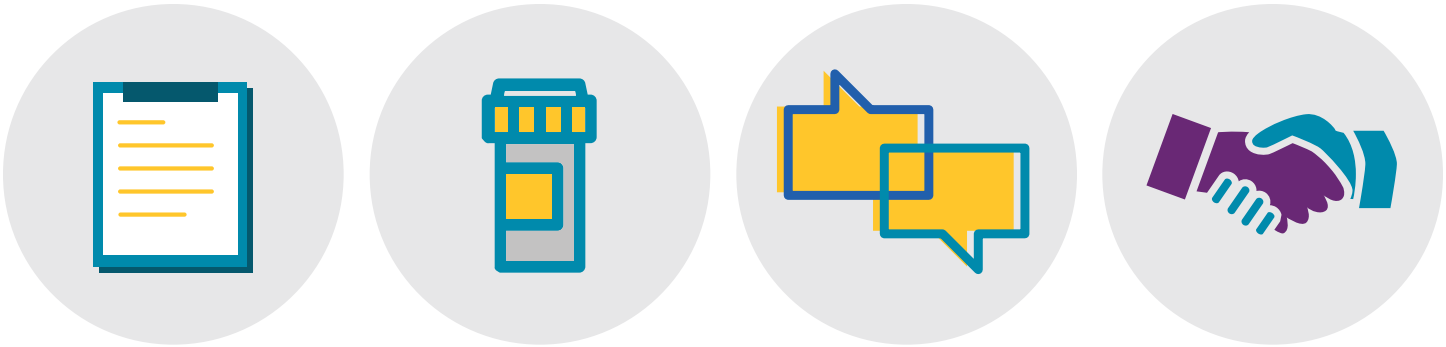

The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

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The Guide was developed for the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. Led by the MedStar Health Research Institute, the project team included Project Patient Care, the MedStar Institute for Quality and Safety, the Clinical Directors Network, Consumers Advancing Patient Safety, the Iowa Healthcare Collaborative, the Prince George's County Department of Health, and Telligen Quality Innovation Network-Quality Improvement Organization.

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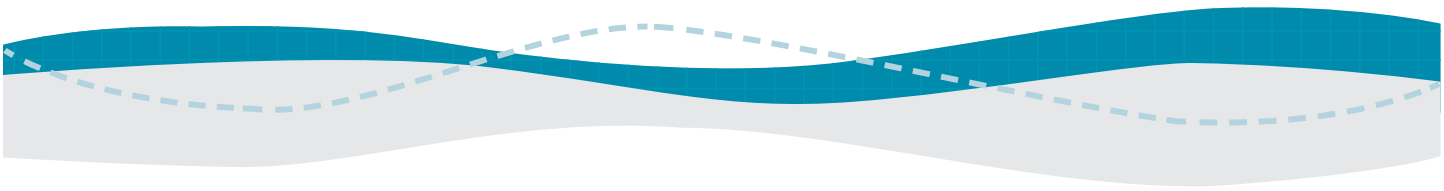

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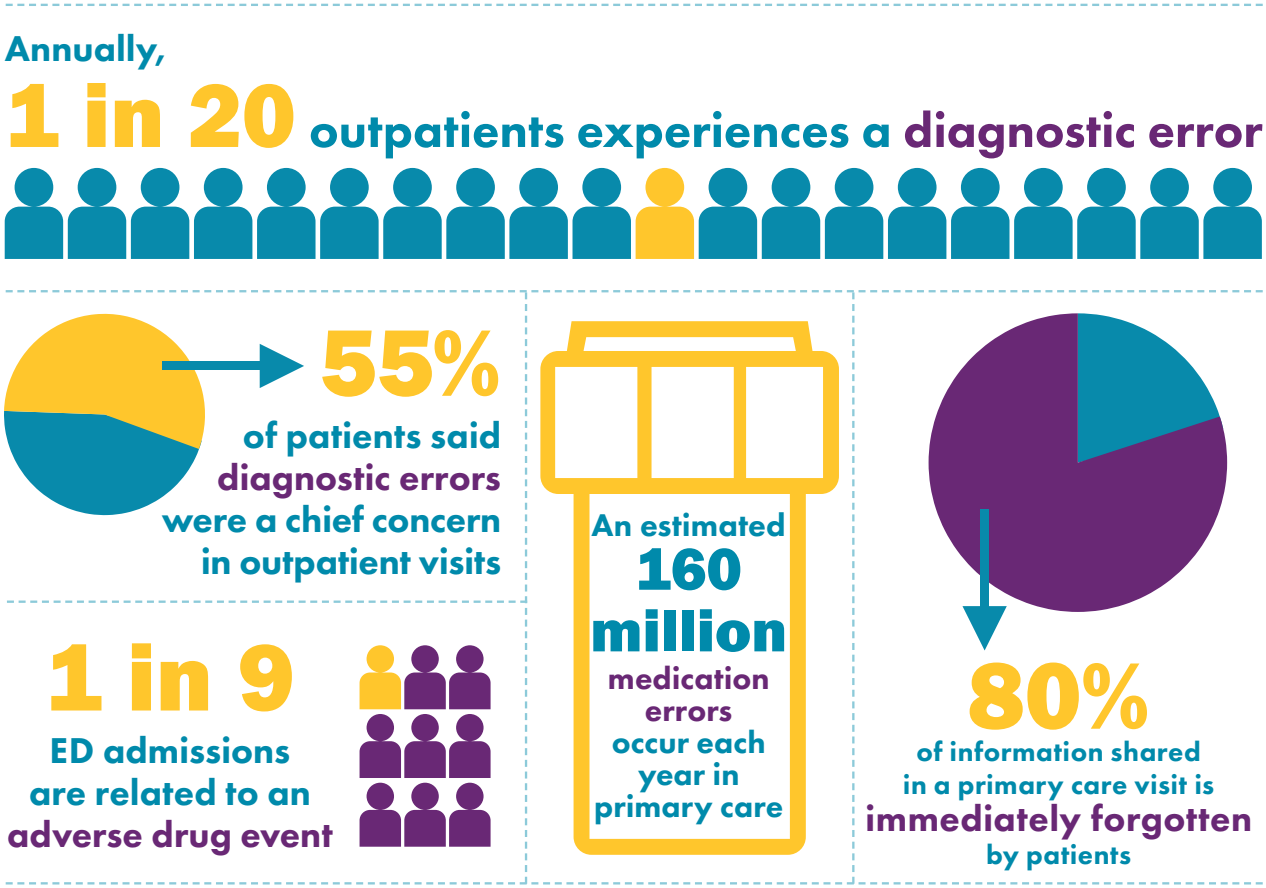
Introduction

The *Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families* (the Guide) is a resource to help primary care practices partner with patients and their families to improve patient safety. The Guide includes materials and resources to help primary care practices implement patient and family engagement to improve patient safety.

Breakdowns in patient safety in primary care are real (Figure 1). An environmental scan (https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/envscan.html)[1] on the topic identified several key threats to patient safety amenable to improvement through patient and family engagement. These included:

- **Errors in Diagnosis,** defined as "the failure to (a) establish an accurate and timely explanation of the patient's health problem(s) or (b) communicate that explanation to the patient."[2]
- Breakdowns in **Communication** occurring within the practice, including incomplete and ineffective communication with patients and families, failure to communicate test and laboratory results, and within team communication.
- **Medication Errors,** including failures in communicating, prescribing, filling, and dispensing, as well as patient misuse of medications.[3,4]
- **Fragmentation of Care** resulting from patient transitions across care settings (acute and primary care) and between outpatient care team members.

