

Patient and Family Engagement in Massachusetts Perinatal Hospitals

Report of **Aggregate Survey Results**
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**BETSY
LEHMAN
CENTER**
for Patient Safety

BACKGROUND

Patient and family engagement is a dynamic process where patients, families, their representatives, and health professionals work in active partnership at various levels across the health care system — direct care, organizational design and governance, and policy making — to improve health and health care.¹ This active collaboration helps to ensure that policies, practices, services, supports, quality improvement activities, research agendas, and other systems-level initiatives are family-centered and equitable.² Ultimately, increasing patient and family engagement may improve perinatal outcomes and advance health equity.

In October 2022, 29 units across 24 hospitals participated in the Massachusetts Hospital Perinatal Family Engagement Survey. This survey was a collaborative effort of the Betsy Lehman Center for Patient Safety (the Center), the Perinatal-Neonatal Quality Improvement Network (PNQIN), and the Bureau of Family Health and Nutrition within the Department of Public Health (DPH). The Center, PNQIN and DPH have worked together since 2019 to achieve measurable improvements in perinatal health outcomes and continue to join together to eliminate perinatal health inequities among Massachusetts families.

Through this survey, we aimed to understand Massachusetts obstetric and neonatal units' current patient and family engagement practices, with the goal of informing future supports that can be offered to help hospitals advance their patient and family engagement efforts. Participating hospitals were provided with a tailored report summarizing their FESAT results in comparison to other hospitals.

The following results are an aggregate summary of all participating hospital survey responses. This report is intended to provide a general overview of the current level of patient and family engagement in perinatal hospital units. These averages are not reflective of all hospitals, as there is great variation among hospitals and not all hospitals responded to the survey.

What the survey measures

The survey Massachusetts perinatal units completed was adapted from the [Family Voices Family Engagement in Systems Assessment Tool \(FESAT\)](#). The FESAT measures patient and family engagement using four domains, which are defined below. These definitions have been adapted from the original Family Voices definitions.

- **Commitment** assesses a unit's overall commitment to ensuring that patients and family members are intentionally and actively engaged in systems-level changes (policy, programs, practices, and services).
- **Transparency** assesses how the unit's staff ensure that patients and family members can easily access and understand the information they need to participate actively in patient and family engagement initiatives.
- **Representation** assesses representation of the patient population served by the specific unit, not necessarily the community in which the unit is found.
- **Impact** assesses how units collaborate and share decision making with patients and family members to improve the unit's patient and family engagement policies and practices.

What the domain scores mean

- Each domain contains a certain number of survey questions
 - Commitment: 5 questions
 - Transparency: 5 questions
 - Representation: 4 questions
 - Impact: 6 questions
- Each question is scored on a scale of 0 to 4 points. A response of “never” receives 0 points and a response of “always” receives 4 points. A “not applicable” response is not scored.
- Points are added together within each domain. This makes for a maximum of 20 points for commitment, 20 points for transparency, 16 points for representation, and 24 points for impact.
- These points are added to calculate overall points, for a maximum of 80 points.
- A unit's total score is their points divided by 80.

¹Carman, K. L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231.

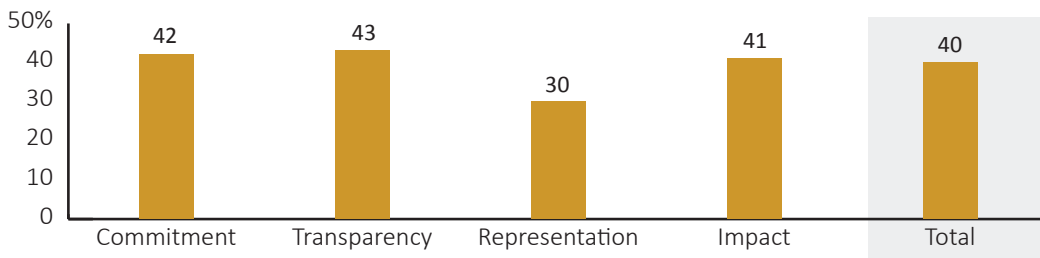
²Family Voices (2023). The Family Engagement in Systems Tools. Family Voices. <https://family-voices.org/fesat>.

RESULTS

Seventy-six perinatal units from 41 hospitals received the survey. Surveys were completed by 29 units from 24 hospitals: 15 obstetric units, 12 neonatal units, and 2 combined obstetric and neonatal units.

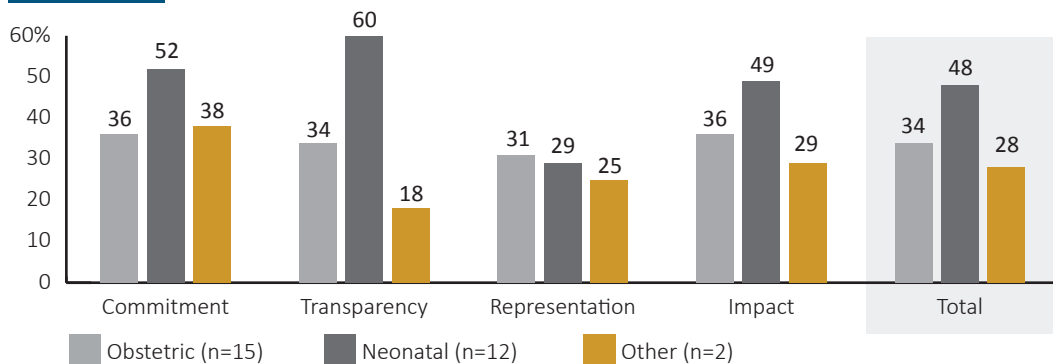
In general, neonatal units scored higher on patient and family engagement than obstetric units. There was also significant variation among hospitals in total score. For all surveyed units (obstetric, neonatal, and combined obstetric-neonatal units), the average total patient and family engagement score was 40% (32 of 80 potential points). Domain score averages ranged between 30% for representation and 43% for transparency, as shown in the first chart. Below you will see aggregate overall results and aggregate results across unit types.

