

APPENDIX A

Names of experts consulted:

Susan Baade, M.P.H.

Carrie Brady, J.D.

Kristin Carman, Ph.D., M.A.

Jana Beth Deen, R.N., B.S.N., J.D.

Sue Collier, M.S.N., R.N., F.A.B.C.

Susan Edgman-Levitan, P.A.

Susan Frampton, Ph.D.

Seth Glickman, M.D., M.B.A.

Helen Haskell, M.A.B.

Beverly Johnson

Kathryn Leonhardt, M.P.H., M.D.

Gregory Makoul, M.S., Ph.D.

Gail Nielsen, B.S.H.C.A., F.A.H.R.A., R.T.R.

Shoshanna Sofaer, M.P.H., Dr.P.H.

APPENDIX B.

PATIENT AND FAMILY ENGAGEMENT SURVEY

1. Has the hospital conducted a formal self-assessment to determine the extent to which various patient and family engagement practices are used in the hospital?

- Yes, within the last 12 months
 Yes, more than 12 months ago
 No

This group of questions relates to how the hospital partners with patient and family advisors.

2. Does your hospital have a patient and family advisory council that is hospital-wide, only in a unit or units of the hospital, or no hospital-wide patient and family advisory council?

- Hospital-wide
 Only in one or more units, but not hospital-wide (Skip to question 7)
 There are no patient and family advisory councils (Skip to question 7)

4. How many times has the patient and family advisory council met in the last 12 months?

_____ time(s)

5. What percent of the patient and family advisory council members are patients and family members?

_____ %

3. Does the patient and family advisory council have bylaws or a written charter?

- Yes
 No

6. How long has the hospital had a patient and family advisory council?

- Less than 12 months
 12 months to 24 months
 More than 24 months

7. This question lists committees and work groups that may exist in the hospital. If your hospital uses a different name for its committee/workgroup, please choose the closest match. For example, your hospital may have a Quality Council. The closest match would be Quality/Performance Improvement/Patient Safety Team.

For each committee/work group, please indicate (1) whether or not it exists, (2) whether or not the committee/work group is led or co-led by a patient or family member, and (3) whether or not there are at least TWO patients or family members that serve on the committee/work group.

Committee or Work Group	(1) This Committee/Work Group exists in this hospital		(2) Led or Co-led by Patient or Family Member		(3) There are at least TWO patients or family members that serve on the Committee/Workgroup	
	Yes	No	Yes	No	Yes	No

Facility Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient/Family Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital's Board of Trustees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Quality and Patient Safety Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee or Work Group	(1) This Committee/Work Group exists in this hospital		(2) Led or Co-led by Patient or Family Member		(3) There are at least TWO patients or family members that serve on the Committee/Workgroup	
	Yes	No	Yes	No	Yes	No
Quality/Performance Improvement/Patient Safety Teams Please specify projects or teams _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This group of questions relates to family presence (visitor) policies and practices.

8. Is there a written policy that supports patients' rights to identify their preferences with respect to which family members or other partners in care they would (and would not) like to have actively involved in their care?

Yes No

9. Please indicate whether or not the hospital has a policy or guidelines that facilitate unrestricted access, 24 hours a day, to hospitalized patients by family and other partners in care according to patient preference.

Exists across all units Exists across some units Does not exist in any hospital unit

(Skip to question 10)

(Skip to question 10)

For each of the following hospital units, please indicate whether or not the hospital has a policy or guidelines which facilitate unrestricted access, 24 hours a day, to hospitalized patients by family and other partners in care according to patient preference.

Unit	This Unit Does Not Exist in This Hospital	Has a Policy/Guidelines Which Facilitate Unrestricted Access	
		Yes	No
Behavioral Health (Substance Abuse, Mental Health, Psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surgical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Non-ICU) Specialty Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Care Units (CCU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Intensive Care Units (MICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Intensive Care Units (NICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Intensive Care Units (PICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Anesthesia Care Unit (PACU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Intensive Care Units (SICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ICU Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This group of questions relates to practices that help patients make decisions

10. Are patients provided with decision aids for various health conditions? Patient decision aids are informational health materials and literature that help people become involved in decision making by making explicit the decision that needs to be made, providing information about treatment options and outcomes, and helping the patient clarify personal values.
- Yes
 No (Skip to question 12)
11. Please indicate whether or not patients receive decision aids through each of the following methods:
- | | Yes | No |
|--|--------------------------|--------------------------|
| A formal or central hospital service that provides all patients with decision aids for various health conditions | <input type="checkbox"/> | <input type="checkbox"/> |
| Decision aids are provided to patients by specialty units | <input type="checkbox"/> | <input type="checkbox"/> |
12. Does the hospital calculate readability levels or scores of any informational health materials distributed by the hospital (using tools such as Kincaid, Flesch Index, SAM: Suitability Assessment of Materials)?
- Yes No
13. Does the hospital consistently provide non-written materials such as picture books, videotapes, or audiotapes to convey important information to patients with limited ability to obtain, process or understand basic health information and services needed to make appropriate health decisions?
- | | | |
|---|------------------------------|-----------------------------|
| Picture Books | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Video Tapes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Audiotapes or multi-media presentations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

14. Please indicate whether or not the hospital provides patients and families with the following materials in different languages.