Figure 1. Breakdowns in Patient Safety Within Primary Care Settings

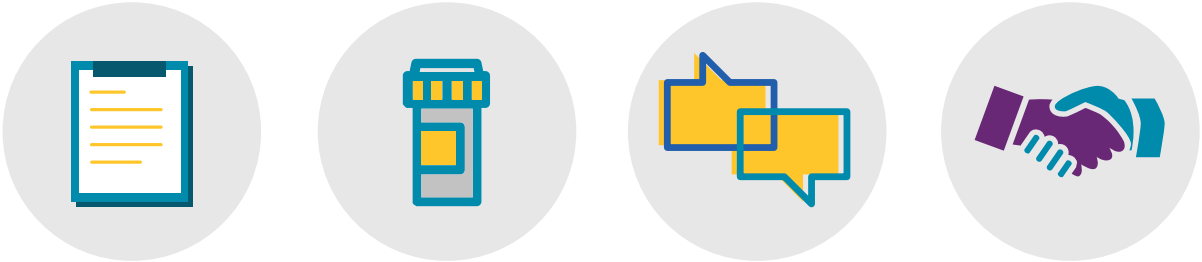


In primary care, the relationship between the clinician and the patient is a key to high quality, safe, and effective healthcare. Patient and family engagement in primary care helps to forge trusting relationships that promote safety (Figure 2).

Evidence-based strategies to improve patient safety by engaging patients and families are integral to enhancing your organization's mission. The four strategies within this Guide support patient safety by engaging patients and families in closed-loop and collaborative communication within the primary care visit. Engaging patients and families in safe medicine practices is also a key feature of this Guide. Safe medicine practices begin with a complete and accurate medicine list.

Figure 2. Guide Strategies Aimed at Improving Patient Safety by Engaging Patients and Families

Improve patient safety by engaging patients and families.



Reduce errors and improve visit efficiency by setting the visit agenda together with **Be Prepared To Be Engaged.**

Encourage safe medicine practices by **Creating a Safe Medicine List Together.**

Improve communication and health literacy through **Teach-Back.**

Support collaborative communication using the **Warm Handoff Plus.**

Finding Time To Engage Patients

When primary care practices are asked about the biggest threats to patient safety in primary care, they frequently answer "*not enough time*." They lack time for the patient encounter, time to dedicate to quality improvement, and time to manage all the competing pressures within the practice.

Patient and family engagement within primary care will take more time at first. Balancing the practice's and clinicians' needs with those of patients and their families is a challenge to delivering high-quality, safe, and effective patient-centered healthcare. Guidance is provided on how practices have overcome time pressures and successfully engaged patients and improved safety.

Patient and Family Engagement Strategies

This Guide is composed of four evidence-based strategies (Figure 3) that promote meaningful engagement with patients and families in ways that improve safety.

Figure 3. Evidence-Based Strategies To Engage Patients and Families To Improve Patient Safety

Each strategy contains practical materials to support adoption of the intervention within primary care practices. These items include strategy-specific implementation and evaluation guidance, training materials and job aids, and patient-facing materials.

Implementation and evaluation guidance at the practice level and a job aid to help select the right intervention or interventions for your practice are also provided.

Be Prepared To be Engaged

What Is Be Prepared To Be Engaged?

The Be Prepared To Be Engaged strategy encourages patients and their families to prepare for and become more fully engaged in their medical appointments. The goal is to help patients and families set their visit agenda and to *be ready*, *speak up*, and *ask questions*. With the Be Prepared strategy, you provide patients with a Be Prepared Note Sheet and encourage them to write down what they want to talk about, their questions, and their health goals. This helps set the visit agenda and ensure that patients' questions are answered.

> "The Note Sheet helps to decrease the number of calls after the visit for things patients forgot to mention during their appointment, and significantly reduces the number of questions at the end of the visit, 'door knob questions.' Everyone wins – patients get their questions and concerns addressed at the start of the visit, and clinicians make the visit efficient."
>
> —Primary Care Physician

Why Use Be Prepared To Be Engaged?

Research found that when patients wrote down an agenda before their primary care visit, 74 percent of clinicians and 79 percent of patients agreed that communication during the visit improved.[5] More than 80 percent of the clinicians in the study wanted patients to continue to write down an agenda.[6,7]

How Do We Implement Be Prepared To Be Engaged?

Understanding a patient's concerns and priorities is key to a safe primary care visit. The strategy contains several materials to support your implementation planning, adoption, and evaluation. Detailed implementation guidance is provided in Appendix A.

Does Be Prepared Take Time?

Patients often arrive at a primary care visit unprepared to discuss their concerns and questions, adding to the time pressures clinicians and practice staff feel. Patients often forget the questions they meant to ask or topics they hoped to discuss. When patients and their families are well prepared for primary care visits, visit time is used more effectively and information exchange improves.

Create a Safe Medicine List Together

What Is Create a Safe Medicine List Together?

The Create a Safe Medicine List Together strategy is an effort to engage patients and families to actively participate in developing a complete and accurate medicine list. Patients are asked to bring in all the medicines they take, both prescribed and over-the-counter, including non-oral medications such as injections, inhalers, ointments, and drops, as well as medicines they only take occasionally. Staff within your practice will work with patients and their families to develop a complete and accurate medicine list, and clinicians will conduct medication reconciliation based on the complete and accurate list.

> "A lot of times patients come in and say, 'I take a white pill or I take a purple pill or a green pill' and I have no idea what it is or how much they are taking. This strategy helps to improve documentation because we can see the medications and decrease medication errors. Everyone – providers, nurses, patients – now knows what the patient is taking, the dose, how, and why."
>
> —Primary Care Physician

Why Use Create a Safe Medicine List Together?

Medication errors are common patient safety incidents in primary care, with rates ranging between 1 and 90 out of every 100 prescriptions.[3,8] Medication safety issues include prescribing errors, contraindications, overprescribing, underprescribing, and patient adherence.

According to the Centers for Disease Control and Prevention, more than three-quarters of physician office visits involve drug therapy, with 3.2 billion medicines provided each year.[9] Prescribing errors occur in 5 to 7 percent of prescriptions.[3,10,11] That is at least ***160 million medication prescribing errors annually.***

Almost half the people in the United States have used at least one prescription in the last 30 days, while one in five has used at least three.[9] More than half of the medicines prescribed to patients taking five or more medicines are not needed, are contraindicated, or are not taken as prescribed.[12]

How Do We Implement Create a Safe Medicine List Together?

Medication safety in primary care requires a team approach, engaging the patient and his or her family as part of that team. Creating a medicine list together can help uncover medicine issues such as patients who are unintentionally overdosing by taking both the generic and name brand medicines, are taking outdated prescriptions, or are taking supplements that negatively interact with their prescription medicines.

At least once per year, ask the patient to bring in all of his or her medicines to create a safe medicine list together. Detailed implementation guidance is provided in Appendix B.

Does Creating a Safe Medicine List Together Take Time?

Creating a safe medicine list together will take more time. However, by ensuring you have a complete and accurate understanding of the medicines your patients are taking, you will be able to better manage their health and reduce the chances of adverse drug events, emergency department visits, and hospitalizations. Engaging the team to support the process can allow clinicians to focus on complex challenges of adherence and medication health literacy.

Teach-Back

What Is Teach-Back?

Teach-back is an evidence-based health literacy intervention that promotes patient engagement, patient safety, adherence, and quality. The goal of teach-back is to ensure that you have explained information clearly so that patients and their families understand.

