



PLANETREE

Care Partner Program Quality Checking Tool

A policy, badges and brochures alone do not make for a quality care partner program. These programmatic elements will help to generate visibility and momentum for the program, but in the absence of staff training, an evaluation plan, and comprehensive support for family members and staff in this new paradigm of partnership, the program won't fully live up to its potential as a potent driver of patient and family engagement.

This 13-question Quality Checking Tool was developed by Planetree to support organizations in assessing the quality of their care partner program, and to help identify opportunities for strengthening the ways you partner with family members to deliver optimal patient care.

To tabulate your rating:

- Give yourself 2 points for each "YES" statement.
- Give yourself 1 point for each "PARTIALLY IMPLEMENTED" statement

Use the scoring legend on page 10 to convert your score into a set of recommendations.



Care Partner Quality Checking Tool

	YES	Partially Implemented	No
A comprehensive approach for involving family members as members of the patient's care team has been adopted throughout the organization, and has been formalized in a policy outlining how those who comprise the patient's support system will be invited to participate in mutually-agreed upon patient care responsibilities, education and preparation for discharge.			
The family involvement policy does not delineate who can participate as a care partner based on relation to the patient, relying on the patient and potential care partners to opt in to participation based on their personal relationship, ongoing contact outside of the hospital and comfort-level.			
Participation in the care partner program is voluntary, with patients and potential care partners given the opportunity to opt out of participation.			
Written materials are available to communicate to patients and family members what it means to be a care partner.			
A process has been established for ascertaining the preferences of the care partner and patient for how the care partner will be involved in care, with allowances for preferences to evolve over time or as circumstances change.			
An effective process is in place for identifying a patient's care partner, documenting how the care partner will be involved in caring for the patient, and conveying this information to all members of the care team.			
An orientation process is in place to prepare care partners for their role.			
When participation in hands-on care may not be appropriate and/or necessary (for instance, on a behavioral health unit where care activities are more focused on psychodynamic therapy), care partners are informed of other ways they may participate in patient care.			
Patients with a planned admission to the hospital are encouraged to identify a care partner prior to hospitalization.			
Front-line staff was involved in the development of the family involvement policy, processes and the companion communication materials.			
Patients and family members were involved in the development of the family involvement policy, processes and the companion communication materials			
Support services are available to care partners to help them take care of themselves while they are providing essential care and support to their loved one (examples include discounts on meals, space for respite, etc.)			
A system is in place to evaluate the impact of the care partner program.			
TABULATE YOUR SCORE: 2 POINTS FOR EVERY "YES"; 1 POINT FOR EVERY "PARTIALLY IMPLEMENTED"			



<i>If you scored</i>	<i>Is this your current state?</i>	<i>Next Steps</i>
20-26 points	Your organization has embraced the essential ways that partnering with family members can enhance the quality of patient care.	With your organization’s policy and practice around family involvement seemingly well-aligned, now is the time to turn your attention to fine-tuning and continuous quality improvement. If you are not already doing so, develop a process for evaluating the impact of your care partner program. Collect data on both process and outcomes measures so that you can assess the degree to which the processes outlined in the policy are being consistently carried out, as well as how execution of those processes is having an impact on quality outcomes. Inviting those who have been (or have had) care partners to participate in a focus group about their experiences will connect process improvement efforts to the voices of those the initiative is designed to benefit. Consider program adaptations to accommodate the needs of behavioral health patients as well as patients with little family support.
10-19 points	Foundational programmatic elements are in place for an effective Care Partner Program, but they may be implemented inconsistently or perhaps without the cultural underpinning of a true embrace of family as partners on the care team.	Navigating the shift from regarding family members as visitors to embracing them as partners in care takes time, but your organization is taking the necessary steps to make that transition. The development and deployment of consistent materials and processes will accelerate this transition and minimize discrepancies in how the program is rolled out unit-to-unit, shift-to-shift, and caregiver-to-caregiver. Taking steps such as developing a care partner badge and care partner agreement, adding a care partner field in the electronic medical record, and creating a write-in field on patient room communication boards for the care partner to be identified all reinforce the Care Partner Program as a common expectation for how care is delivered within your hospital. Taking these steps also reinforces to the patient, family and staff that being a care partner entitles a loved one to more than cafeteria and parking discounts, but rather establishes them as integral members of the care team. Staff buy-in is critical. To this end, offer refresher training on why involving family as partners in care is a quality imperative, and build knowledge of the “mechanics” of implementing the program into staff competency checks.
< 10 points	Your organization is underutilizing family as advocates, care coordinators and informal caregivers, and family members are missing out on opportunities to support their loved one’s healing process.	Implementation of a formalized approach for involving family (however family is defined by the patient) as members of the patient’s care team should be made a priority. To start, recruit a small multidisciplinary team to lead the charge of developing a care partner program. Invite members of your patient and family partnership council to participate in these early development efforts to ensure that your research into the scientific literature and best practices are accompanied by an understanding of the lived experiences of your patients and family members. Follow the step-by-step Care Partners Implementation Plan available at planetree.org/resources to guide the work of this newly formed team.