Which facets of communication have strong effects on outcome: a meta-analysis. In: Stewart M, Roter D, editors. Communicating with medical patients. Newbury Park, CA: Sage; 1989.

18. Steffens L, Jaeger S, Herrmann S, Thomas K, Barker K, Eggleston A. Hospital readmission: the move toward pay for performance. J Nurs Adm. 2009;39(11):462-4.

19. Anderson J. Exploring the role of board leaders in patient- and family-centered care: a conversation. *Presented at Hospitals and Communities Moving Forward with Patient- and Family-Centered Care: An Intensive Training Seminar*. Pinehurst, NC: Institute for Patient- and Family-Centered Care; 2010.

20. Grote KD, Newman JRS, Sutaria SS. A better hospital experience. McKinsey Quarterly.

21. McCarthy D. Case study: achieving a culture of patient- and family-centered care at Bronson Methodist Hospital. Quality Matters. 2007.

22. Chaboyer W, McMurray A, Johnson J, Hardy L, Wallis M, Sylvia Chu FY. Bedside handover: quality improvement strategy to "transform care at the bedside". J Nurs Care Qual. 2009;24(2):136-42.

23. Chaboyer W, McMurray A, Wallis M. Bedside nursing handover: a case study. Int J Nurs Pract. 2010;16(1):  
27-34.

24. Anderson CD, Mangino RR. Nurse shift report: who says you can't talk in front of the patient? Nurs Adm Q. 2006;30(2):112-22.

1. The *Guide* was developed for the U.S. Department of Health and Human Services’ Agency for Healthcare Research and Quality by a collaboration of partners with experience in and commitment to patient and family engagement, hospital quality, and safety. Led by the American Institutes for Research, the team included the Institute for Patient and Family-Centered Care, Consumers Advancing Patient Safety, the Joint Commission, and the Health Research and Educational Trust. Other organizations contributing to the project included Planetree, the Maryland Patient Safety Center, Aurora Health Care, and Emory University Hospital. [↑](#footnote-ref-1)