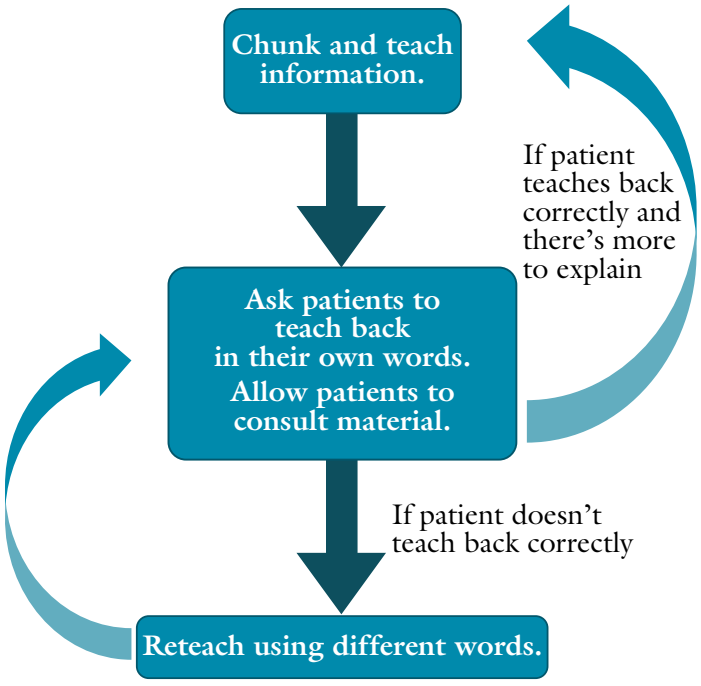
In teach-back, you ask patients or family members to explain *in their own words* what they need to know or do. It is more than repeating what they heard. You ask them to **teach it back** because you do not know if they understood if they simply repeat your own words back to you. Teach-back is a strategy for you to validate that you have explained information clearly and that patients and family members clearly understand what you have told them.

> "I've been doing this [primary care] for a long time and didn't realize a lot of things are not heard. Teach-back is a wonderful idea; we think we're getting our message across and obviously, we are not."
>
> —Primary Care Physician

Why Use Teach-Back?

Research indicates that clinicians underestimate their patients' needs for information and overestimate their ability to communicate effectively with patients.[13–15] In one study, up to 80 percent of the medical information patients were told during office visits was forgotten immediately;[16] in another study, nearly half of the information retained was incorrect.[17]

Patient misunderstandings and poor recall contribute to poor patient adherence and outcomes.[16,18] Teach-back is a proven strategy to ensure patients and their families clearly understand information you communicate to them. Finding ways to improve communication between you and your patients and their families can directly address patient safety problems.



How Do We Implement Teach-Back?

Teach-back is most helpful when introducing a new concept or new instruction, such as a new diagnosis, new medication, new device (e.g., inhaler), or new home care instruction. Detailed implementation guidance is provided in Appendix C.

Does Teach-Back Take Time?

While teach-back may take more time in the beginning, clinicians who use teach-back find that taking an extra few minutes during the visit to make sure the patient understands often eliminates phone calls or emails from that patient a day or two later asking for clarity.

Warm Handoff Plus

What Is a Warm Handoff Plus?

A Warm Handoff Plus is a handoff conducted in person, between two members of the healthcare team, in front of the patient (and family if present). It includes the patient as a team member so that he or she can hear what is being discussed about the clinical problem, current status, and plan of care.

The emphasis of the Warm Handoff Plus is specifically on engaging the patient and family in the handoff within the primary care practice. A Warm Handoff Plus can occur between any two members of the healthcare team, including clinicians, medical assistants, front and back office staff, and members of the extended care team, such as pharmacist, diabetes nurse educator, or social worker.

> "Sometimes during a warm handoff things will come up where the provider will say something and then all of a sudden the patient says, 'Well, no, it is really, …' It makes it a lot easier in that you don't have to re-hash and ask all the same questions to the patient. You can ask more specific questions."
>
> —Medical Assistant

Why Use a Warm Handoff Plus?

A Warm Handoff Plus engages the patient and is a safety check. Communication breakdowns within the healthcare team or between the team and the patient or family can result in medical errors.

Research demonstrates that reliable and effective communication is essential for patient safety and improved clinical outcomes. In addition, collaborative communication (promoted by the Warm Handoff Plus) helps to build trust and strengthen relationships, resulting in improved communication, patient outcomes, and patient and clinician satisfaction.[19,20]

How Do We Implement a Warm Handoff Plus?

When implementing a Warm Handoff Plus, start small. Try it with one or two within-practice transitions to start, or alternatively, try it with the first and last patients of each day. Detailed implementation guidance is provided in Appendix D.

Does the Warm Handoff Plus Take Time?

The Warm Handoff Plus may take more time in the beginning. Prioritizing certain patients, such as those with abnormal labs or other critical test results, can help address the time challenges. Over time and with consistent application of the Warm Handoff Plus and enhanced patient-centered team communication, the strategy should improve clinician, staff, and patient satisfaction with the visit.

Implementation

Implementing the strategies will be like any quality or process improvement project. It requires commitment, leadership, and planning. The Agency for Healthcare Research and Quality provides tips for facilitating the quality improvement (QI) process in its Ambulatory Care Improvement Guide.

Three Tips for Facilitating the Quality Improvement Process

1. **Place a priority on encouraging communication, engagement, and participation** for all stakeholders affected by the QI process. Learn what is most important to the people within your primary care practice (e.g., leaders, patients, clinicians) and look for ways to help them embrace the changes and begin to take ownership of them.
2. **Start your implementation of improvements with small-scale demonstrations**, which are easier to manage than large-scale changes. Small-scale demonstrations or small tests of change also allow you to refine the new processes, demonstrate their impact on practices and outcomes, and build increased support by stakeholders.
3. **Keep in mind and remind others that QI is an iterative process.** You will be making frequent corrections along the way as you learn from experience with each step and identify other actions to add to your strategy.

For more guidance, refer to section 4 of the Ambulatory Care Quality Improvement Guide at https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/4-approach-qi-process/index.html.

This section outlines the broad steps of implementation and recommends ways to evaluate success.

Step 1. Identify a Practice Champion and Secure Leadership Support

Strong leadership and staff engagement are important to any successful process improvement program.

Identify a practice champion

A practice champion is needed who can lead the implementation efforts. The practice champion should be dynamic and respected. The champion must work on team building and provide technical support for implementing the strategies. You may want to identify champions from both the administrative and clinical staff to encourage active engagement from all perspectives.

In addition, consider identifying a patient champion. If you have a Patient and Family Advisory Committee (PFAC), consider engaging the PFAC to participate in your implementation.

Secure leadership support

Strong leadership support is important to any successful patient safety improvement activity. Practice champions should orient leadership to:

- The scope of the problem of patient safety in primary care in general and the practice specifically.s
- Available strategies to overcome patient safety challenges.

An infographic (https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/infographicposter-final508_0.pdf) is available for the practice champion to use when seeking leadership support.

Step 2. Select the Strategies To Implement

Review the Guide strategies and select the strategy or strategies that address key patient safety threats for your practice:

- Select **Be Prepared To Be Engaged** if you want to ensure that your patients ask you any questions they have and communicate their concerns and health goals to you. This strategy can help make office visits more efficient and reduce followup calls.
- Select **Create a Safe Medicine List Together** if you have many patients with multiple medications or you have committed to helping patients with medication management. This strategy can help you conduct medication reconciliation based on a complete and accurate list of medications, meet national patient safety goals, and achieve improved patient outcomes.
- Select **Teach-Back** if you want to ensure that your patients understand what you tell them, including instructions such as how to take care of themselves at home, how to take their medications, how to use devices, and what additional procedures or care they need. This strategy can help ensure your patients leave your office knowing what they need to know and do.
- Select **Warm Handoff Plus** if you have handoffs within your practice, but they are currently done via the electronic health record or a paper note. This strategy can help improve communication between team members and with the patient and family.

Practice change can be challenging, so it is unrealistic to adopt multiple strategies at one time. Select the strategies that will best address your safety challenges, in the order that makes the most sense for your practice. Small tests of change and serial implementation of the strategies has been most effective for successful and sustained implementation.