CHART 1 DOMAIN SCORE (%): AVERAGE ACROSS ALL UNITS SURVEYED



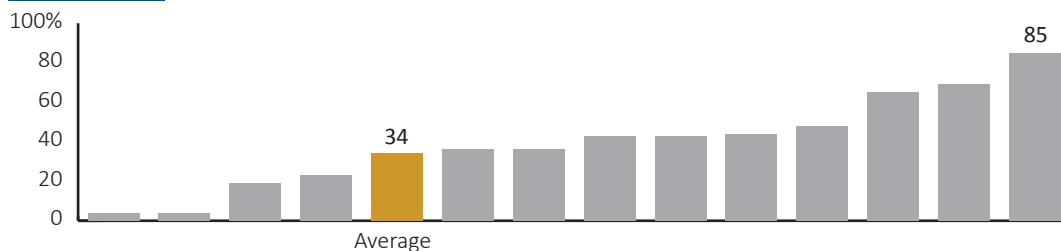
What this means: Domain score averages ranged between 30% for the representation domain and 43% for the transparency domain.

CHART 2 DOMAIN SCORES (%): COMPARISONS BY UNIT TYPE



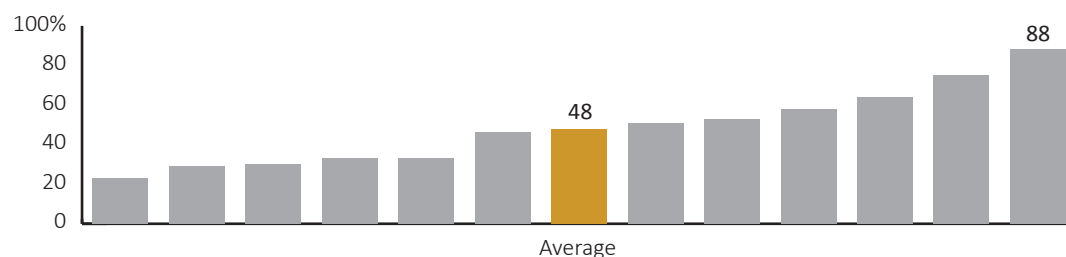
What this means: In general, neonatal units had higher average scores on the impact, representation, and transparency domains compared to obstetric units and other (combined obstetric/neonatal) units. Scores on the representation domain were very similar across unit types.

CHART 3 OBSTETRIC UNIT TOTAL SCORES (%)



What this means: Of the 15 obstetrics units, total scores ranged from 0% (not pictured) to 85%.

CHART 4 NEONATAL UNIT TOTAL SCORES (%)



What this means: Of the 12 neonatal units, total scores ranged from 23% to 88%.

Patient and family engagement was reported to be a high priority for 34% of units, a medium priority for 28% of units, a low priority for 24% of units, and not a priority for 7% of units.

Twenty-three units indicated they would be interested in consultation support with their patient and family engagement efforts, including:

- Support with getting started
 - e.g., examples and templates from other institutions; help determining how to start and how to access patients
- Organization-level support
 - e.g., developing leadership support and staff buy-in; help formalizing patient and family engagement
- Support with tools and resources
 - e.g., help with funding; staff communication tools; online tools for patients
- Support with engaging patients and families
 - e.g., help engaging a diverse range of patients

WHAT'S NEXT

There is considerable variation in family and community engagement among Massachusetts hospital obstetric and neonatal units. Among those who responded to the survey, the majority want to prioritize strengthening patient and family engagement and are interested in consultation support.

PNQIN will use these survey findings to inform planning for how to support hospitals — at various stages of readiness — in developing or improving their policies, practices and initiatives to engage with families and communities. PNQIN will begin this process by convening a patient and family advisory group to co-develop PNQIN projects and initiatives, including supports related to patient, family, and community engagement. PNQIN will support and integrate family members from diverse backgrounds into PNQIN committees and workgroups so that the perspectives of pregnant and postpartum people with lived experiences inform PNQIN's strategy and projects. Following the creation of this advisory body and the integration of family members into PNQIN activities, PNQIN will begin the process to co-develop support for hospitals as they proceed in their own engagement work.

CONTACT INFORMATION

For questions about collaborating with PNQIN on maternal health improvement initiatives, please contact Kali Vitek, MPH, PNQIN Project Manager, at pnqinadmin@pnqinma.org.

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For questions about the FESAT methodology or data, please contact Godwin Osei-Poku, MD, DrPH, Associate Director of Research, Betsy Lehman Center for Patient Safety, at godwin.osei-poku@BetsyLehmanCenterMA.gov or 617-701-8138.