Building Partnerships with Patients and Families: Reducing Readmissions

Patient- and Family-Centered Care is built on a commitment to partnership between those who receive care and their families and those who deliver care. It is guided by four core principles:

- Treating people with respect and dignity by recognizing and honoring the unique values, preferences, culture, and goals that patients and families bring to the care experience.
- Providing useful and unbiased information to patients and families in ways they can understand.
- Supporting and encouraging patients and families to participate in decision-making in their care to the degree they choose and
- Collaborating with patients and families in the development, improvement and evaluation of policies, programs and health care services.

The list below provides hospitals with practical ways to engage patients and family advisors in improving transitions from the hospital. Each of the strategies can be used alone or can be combined to inform and improve your hospital processes to build better partnerships with patients and families.

1. Listening to the Patient and Family Voice to Build Awareness of Opportunities – Interviews or focus groups.

Using data reports, referrals from social workers, nurses, and others, identify recently discharged patients and families who left the hospital (last 3-6 months) and survey them by phone or in person. Start with populations where your readmission rate has opportunity for improvement. Interview both patient/family members that had a safe and successful discharge and those who might have returned to the ED or were readmitted.

Areas to solicit information for integration into improvement efforts:

Pre admission or during hospitalization:

- Did you feel welcomed to the hospital environment and invited to participate with your loved one during the hospital stay?
- Did you feel supported to participate in bedside change of shift report with the nurse and ask questions, share information about your loved one?
- Did someone share a checklist with you about things to think about in preparation for discharge from the hospital?
- What suggestions do you have to improve your or your loved ones experience?
- What did you find especially useful in preparing you to go home or to take your loved one home?

Evaluating how confident patients and families felt after discharge:

In reflecting on your hospital experience, after you were discharged from the hospital:


• What information was most helpful to you when you or your loved one returned home from the hospital?
• What did you not know at the time of discharge that you wished you had known before you left the hospital?
• What did you worry about in your first 4 days after discharge?
• What questions did you have once you were home about staying safe? Were you able to identify someone who could help answer these questions?

2. Asking patient and family advisors to participate in creating materials (including checklists) or reviewing materials developed elsewhere (e.g. the HEN Pre-admission checklist) and providing feedback to increase its usefulness.

• If starting with a nationally developed checklist, ask your advisors the following questions:
  o After reviewing this checklist, what is the main message you gained from its review?
  o Were there areas of the form, words or acronyms (such as RED, BID, etc.) that were confusing or hard to understand?
  o Did the materials use plain, everyday language and give examples that helped you know what you needed to do?
  o What ideas do you have that would improve this document?
  o What about it’s length – too long, too short or just right?
• If this form were used in our hospital, when do you think it would be most helpful for it to be shared with you or your family member?
• What would be the best way to present or introduce it to patients and their family member?
• By reviewing this document, do you think you would have enough information to know how or why you would need to complete this form? What support or encouragement would you need to make the most of this tool?

3. Invite advisors with a recent hospital experience to participate in an improvement team working on reducing hospital readmissions. The individuals should be able to share what worked and what would have improved their own confidence in going home. Recruiting both individuals who may have returned to the hospital and those who had a successful transition home can provide useful insights from these different patient/family perspectives.