Step 3. Plan Your Implementation Process

Once you have identified and prioritized the strategies for implementation, the next step is designing and planning a successful implementation process:

- **Identify your team.** Even the strongest practice champions cannot do it alone. A small multidisciplinary team can help the practice champion make important decisions about strategies, timeline, and evaluation metrics.

- **Set a reasonable timeline.** Successfully implementing a sustainable practice improvement takes dedication and time. Multiple strategies should not be implemented at the same time. Each strategy should be implemented for at least 3 months before starting the next implementation. This approach will give the practice time to deploy the intervention and evaluate progress without distraction.

  Allow flexibility for more complex changes that may require staff retraining. More complex strategies, such as the Warm Handoff Plus, may require longer implementation and adoption cycles than simpler strategies.
- **Determine a standardized implementation process.** There is no one best approach to planning, implementing, and evaluating quality improvement strategies. If you already have an established approach for practice improvements, use this approach.

  A widely used approach for process improvement planning is the Model for Improvement.[21] This approach seeks to accelerate change improvement efforts through a series of Plan-Do-Study-Act (PDSA) cycles. Each rotation of the cycle results in improvements to the process, and each revision of the process requires additional measurement and evaluation.

Step 4. Design Your Implementation

The practice champion will lead the implementation team through the process of designing the implementation of the selected strategies.

Use the Implementation Quick Start Guides. Each strategy has implementation guidance specific to that strategy within the Implementation Quick Start Guide. These Quick Start Guides are meant as the starting point for your implementation and should help you plan your strategy for adopting each intervention. Appendixes A, B, C, and D provide additional strategy-specific implementation guidance.

Step 5. Make Patients and Family Members Aware of the Changes

Inform patients and their families about what the practice is implementing and what the patients' and families' roles are in the process. Empowering everyone at the practice to engage with patients about the strategy will reinforce to patients the importance of the strategy.

If you have a patient portal, you may want to make patient-facing materials available on the portal. Once patients and families are made aware of a strategy, it is important for staff and clinicians to use the strategy. Setting and then not meeting patient expectations can be worse for patient engagement than not implementing the strategies.

Step 6: Evaluate Implementation Effectiveness

Recognize your team's efforts and successes

Talk about progress every chance you get. Tell success stories about using the intervention. Celebrate clinician and practice staff wins and publicly recognize efforts to improve patient safety. Ensure that the success of the interventions is seen in every aspect of your practice to help the changes gain solid footing.

Establish evaluation measures

There are several things to consider when selecting measurements to assess the effectiveness of any process improvement implementation:

- **Identify stakeholders and their data needs.** This group includes internal stakeholders (e.g., patients, clinicians, practice staff, administrators, and leaders) and external stakeholders (e.g., payers, regulators). Ideally, you should select evaluation measures that meet the information needs of both internal and external stakeholder groups.
- **Identify strategy-specific outcomes and implementation processes.** Establish strategy-specific measures on both outcomes and processes to examine implementation success. These measures are often obtained through observation and self-report. The process-related measures should focus on whether the implementation was successful and *how* and *why* the implementation was successful (or not). Examples are provided in the individual Implementation Quick Start Guides.
- **Identify global patient safety and patient and family engagement outcomes.** These may include measures of patient safety or patient and family engagement tracked over time. These would be conducted less regularly than process implementation measures. Be sure to conduct a baseline evaluation of your global outcome measures to fully assess the impact of your practice changes. Examples are discussed below.

Monitor the impact of patient safety and patient engagement activities

Several surveys can assist office practices in monitoring the impact of patient safety and patient engagement activities at the practice level. The surveys and measures provided here are recommendations. You should select the measures that best reflect your implementation and practice environment.

- **AHRQ Medical Office Survey on Patient Safety Culture.** This AHRQ-sponsored survey is designed specifically for outpatient medical office providers and staff and asks for opinions about the culture of patient safety and healthcare quality in medical offices. https://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/medical-office/index.html
- **Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS).** This survey assesses patients' experiences with healthcare providers and staff in doctors' offices. http://www.ahrq.gov/cahps/surveys-guidance/cg/index.html

- **CG-CAHPS Health Literacy Item Sets.** The CAHPS Health Literacy Item Sets focus on assessing providers' activities to foster and improve patients' health literacy. Health literacy is commonly defined as patients' ability to obtain, process, and understand the basic health information and services they need to make appropriate health decisions. While health literacy depends in part on individuals' skills, it also depends on the complexity of health information and how it is communicated. https://www.ahrq.gov/cahps/surveys-guidance/item-sets/literacy/index.html
- **Patient measures of patient safety.** Recently, several new measures of patient safety from the patient's perspective have been developed. These include:
  - Primary Care Patient Measure of Safety (PC PMOS), discussed in an article in *BMJ Quality & Safety* at http://qualitysafety.bmj.com/content/25/4/273.
  - Patient Reported Experiences and Outcomes of Safety in Primary Care (PREOS-PC), discussed in an article in *Annals of Family Medicine* at http://www.annfammed.org/content/14/3/253.full.
  - Patient Experience Assessment, part of the guide *Improving Your Laboratory Testing Process*, available at https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/lab-testiing/lab-testing-toolkit.pdf.

Additional Resources

Case Studies

Four case studies of exemplar practices from across the country were developed. These are successful examples of engaging patients and families to improve patient safety.

- OpenNotes®: OpenNotes® is a tool that gives patients access to their medical records so they can read encounter notes. Patients can access their notes online through the patient portal or in hard copy from a printout.
- Patient and Family Advisory Committee: A Patient and Family Advisory Committee (PFAC) is a group of patients, family members, office staff, and primary care providers working together to improve safety, quality, and the patient experience.
- Team-Based Care: Team-based care is a transformative method of delivering care that emphasizes teamwork. In addition to the patient and family, the care team may include a doctor or nurse practitioner, registered nurse, care team coordinator, scheduler, and even pharmacist or social worker.
- Shared Decision Making: Shared decision making is a way for patients to work with their care teams to make decisions about their healthcare. The goal is for the patient and family to better understand the care and treatment options, so they can select the care plan that is best for the patient.

Each case study provides an overview of the program, implementation guidance, and contact information. The full case studies and one-page summaries for patients and clinicians can be retrieved from the Agency for Healthcare Research and Quality website (https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/casestudies.html).

Resources for Advanced Practices

Many additional strategies have the potential to improve patient safety in primary care settings by engaging patients and families. However, these strategies may be more complicated and require technical assistance to adopt. More advanced practices, such as those practices who have already adopted the strategies detailed in this Guide, may consider adopting the additional strategies to further their patient safety improvement journey. The Resources for Advanced Practices can be downloaded from the Agency for Healthcare Research and Quality website (https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/advancedpractice-guide_final508.pdf).

Frequently Asked Questions

A Frequently Asked Questions (FAQ) web page has been established to aid primary care practices and practice champions during their implementation. The questions were frequently asked by the practices that field tested the strategies in this Guide. The Frequently Asked Questions can be reviewed on the Agency for Healthcare Research and Quality website (https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/faq.html).

Original Materials

This Guide and its materials were developed over a period of 2 years during which an initial version was available to the public from October 2016 to March 2018. The original intervention materials were field tested with practices from across the United States. Feedback from the field test was used to improve the materials to enhance adoption. The original materials are available through the Agency for Healthcare Research and Quality on their project website (https://admin.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/interventions/index.html).