	Yes	No
Both written and non-written materials	<input type="checkbox"/>	<input type="checkbox"/>
Just written materials	<input type="checkbox"/>	<input type="checkbox"/>
Just non-written materials	<input type="checkbox"/>	<input type="checkbox"/>

15. In general (exceptions being the right to access psychotherapy, notes or information compiled for use in litigation and records the provider determines could result in harm to you or another person), can patients examine their health record while they are in the hospital?

- Patients can examine their health records anytime while in the hospital.
- Patients can examine their health record by appointment only or in consultation with their physician.
- Patients are not allowed to examine their health record while in the hospital.

16. Is information given to patients on how to access their health record? Yes No

17. Please indicate whether or not patients can update the following information in their health record.

	Yes	No	Not Applicable
Who the patient's preferred family or partners in care are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How family or care partners may participate in care and decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demographic information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergic episodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not resuscitate (DNR) orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proxies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Does the hospital provide patients access to a patient portal (a secure online website that gives patients convenient 24-hour access to personal health information from anywhere with an Internet connection)?

- Yes No

This group of questions relates to practices used at the bedside.

19. Are patients and/or family members encouraged to participate in the nurse bedside change of shift report?

Yes, across all units

Yes, across some units

No, not in any hospital unit

(Skip to question 20)

(Skip to question 20)

For each unit listed below, please indicate whether or not patients and/or family members are encouraged to participate in the nurse bedside change of shift report.

Unit	This Unit Does Not Exist in This Hospital	Patients and/or family members are encouraged to participate in the nurse bedside change of shift report	
		Yes	No
Behavioral Health (Substance Abuse, Mental Health, Psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Non-ICU) Specialty Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Care Units (CCU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Intensive Care Units (MICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Intensive Care Units (NICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Intensive Care Units (PICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unit	This Unit Does Not Exist in This Hospital	Patients and/or family members are encouraged to participate in the nurse bedside change of shift report	
		Yes	No
Post Anesthesia Care Unit (PACU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Intensive Care Units (SICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ICU Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Are multidisciplinary rounds (planning and evaluating patient care with health professionals from a variety of health disciplines) consistently conducted at the bedside with patients and/or family members?

Yes, across all units

Yes, across some units

No, not in any hospital unit

(Skip to question 21)

(Skip to question 21)

For each of the following units, please indicate whether or not multidisciplinary rounds (planning and evaluating patient care with health professionals from a variety of health disciplines) are consistently conducted at the bedside with patients and/or family members.

Unit	This Unit Does Not Exist in This Hospital	Multidisciplinary rounds are consistently conducted at the bedside with patients and/or family members	
		Yes	No
Behavioral Health (Substance Abuse, Mental Health, Psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Non-ICU Specialty Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Care Units (CCU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Intensive Care Units (MICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Intensive Care Units (NICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Intensive Care Units (PICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Anesthesia Care Unit (PACU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Intensive Care Units (SICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ICU Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Never | Seldom | Sometimes | Often | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. How often are patients' <u>daily</u> care objectives listed on a white board (also known by the terms marker board, dry-erase board, dry-wipe board, pen-board) in their room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. How often do patients or family members add their own notes to the white boards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. How often is the white board reviewed with the patient and family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Does the hospital provide a way for patients and their families to call for assistance from a Rapid Response Team (RRT)? | | | | | |
| <input type="checkbox"/> The hospital does not have a Rapid Response Team (RRT) (Skip to question 28) | | | | | |
| <input type="checkbox"/> Patients or family members can directly call for assistance from the Rapid Response Team (RRT) | | | | | |
| <input type="checkbox"/> Patients or family members have to request assistance from a Rapid Response Team (RRT) through hospital staff members | | | | | |
| <input type="checkbox"/> The hospital has a Rapid Response Team (RRT) but patients can't activate it (Skip to question 27) | | | | | |
| 25. How long have you had a policy for families to be able to activate Rapid Response Teams? | | | | | |
| <input type="checkbox"/> 12 months or less | | | | | |
| <input type="checkbox"/> More than 12 months | | | | | |
| 26. Is information shared with families and other partners in care on how to activate or request assistance from Rapid Response Teams? | | | | | |
| <input type="checkbox"/> Yes | | | | | |
| <input type="checkbox"/> No | | | | | |
| 27. On average, over the past 12 months, how many rapid response calls were either activated or requested by patients or family members each month? | | | | | |
| <input type="checkbox"/> 0 | | | | | |
| <input type="checkbox"/> 1 every other month | | | | | |
| <input type="checkbox"/> 1 a month | | | | | |
| <input type="checkbox"/> 2 to 3 a month | | | | | |
| <input type="checkbox"/> More than 3 a month | | | | | |

28. How frequently is teach-back used during the discharge planning process in each of the units listed below? Teach-back is a way to confirm that the health care provider has explained what the patient needs to know in a manner that the patient understands. Patients understanding is confirmed when they accurately explain it back to the health care provider in their own words. If needed, the health care provider can re-explain and check again.

