New Toolkits to Improve Patient and Family Engagement

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Patient and Family Engagement in Primary Care and Safe Transitions to New Appointments are both recent toolkits developed for the Agency for Healthcare Research and Quality (AHRQ). Both available on AHRQ’s Patient Safety Tools and Resources webpage, these tools were designed to be used by clinicians, staff, patients, and family members in outpatient settings. While designed broadly for any staff, the techniques and skills necessary to use the toolkits fully align well with the role of health educators building on core skills already employed. This document details key components of the tools, their similarities and differences, how the tools help health promotion and how health educators may use the tools in practice.

Keywords: medical care; health promotion; patient education; health literacy

The roles of health education specialists or health educators in clinical settings have expanded as health care continues to shift toward preventive models, post–Affordable Care Act (Auld, 2017). With this shift, tools to improve communication, continuity of care and patient and family engagement are important aids in improving patient and family education and health outcomes. The Agency for Healthcare Research and Quality (AHRQ) funded development of tools to assist in patient care across diverse care settings. Two of these toolkits, Patient and Family Engagement in Primary Care and Safe Transitions to New Appointments, are frameworks designed specifically for patient engagement and health promotion in the clinical ambulatory settings (AHRQ, 2016a, 2016b).

These toolkits both provide evidence-based intervention practices and tools to support health education specialists, among other hospital and primary care practice staff, in improving patient care and implementation of health promotion activities in the ambulatory care setting. Both are now available free of charge on the AHRQ Patient Safety Tools and Resources webpage (AHRQ, 2013). Meant to be used by patients, their family members, and clinical and nonclinical staff in the ambulatory setting, these tools are straightforward, concise, and relevant to health educators working in ambulatory health care settings during patient visits and in preparation for transitions of care. Many older adults have trouble accessing and using new technology-driven tools. Because the majority of underserved older adults find it difficult to use electronic health record (EHR) systems, tools were designed to be used in article with options to integrate into the EHR (Czaja et al., 2015).

The common thread throughout these tools is the identification of patient engagement not merely as asking people what they want but as true involvement in every aspect of care. By incorporating patients and their care partners in care planning across the continuum, including safe transition preparations, facilities can reduce errors related to transitions of care; increase patients’ engagement in their own plan of care; improve communications among patients, care partners, and

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both internal and external staff; address requirements related to coordination of care and enhance overall patient and clinician experience (Shekelle et al., 2016). The strength of these toolkits lies in their ability to support and guide meaningful discussions, allowing for more depth and thoughtful, tailored education.

Because of their modular nature, these toolkits can be used in conjunction with one another or alone, pieced apart to focus on certain aspects of care, or used in their totality. Both toolkits build on preexisting evidence-based tools and employ strategies from the logic model and the transitions of care model. Patient-facing portions of the toolkits use concepts from the AHRQ Health Literacy Universal Precautions to ensure accessibility and ease of use. They score well using the SMOG readability tool and Patient Education Materials Assessment Tool (PEMAT). The Patient and Family Engagement in Primary Care toolkit underwent additional screening and review by subject matter experts to ensure that language was appropriate for a low health literacy audience.

**FIGURE 1** Patient and Family Engagement in Primary Care Toolkit Components

<table>
<thead>
<tr>
<th>Toolkit</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Be Prepared To Be Engaged</strong></td>
<td>Facilitates visit agenda setting for patients and clinicians.</td>
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<tr>
<td></td>
<td>Improves visit efficiency and safety and promotes effective communication.</td>
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<tr>
<td><strong>Create a Safe Medicine List Together</strong></td>
<td>Creates a complete and accurate medicine list, which is the first line of defense against medication errors.</td>
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<tr>
<td></td>
<td>Leads to improved patient outcomes, adherence, and safety.</td>
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<tr>
<td><strong>Teach-Back</strong></td>
<td>Improves communication and health literacy.</td>
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<td></td>
<td>Ensures the effective transfer of information shared with patients.</td>
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<tr>
<td><strong>Warm Handoff Plus</strong></td>
<td>Promotes collaborative communication, engaging the patient as part of the team.</td>
</tr>
<tr>
<td></td>
<td>Supports handoff within the practice to reduce communication drops during transitions.</td>
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**PATIENT AND FAMILY ENGAGEMENT IN PRIMARY CARE**