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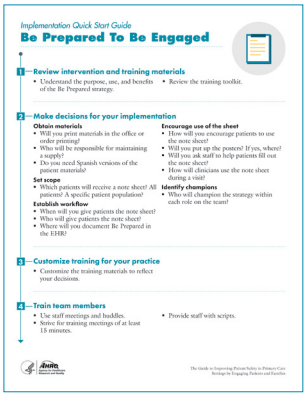
Appendix A – Be Prepared To Be Engaged Implementation Guidance


Implementation Quick Start Guide

Be Prepared To Be Engaged

1 Review intervention and training materials

- Understand the purpose, use, and benefits of the Be Prepared strategy.
- Review the training toolkit.

2 Make decisions for your implementation

Obtain materials
- Will you print materials in the office or order printing?
- Who will be responsible for maintaining a supply?
- Do you need Spanish versions of the patient materials?

Set scope
- Which patients will receive a note sheet? All patients? A specific patient population?

Establish workflow
- When will you give patients the note sheet?
- Who will give patients the note sheet?
- Where will you document Be Prepared in the EHR?

Encourage use of the sheet
- How will you encourage patients to use the note sheet?
- Will you put up the posters? If yes, where?
- Will you ask staff to help patients fill out the note sheet?
- How will clinicians use the note sheet during a visit?

Identify champions
- Who will champion the strategy within each role on the team?

3 Customize training for your practice

- Customize the training materials to reflect your decisions.

4 Train team members

- Use staff meetings and huddles.
- Strive for training meetings of at least 15 minutes.
- Provide staff with scripts.

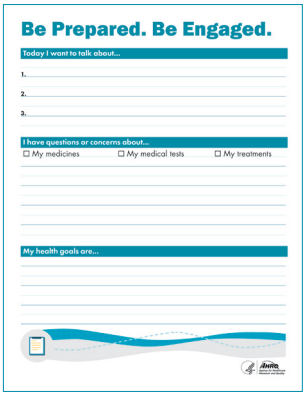
The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

To help you plan and design your Be Prepared To Be Engaged implementation, a Quick Start Guide (QSG) is available. The Be Prepared To Be Engaged QSG has six stages.

1. Review the Intervention and Training Materials

Before you implement Be Prepared To Be Engaged, the practice champion needs to understand the materials, their intended use, and strategies for success.

Be Prepared Note Sheet


Be Prepared. Be Engaged.

Today I want to talk about...

1.
2.
3.

I have questions or concerns about...

☐ My medicines ☐ My medical tests ☐ My treatments

My health goals are...

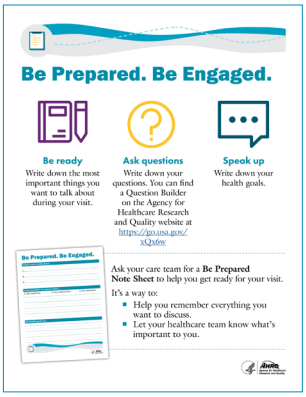
The Be Prepared Note Sheet is given to patients and family members before their appointment so they can write down what they want to talk about during their appointment. It can be given to the patient and family member at check-in or during rooming so they have time to fill it in.

When the clinician comes into the exam room, he or she can quickly review what the patient has written. This information will help the clinician plan the visit. Sometimes it may mean asking patients to schedule an additional appointment because there will not be time to discuss both their current complaint and all their nonurgent concerns, questions, and goals.

Some considerations for using the Be Prepared Note Sheet include:

- The Be Prepared Note Sheet should be made available to each patient in the exam room or handed out during check-in.
- The practice should consider the need to have copies of the Note Sheet, clipboards, and pencils/pens available.
- The clinician can use the Note Sheet to help guide the visit and ensure the patient's goals and concerns are addressed either at this visit or in a followup visit if needed.
- The practice may need English and other language versions of the Be Prepared Note Sheet, depending on their patient population.

Be Prepared Patient Poster


Be Prepared. Be Engaged.

Be ready
Write down the most important things you want to talk about during your visit.

Ask questions
Write down your questions. You can find a Question Builder on the Agency for Healthcare Research and Quality website at https://go.usa.gov/xQx6w

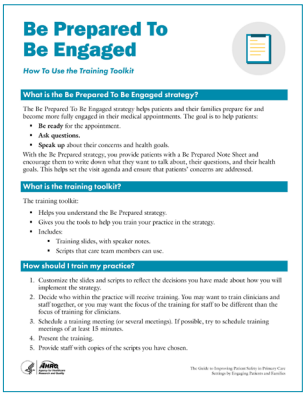
Speak up
Write down your health goals.

Ask your care team for a **Be Prepared Note Sheet** to help you get ready for your visit. It's a way to:

- Help you remember everything you want to discuss.
- Let your healthcare team know what's important to you.

The patient poster can be hung in an examination room or in the waiting room to help patients understand what they are being asked to do. When planning the implementation, you may want to consider including posters where they will be most visible to patients and their family members. Consider whether you will need English and other language versions of the patient poster.

Be Prepared Training Toolkit


Be Prepared To Be Engaged

How To Use the Training Toolkit

What is the Be Prepared To Be Engaged strategy?

The Be Prepared To Be Engaged strategy helps patients and their families prepare for and become more fully engaged in their medical appointments. The goal is to help patients:

- **Be ready** for the appointment.
- **Ask questions.**
- **Speak up** about their concerns and health goals.

With the Be Prepared strategy, you provide patients with a Be Prepared Note Sheet and encourage them to write down what they want to talk about, their questions, and their health goals. This helps set the visit agenda and ensure that patients' concerns are addressed.

What is the training toolkit?

The training toolkit:

- Helps you understand the Be Prepared strategy.
- Gives you the tools to help you train your practice in the strategy.
- Includes:
  - Training slides, with speaker notes.
  - Scripts that care team members can use.

How should I train my practice?

1. Customize the slides and scripts to reflect the decisions you have made about how you will implement the strategy.
2. Decide who within the practice will receive training. You may want to train clinicians and staff together, or you may want the focus of the training for staff to be different than the focus of training for clinicians.
3. Schedule a training meeting (or several meetings). If possible, try to schedule training meetings of at least 15 minutes.
4. Present the training.
5. Provide staff with copies of the scripts you have chosen.

The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

The training toolkit provides slides, scripts to use when introducing the Be Prepared To Be Engaged Note Sheet, and a training guide ("How To Use the Training Toolkit") to help with training and adoption. The training toolkit should be used by the practice champion and would be most successfully used in collaboration with a clinical and staff champion.

2. Make Decisions for Your Implementation

You will need to make several decisions to support the design of your Be Prepared To Be Engaged implementation. These are listed in the Quick Start Guide and include decisions on:

- How you will obtain materials,
- What the scope of your implementation will be,
- What the workflow will be in your implementation,
- How you will encourage and reinforce the use of the strategy, and
- Who will champion the implementation.

3. Customize the Training for Your Practice

The Be Prepared To Be Engaged strategy includes a training guide, slides, and scripts for you to use for team training. You will need to customize the slides and the scripts to reflect the decisions you make on how to implement the strategy in your practice.

4. Train Team Members

You should organize initial training sessions to inform staff and clinical teams of the implementation, its goals, and the processes that will be piloted during the initial adoption.

Ideally, trainings should be between 15 and 30 minutes and leverage existing meetings to minimize disruption. Make sure you have copies of the materials for everyone who is attending the training session so they can practice and feel comfortable with the strategy and how to use each material during implementation. Provide enough time to answer questions and discuss any concerns.

5. Go Live With Implementation

Once your team is trained and materials are obtained and ready to use, it is time to go live with the Be Prepared To Be Engaged strategy.

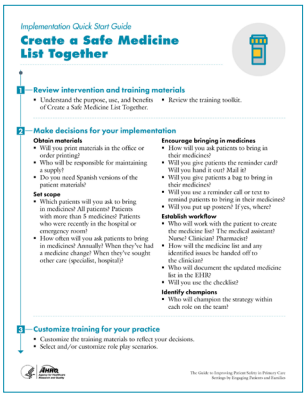
- Inform staff and clinical teams of the go live date and timelines for initial adoption and evaluation.

