New York State Partnership for Patients

# Engaging and Optimizing Care Partners
## NYSPFP Care Partner Collaborative Project Charter

Published: July 2019

**HOSPITAL NAME:** _____

**CREATION DATE:** _____ **START DATE:** _____ **END DATE:** _____

**PROJECT GOAL:**
Implement or enhance a Care Partner program at your hospital(s) by March 30, 2020.

**PROJECT DESCRIPTION:**
The NYSPFP Care Partner Collaborative is an opportunity for hospitals to develop or enhance an existing care partner* program. The Collaborative will help hospitals strengthen systems, processes, and practices that enhance patient and care partner engagement in healthcare delivery throughout the hospital stay.

Engaging patients and care partners throughout the hospital stay, during discharge, and after discharge can reduce preventable readmissions, improve healthcare quality, and increase patient satisfaction.

NYSPFP programming and education for the Collaborative will support hospitals in engaging patients and care partners using the following framework:

**CARE PARTNER FRAMEWORK**

STEP 1: **COMMIT**

STEP 2: **IDENTIFY**

STEP 3: **INCLUDE**

STEP 4: **PREPARE**


* The term "care partner" highlights a family member, friend, or caregiver as an extension of the healthcare team. The term is promoted by the Institute for Patient- and Family-Centered Care®, Planetree, and the Centers for Medicare & Medicaid Services, and it can be used interchangeably with "caregiver" as defined by New York State's Caregiver Advise, Record and Enable (CARE) Act.

**ACTIVITIES:**

The following is a list of core interventions to be performed by hospital/hospital system teams in coordination with NYSPFP staff to support hospital progress toward established goals:

1. Assessment:
    a. Determine the hospital's readiness to implement the care partner model using the *Engaging and Optimizing Care Partners Implementation Checklist* to:
        i. Assess structures already in place
        ii. Create an implementation plan to address the unique needs of your hospital
    b. Utilize your hospital's Patient and Family Advisory Council or members of the PFAC to identify gaps and inform your interventions
2. Education: Ensure all relevant hospital team members participate in educational programming for the care partner Collaborative, including how to develop and share:
    a. Promotional materials that will be provided to raise public awareness of the value of a care partner program
    b. Information on how to become a care partner and the duties and responsibilities of that role
    c. Strategies and tools to identify and activate the care partner on admission and engage them throughout the hospital stay through formalized protocols
    d. Tools and materials that facilitate transitions to home and successful post-hospital management of care
3. Documentation: Record Plan-Do-Study-Act (PDSA) cycles on key interventions tested throughout the implementation and evaluation periods.
4. Data Collection: Identify key process and outcome measures to measure success of and adherence to the care partner model.
5. Wrap-Up:
    a. Monitor and track progress using selected outcome and process measures
    b. Hardwire effective processes
    c. Celebrate progress widely and include frontline staff

**NYSPFP PROJECT MANAGER:**

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**HOSPITAL PROJECT LEAD:**

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**EXECUTIVE SPONSOR:**

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**OTHER PROJECT SPONSOR(S), IF APPROPRIATE:**

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## HOSPITAL PROJECT TEAM:

| POSITION | NAME/TITLE | E-MAIL/PHONE |
|---|---|---|
| Project Leader | | |
| Care Transitions Leader | | |
| Data Informatics Leader | | |
| Nurse Leader | | |
| Patient and/or Care Partner Champion | | |
| Patient Experience Leader | | |
| Performance Improvement Leader | | |
| Physician Leader | | |
| Team Members | | |

## TIMELINE/MILESTONES:

| MILESTONE | TARGET COMPLETION DATE |
|---|---|
| Facility Assessment | |
| Establish Meeting Frequency | |
| PDSA #1 | |
| PDSA #2 | |
| PDSA #3 | |
| Final Summary Report Completion | |

## SIGNATURE OF HOSPITAL PROJECT CHARTER ENDORSEMENT:

Chief Medical Officer Name: _____

Signature: _____ Date: _____

Chief Nursing Officer Name: _____

Signature: _____ Date: _____

Chief Quality Officer Name: _____

Signature: _____ Date: _____