The Patient and Family Engagement in Primary Care toolkit focuses on four main strategies to improve patient engagement during ambulatory visits: encouraging the use of teach-back, preparing for engagement, medication management, and conducting warm handoffs (Figure 1). These strategies create an opportunity for better engagement between patients and other members of the care team, improving efficiency in communication and care delivery and contributing to better health outcomes in patients. Each tool includes a quick start guide, a full-length informational brochure, a recorded informational webinar, and tools. The number and types of tools differ depending on strategy, but all strategies include handouts, fliers, and patient-specific materials. Some strategies include posters or cheat sheets to overcoming implementation barriers. The Patient and Family Engagement in Primary Care toolkit is designed for on primary care practices but may be
appropriate for other ambulatory or outpatient environments. These tools are available in English and Spanish.

**SAFE TRANSITIONS TO NEW APPOINTMENTS**

Safe Transitions to New Appointments focuses specifically on improving outcomes in care transitions through patient and care partner engagement. This toolkit has a similar structure to the individual strategies in the Patient and Family Engagement in Primary Care toolkit. Patient engagement is supported through a toolkit guide, training video for safe transitions, assessment for current practices, and checklist for clinicians and staff, and a patient tool (Table 1). This toolkit provides structure for health educators and others to use in conversations with patients and their care partners as they prepare them for a care transition with the end goal of reducing miscommunication of health information, understanding patient’s risks, and encouraging open discussion. Health educators can use these tools and strategies to create a safe and comfortable environment for collaboration between patients and hospital staff.

Strategies in the Safe Transitions to New Appointments toolkit can be applied by any staff member at an ambulatory care facility who is assisting a patient in their care transition. The toolkit is designed to be used when patients transition from one care provider to another, but it may be useful for certain patients with other types of care transitions. Health educators can bridge the gap between patients and clinicians by leading this process and maintaining communication with the entire care team.

**USING THESE TOOLS IN HEALTH EDUCATION**

These tools align well with core values of health education and promotion by serving to help foster motivation, skills, and engagement for making healthy, informed choices. Because of the focus on dialogue and motivational interviewing, health educators and other practitioners may find these tools familiar and easy to use. Given the staff mix at a facility, the specific staff charged with implementing the toolkits may vary. In many instances, health educators may be the best fit to lead toolkit implementation in their workplaces. Health educators can choose from multiple techniques described in the toolkits to fit a patient’s particular needs. For example, health educators can navigate the teach-back method to improve accuracy in health information delivered to patients by ensuring they understand their health and encouraging them adhere to their care and medication plan. This reduces miscommunication and underestimation of patients’ needs and introduces an opportunity for health educators, clinicians, and hospital or practice staff to connect with patients.
LIMITATIONS

Both these toolkits are designed for a specific clinical setting and may be of little use to health educators working outside of these settings. While guidance is supplied by the authors on how to integrate these tools with EHR, the tools are also meant to be printed out and used as paper tools. Sites with little ability to modify their EHR may find it cumbersome to use paper tools or tools that do not interface because of this inability to align the tools with workflow and documentation practices. It could be time-consuming to implement either of these toolkits all at once. These tools may be of little use to patients who do not understand written English or Spanish.

CONCLUSION

Even with these limitations, these toolkits will be helpful to professionals working in the ambulatory health care setting. Both have been through multiple rounds of review and pilot testing to ensure they are convenient, concise, and appropriate to the setting. They are customizable to meet specific patients and facility needs, and they are both appropriate for patients with low health literacy. It is these factors that make these two toolkits nice additions to the assets available to health education specialists, certified or not, working in clinical settings.

REFERENCES