- Reinforce the training by using staff meetings and huddles to discuss challenges to implementation and share success stories. These discussions should be held at least weekly during the initial implementation period. This will promote the Be Prepared To Be Engaged strategy and encourage its sustained adoption.
- Identify good implementors and use them as peer coaches or mentors. Share stories of "Safety Catches" revealed through using the strategy.

6. Evaluate Your Progress

In addition to the practicewide evaluation of patient safety, it is important to select one or two evaluation measures or metrics specific to the Be Prepared To Be Engaged strategy. Examples of these are provided in the Quick Start Guide.

Appendix B – Create a Safe Medicine List Together Implementation Guidance


Implementation Quick Start Guide

Create a Safe Medicine List Together

1 Review intervention and training materials

- Understand the purpose, use, and benefits of Create a Safe Medicine List Together.
- Review the training toolkit.

2 Make decisions for your implementation

Obtain materials
- Will you print materials in the office or order printing?
- Who will be responsible for maintaining a supply?
- Do you need Spanish versions of the patient materials?

Set scope
- Which patients will you ask to bring in medicines? All patients? Patients with more than 5 medicines? Patients who were recently in the hospital or emergency room?
- How often will you ask patients to bring in medicines? Annually? When they've had a medicine change? When they've sought other care (specialist, hospital)?

Encourage bringing in medicines
- How will you ask patients to bring in their medicines?
- Will you give patients the reminder card? Will you hand it out? Mail it?
- Will you give patients a bag to bring in their medicines?
- Will you use a reminder call or text to remind patients to bring in their medicines?
- Will you put up posters? If yes, where?

Establish workflow
- Who will work with the patient to create the medicine list? The medical assistant? Nurse? Clinician? Pharmacist?
- How will the medicine list and any identified issues be handed off to the clinician?
- Who will document the updated medicine list in the EHR?
- Will you use the checklist?

Identify champions
- Who will champion the strategy within each role on the team?

3 Customize training for your practice

- Customize the training materials to reflect your decisions.
- Select and/or customize role play scenarios.

To help you plan and design your Create a Safe Medicine List Together implementation, a Quick Start Guide (QSG) is available. The Create a Safe Medicine List Together QSG has six stages.

1. Review the Intervention and Training Materials

Before you implement Create a Safe Medicine List Together, the practice champion needs to understand the materials, their intended use, and strategies for success.

Create a Safe Medicine List Together Patient Reminder Card


Please bring ALL your medicines to your next appointment.

To keep you safe, we need to know about all the medicine you take from all your doctors.

Please make sure you bring (in the original container)...

- ☐ Prescription medicines.
- ☐ Medicines you buy without a prescription (like Tylenol® or cold medicine).
- ☐ Ointments or creams.
- ☐ Bottles of drops.
- ☐ Inhalers.
- ☐ Injections.
- ☐ Vitamins and herbal medicines.

This postcard-sized reminder card provides patients with a visual cue to bring in their medicines to their next appointment.

Your practice may consider:

- Mailing the reminder card to patients 1 to 2 weeks before their scheduled appointment.
- Giving the card to patients at the end of their visit to remind them to bring their medicines to their next visit.
- Using English and other language versions of the reminder card.

Practices also found that adding a message to bring in medicines to the auto-call appointment reminder script helped encourage and reinforce the need for patients to bring in their medicines.

Create a Safe Medicine List Together Patient Poster


Please Bring ALL Your Medicines to Your Next Appointment

To keep you safe, we need to know about all the medicine you take from all your doctors.

Please make sure you bring (in the original container)...

- ☐ Prescription medicines.
- ☐ Medicines you buy without a prescription (like Tylenol® or cold medicine).
- ☐ Ointments or creams.
- ☐ Bottles of drops.
- ☐ Inhalers.
- ☐ Injections.
- ☐ Vitamins and herbal medicines.

1 in 9 emergency department admissions are related to an adverse drug event.

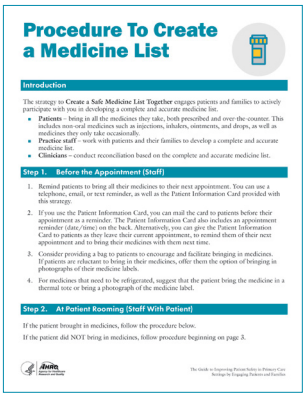
Your care team will go over them with you and your family to...

- Make sure you are taking your medicines in the best way for you.
- Make sure all your medicines work well together.
- See if you can take fewer medicines.
- Answer your questions.

The patient poster can be hung in an examination room or in the waiting room to help patients understand what they are being asked to do. When planning the implementation, you may want to consider including posters where they will be most visible to patients and their family members. Consider whether you will need English and other language versions of the patient poster.

Procedure To Create a Medicine List

The Procedure To Create a Medicine List provides the steps to take to create a safe medicine list together. This procedure includes steps to take before the appointment, to create the medicine list if the patient has brought in the medicines, and to create the medicine list if the patient has not brought in the medicines. It also includes steps for the clinician during the appointment.


Procedure To Create a Medicine List

Introduction

The strategy to Create a Safe Medicine List Together engages patients and families to actively participate with you in developing a complete and accurate medicine list.

- Patients – bring in all the medicines they take, both prescribed and over-the-counter. This includes non-oral medicines such as injections, inhalers, ointments, and drops, as well as medicines they only take occasionally.
- Practice staff – work with patients and their families to develop a complete and accurate medicine list.
- Clinicians – conduct reconciliation based on the complete and accurate medicine list.

Step 1. Before the Appointment (Staff)

1. Remind patients to bring all their medicines to their next appointment. You can use a telephone, email, or text reminder, as well as the Patient Information Card provided with this strategy.
2. If you use the Patient Information Card, you can mail the card to patients before their appointment as a reminder. The Patient Information Card also includes an appointment reminder (date/time) on the back. Alternatively, you can give the Patient Information Card to patients as they leave their current appointment, to remind them of their next appointment and to bring their medicines with them next time.
3. Consider providing a bag to patients to encourage and facilitate bringing in medicines. If patients are reluctant to bring in their medicines, offer them the option of bringing in photographs of their medicine labels.
4. For medicines that need to be refrigerated, suggest that the patient bring the medicine in a thermal tote or bring a photograph of the medicine label.

Step 2. At Patient Rooming (Staff With Patient)

If the patient brought in medicines, follow the procedure below.

If the patient did NOT bring in medicines, follow procedure beginning on page 3.

Create a Safe Medicine List Together Checklists

The Create a Safe Medicine List Together strategy has two checklists: one checklist to use when patients bring in their medicines and another checklist to use when they do not. These checklists are based on the procedure, which provides more detail if needed.

The checklists will be helpful when first adopting the intervention in practice. Once your team is comfortable with the process, they may need to use the checklists less often, but keeping them on hand attached to the computer station for quick reference may support consistent application of the strategy.


Checklist: Creating a Medicine List

When patient does NOT bring medicines

Starting the Process

- Use th

Checking

- For ea
- For ea patient

Completi

- Ask if t
- If there
- Updat

Finishing

- Check
- Tell th

Checklist: Creating a Medicine List

When patient brings medicines

Starting the Process

- Thank the patient for bringing in his or her medicines.
- Use the word "medicine" instead of medication.

Creating the Medicine List With the Medicines

- One by one, compare each medicine to what is in the EHR.
- Discuss each medicine with the patient; ask the patient to show you how he or she takes the medicine.

Checking the Medicine List in the EHR

- For each medicine listed in the EHR that the patient did not bring in, ask if the patient is still taking it.
- For each medicine the patient is still taking, discuss the medicine with the patient; ask the patient how he or she takes the medicine.