Unit	Never	Seldom	Sometimes	Often	Always	This Unit Does Not Exist in the Hospital
Behavioral Health (Substance Abuse, Mental Health, Psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Care Units (CCU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Intensive Care Units (MICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Intensive Care Units (NICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Intensive Care Units (PICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Post Anesthesia Care Unit</u> (PACU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Intensive Care Units (SICU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Does the hospital have a formal policy for disclosing and apologizing for medical errors to patients and families? Yes No (Skip to question 31)

30. How long has the hospital had a policy for disclosure and apology in place?
 Less than 12 months 12 months to 24 months More than 24 months

31. When a root cause analysis (RCA) investigation is conducted, are patients and/or family members routinely interviewed? Yes No

32. When a root cause analysis is conducted, are patients and/or family members routinely included as members of the root cause analysis team? Yes No

This group of questions relates to equipping staff to engage patients and their families through training and education.

33. Does the hospital provide training for physicians, nurses and other clinical staff on partnering with patients and families in the care plan decision-making process?

	Yes	No	Don't Know
Physician Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Clinician Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. For each of the following training areas, please indicate whether or not patients or family members participate as educators or content developers in the training of physicians, nurses and other clinical staff, or do not participate in that training area at all.

Training Area	Physician Training		Nurse Training		Other Clinical Staff Training		Patients or family members do not participate as educators or content developers in this training area
	Yes	No	Yes	No	Yes	No	
New employee orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service education for clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs for medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnering with patients and families in the care plan decision-making process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. What proportion of the hospital's physicians, nurses, and other clinical staff has received training on partnering with patients and families in the care plan decision-making process?

	0%	Between 1% and 25%	Between 26% and 50%	Between 51% and 75%	Between 76% and 99%	100%
Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. For each of the following practices, please indicate whether or not there is formal training provided to physicians, nurses and other clinical staff in how to communicate with patients.

Patient Communication Training	Training Provided to:					
	Physicians		Nurses		Other Clinical Staff	
	Yes	No	Yes	No	Yes	No
How to encourage patients and families to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to encourage patients and families to give their opinions and express concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approaches for eliciting the values of patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approaches for eliciting the goals of patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approaches for eliciting the needs of patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How to create opportunities to hear from patients and family members about their perspective of the care experience at the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to respond when people complain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to involve patients and families in process improvement, redesign work, and/or committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using teach-back methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosing and apologizing for medical errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next group of questions relate to barriers to implementing patient and family engagement practices and monitoring and measuring engagement strategies.

37. Please rate each item below as to your perception of the degree it presents a barrier to your hospital in implementing patient and family engagement strategies on a scale ranging from 1 (no barrier) to 5 (significant barrier).

Barrier	No Barrier				Significant Barrier
	1	2	3	4	5
Differences in language between patient and health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural differences between patient and health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership commitment to patient and family engagement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of financial support for patient and family engagement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for patient and family engagement from clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for patient and family engagement from hospital administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training of clinical providers in how to engage with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of clinical information systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient's willingness to participate in care activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The literature/evidence supporting the "usefulness" of patient and family engagement practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time available for rounds, change of shift, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time it takes to set up and implement advisory programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy/HIPAA concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk management concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competing organizational priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of transparency of medical cost information enabling patients to compare the price of health care services and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

products so they can make informed choices among doctors and hospitals					
Degree of transparency of quality information enabling patients to compare the quality of health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Please indicate whether or not each of the following metrics is regularly or periodically used by the hospital to track the implementation of patient and family engagement strategies.

	Yes	No
The number of advisory councils across the hospital	<input type="checkbox"/>	<input type="checkbox"/>
Ratio of patient and family members to staff on advisory councils	<input type="checkbox"/>	<input type="checkbox"/>
Number of patient and family advisors serving on committees or Quality Improvement (QI) teams	<input type="checkbox"/>	<input type="checkbox"/>
Number of staff trained in partnering with families	<input type="checkbox"/>	<input type="checkbox"/>
Number of staff trained in communicating to support patient and family engagement	<input type="checkbox"/>	<input type="checkbox"/>
Changes in patients' ratings of hospital care as patient and family engagement strategies are implemented	<input type="checkbox"/>	<input type="checkbox"/>
Changes in clinical process and outcomes as patient and family engagement strategies are implemented	<input type="checkbox"/>	<input type="checkbox"/>
Changes in market or financial performance as patient and family engagement strategies are implement	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

39. What is your position in the hospital?

- Chief Executive Officer (CEO)
- Chief Operating Officer (COO)
- Chief Medical Officer (CMO)
- Chief Nursing Officer (CNO)
- Other (Please specify) _____

40. Other than the practices identified in this survey, please describe below any additional successful patient and family engagement practices that you have implemented in your hospital or system.

Please provide below your contact information so that we can learn more about your hospital's promising practices.

Name: _____

Title: _____

Phone: _____

Email: _____