Completing the Medicine List

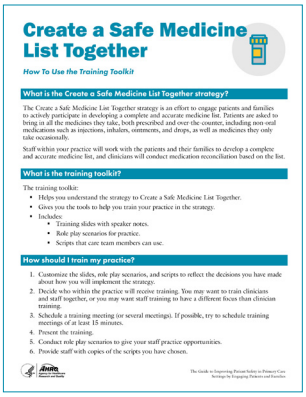
- Ask if there are any more medicines that the patient forgot to bring in or did not want to bring in.
- If there are additional medicines, ask the patient how he or she takes the medicines.
- Update the EHR as necessary.

Finishing the Process

- Check whether any refills are needed.
- Tell the clinician of any medicines that are not being taken as directed or as listed in the EHR.

Create a Safe Medicine List Together Training Toolkit

The training toolkit provides slides, scripts to use for what to say to patients about bringing in their medicines, role play scenarios to practice the strategy, and a training guide ("How To Use the Training Toolkit") to help with training and adoption. The training toolkit should be used by the practice champion and would be most successfully used in collaboration with a clinical and staff champion.


Create a Safe Medicine List Together

How To Use the Training Toolkit

What is the Create a Safe Medicine List Together strategy?

The Create a Safe Medicine List Together strategy is an effort to engage patients and families to actively participate in developing a complete and accurate medicine list. Patients are asked to bring in all the medicines they take, both prescribed and over-the-counter, including non-oral medications such as injections, inhalers, ointments, and drops, as well as medicines they only take occasionally.

Staff within your practice will work with the patients and their families to develop a complete and accurate medicine list, and clinicians will conduct medication reconciliation based on the list.

What is the training toolkit?

The training toolkit:

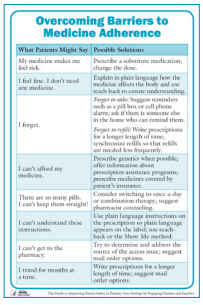
- Helps you understand the strategy to Create a Safe Medicine List Together.
- Gives you the tools to help you train your practice in the strategy.
- Includes:
  - Training slides with speaker notes.
  - Role play scenarios for practice.
  - Scripts that care team members can use.

How should I train my practice?

1. Customize the slides, role play scenarios, and scripts to reflect the decisions you have made about how you will implement the strategy.
2. Decide who within the practice will receive training. You may want to train clinicians and staff together, or you may want staff training to have a different focus than clinician training.
3. Schedule a training meeting (or several meetings). If possible, try to schedule training meetings of at least 15 minutes.
4. Present the training.
5. Conduct role play scenarios to give your staff practice opportunities.
6. Provide staff with copies of the scripts you have chosen.

Overcoming Barriers to Medicine Adherence

This job aid provides some quick tips on how to overcome some of the most common barriers to medicine adherence. This tool can be used during the training as a handout and kept on hand for quick reference. It will be particularly useful during the early adoption phase of the strategy.


Overcoming Barriers to Medicine Adherence

What Patients Might Say	Possible Solutions
My medicine makes me feel sick.	Prescribe a substitute medication; change the dose.
I feel fine. I don't need my medicine.	Explain in plain language how the medicine affects the body and use teach-back to ensure understanding.
I forget.	*Forget to take:* Suggest reminders such as a pill box or cell phone alarm; ask if there is someone else in the home who can remind them. *Forget to refill:* Write prescriptions for a longer length of time; synchronize refills so that refills are needed less frequently.
I can't afford my medicine.	Prescribe generics when possible; offer information about prescription assistance programs; prescribe medicines covered by patient's insurance.
There are so many pills I can't keep them straight!	Consider switching to once-a-day or combination therapy; suggest pharmacist counseling.
I can't understand these instructions.	Use plain language instructions on the prescription so plain language appears on the label; use teach-back or the Show Me method.
I can't get to the pharmacy.	Try to determine and address the source of the access issue; suggest mail order options.
I travel for months at a time.	Write prescriptions for a longer length of time; suggest mail order options.

2. Make Decisions for Your Implementation

You will need to make several decisions to support the design of your Create a Safe Medicine List Together implementation. These are listed in the Quick Start Guide and include decisions on:

- How you will obtain materials,
- What the scope of your implementation will be,
- What the workflow will be in your implementation,
- How you will encourage and reinforce the use of the strategy, and
- Who will champion the implementation.

3. Customize the Training for Your Practice

The Create a Safe Medicine List Together strategy includes a training guide, slides, scripts, and role play scenarios for you to use for team training. You will need to customize the slides and the scripts to reflect the decisions you make on how to implement the strategy in your practice.

It is important to practice the approach to Create a Safe Medicine List Together for when patients brings in their medicines and for the cases when patients do not. This way your team members will be able to handle any scenario they are presented with.

4. Train Team Members

You should organize initial training sessions to inform staff and clinical teams of the implementation, its goals, and the processes that will be piloted during the initial adoption.

Ideally, trainings should be between 15 and 30 minutes and leverage existing meetings to minimize disruption. Make sure you have copies of the materials for everyone who is attending the training session so they can practice and feel comfortable with the strategy and how to use each material during implementation. Provide enough time to answer questions and discuss any concerns.

Practicing through role play is very important. Try to find opportunities to practice, such as staff meetings, huddles, and "Lunch & Learns."

5. Go Live With Implementation

Once your team is trained and materials are obtained and ready to use, it is time to go live with the Create a Safe Medicine List Together strategy.

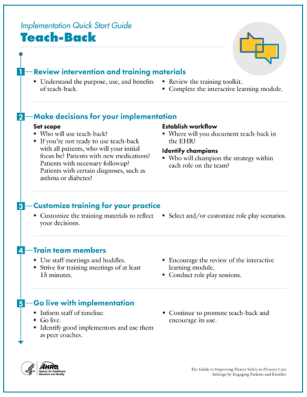
- Inform staff and clinical teams of the go live date and timelines for initial adoption and evaluation.
- Reinforce the training by using staff meetings and huddles to discuss challenges to implementation and share success stories. These discussions should be held at least weekly during the initial implementation period. This will promote the Create a Safe Medicine List Together strategy and encourage its sustained adoption.

- Identify good implementors and use them as peer coaches or mentors. Share stories of "Safety Catches" revealed through using the strategy.

6. Evaluate Your Progress

In addition to the practicewide evaluation of patient safety, it is important to select one or two evaluation measures or metrics specific to the Create a Safe Medicine List Together strategy. Examples of these are provided in the Quick Start Guide.

Appendix C – Teach-Back Implementation Guidance


Implementation Quick Start Guide
Teach-Back
1 — Review intervention and training materials
• Understand the purpose, use, and benefits of teach-back.
• Review the training toolkit.
• Complete the interactive learning module.
2 — Make decisions for your implementation
Set scope
• Who will use teach-back?
• If you're not ready to use teach-back with all patients, who will your initial focus be? Patients with new medications? Patients with necessary follow-up? Patients with certain diagnoses, such as asthma or diabetes?
Establish workflow
• Where will you document teach-back in the EHR?
Identify champions
• Who will champion the strategy within each role on the team?
3 — Customize training for your practice
• Customize the training materials to reflect your decisions.
• Select and/or customize role play scenarios.
4 — Train team members
• Use staff meetings and huddles.
• Strive for training meetings of at least 15 minutes.
• Encourage the review of the interactive learning module.
• Conduct role play sessions.
5 — Go live with implementation
• Inform staff of timeline.
• Go live.
• Identify good implementors and use them as peer coaches.
• Continue to promote teach-back and encourage its use.
The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

To help you plan and design your Teach-Back implementation, a Quick Start Guide (QSG) is available. The Teach-Back QSG has six stages.

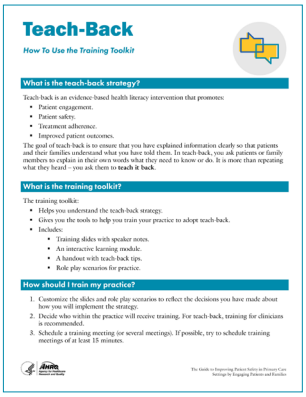
1. Review the Intervention and Training Materials

Before you implement teach-back, the practice champion needs to understand teach-back, its intended use, and strategies for success. Because teach-back is a communication strategy used by individual team members, the available materials are all training materials.

Teach-Back Interactive Module

The Teach-back interactive module is a self-directed, self-paced learning activity that provides an overview of teach-back, case presentations of how to effectively use teach-back, and information on how to address the communication needs of different patient populations using teach-back.

Teach-Back Training Toolkit


Teach-Back
How To Use the Training Toolkit
What is the teach-back strategy?
Teach-back is an evidence-based health literacy intervention that promotes:
• Patient engagement.
• Patient safety.
• Treatment adherence.
• Improved patient outcomes.
The goal of teach-back is to ensure that you have explained information clearly so that patients and their families understand what you have told them. In teach-back, you ask patients or family members to explain in their own words what they need to know or do. It is more than repeating what they heard – you ask them to teach it back.
What is the training toolkit?
The training toolkit:
• Helps you understand the teach-back strategy.
• Gives you the tools to help you train your practice to adopt teach-back.
• Includes:
  • Training slides with speaker notes.
  • An interactive learning module.
  • A handout with teach-back tips.
  • Role play scenarios for practice.
How should I train my practice?
1. Customize the slides and role play scenarios to reflect the decisions you have made about how you will implement the strategy.
2. Decide who within the practice will receive training. For teach-back, training for clinicians is recommended.
3. Schedule a training meeting (or several meetings). If possible, try to schedule training meetings of at least 15 minutes.
The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

The training toolkit provides slides, role play scenarios to practice teach-back, and a training guide ("How To Use the Training Toolkit") to help training and adoption. In addition, a Teach-Back Tips job aid can be used as a training handout. The training toolkit should be used by the practice champion and would be most successfully used in collaboration with a clinical and staff champion.

2. Make Decisions for Your Implementation

You will need to make several decisions to support the design of your teach-back implementation. These are listed in the Quick Start Guide and include decisions on the scope of your implementation, how you will document the use of teach-back, and who will champion the implementation.

3. Customize the Training for Your Practice

The teach-back strategy includes a training guide, slides, role play scenarios, an interactive learning module, and a clinician job aid for you to use for team training. You will need to customize the slides to reflect the decisions you make on how to implement the strategy in your practice.

4. Train Team Members

You should organize initial training sessions to inform staff and clinical teams of the implementation, its goals, and the processes that will be piloted during the initial adoption.

Ideally, trainings should be between 15 and 30 minutes and leverage existing meetings to minimize disruption. Allow time to engage in role play scenarios so your team can practice (or observe each other practice) and feel comfortable with the strategy. Provide enough time to answer questions and discuss any concerns.

Practicing through role play is very important. Try to find opportunities to practice, such as staff meetings, huddles, and "Lunch & Learns."

5. Go Live With Implementation

Once your team is trained, it is time to go live with the teach-back strategy.

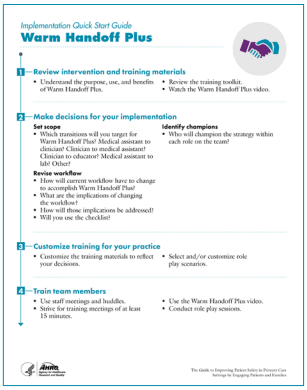
- Inform staff and clinical teams of the go live date and timelines for initial adoption and evaluation.
- Reinforce the training by using staff meetings and huddles to discuss challenges to implementation and share success stories. These discussions should be held at least weekly during the initial implementation period. This will promote the teach-back strategy and encourage its sustained adoption.
- Identify good implementors and use them as peer coaches or mentors. Share stories of "Safety Catches" revealed through using the strategy.

6. Evaluate Your Progress

In addition to the practicewide evaluation of patient safety, it is important to select one or two evaluation measures or metrics specific to the teach-back strategy. Examples of these are provided in the Quick Start Guide.

A publicly available assessment tool to evaluate the implementation success of teach-back is the *Conviction and Confidence Scale*. This self-assessment tool can be used by clinicians to evaluate their own use of teach-back and is available for download at http://www.teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%20Conviction%20and%20Confidence%20Scale.pdf. The tool can be used periodically (e.g., quarterly) initially. Once clinicians are more comfortable with the use of teach-back, it can be used less frequently (e.g., annually) as a reminder.

Appendix D – Warm Handoff Plus Implementation Guidance


Implementation Quick Start Guide
Warm Handoff Plus

1 Review intervention and training materials
- Understand the purpose, use, and benefits of Warm Handoff Plus.
- Review the training toolkit.
- Watch the Warm Handoff Plus video.

2 Make decisions for your implementation
Set scope
- Which transitions will you target for Warm Handoff Plus? Medical assistant to clinician? Clinician to medical assistant? Clinician to educator? Medical assistant to lab? Other?

Revise workflow
- How will current workflow have to change to accomplish Warm Handoff Plus?
- What are the implications of changing the workflow?
- How will those implications be addressed?
- Will you use the checklist?

Identify champions
- Who will champion the strategy within each role on the team?

3 Customize training for your practice
- Customize the training materials to reflect your decisions.
- Select and/or customize role play scenarios.

4 Train team members
- Use staff meetings and huddles.
- Strive for training meetings of at least 15 minutes.
- Use the Warm Handoff Plus video.
- Conduct role play sessions.

To help you plan and design your Warm Handoff Plus implementation, a Quick Start Guide (QSG) is available. The Warm Handoff Plus QSG has six stages.

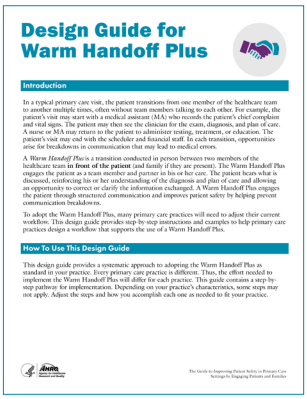
1. Review the Intervention and Training Materials

Before you implement Warm Handoff Plus, the practice champion needs to understand the materials, their intended use, and strategies for success.

Warm Handoff Plus Video

The Warm Handoff Plus video provides information for the practice champion, clinicians, and practice staff on a good example of a Warm Handoff Plus. Use the video during trainings to set the stage, identify opportunities for collaborative communication, and guide role plays.

Design Guide for Warm Handoff Plus


Design Guide for Warm Handoff Plus

Introduction

In a typical primary care visit, the patient transitions from one member of the healthcare team to another multiple times, often without team members talking to each other. For example, the patient's visit may start with a medical assistant (MA) who records the patient's chief complaint and vital signs. The patient may then see the clinician for the exam, diagnosis, and plan of care. A nurse or MA may return to the patient to administer testing, treatment, or education. The patient's visit may end with the scheduler and financial staff. In each transition, opportunities arise for breakdowns in communication that may lead to medical errors.

A *Warm Handoff Plus* is a transition conducted in person between two members of the healthcare team **in front of the patient** (and family if they are present). The Warm Handoff Plus engages the patient as a team member and partner in his or her care. The patient hears what is discussed, reinforcing his or her understanding of the diagnosis and plan of care and allowing an opportunity to correct or clarify the information exchanged. A Warm Handoff Plus engages the patient through structured communication and improves patient safety by helping prevent communication breakdowns.

To adopt the Warm Handoff Plus, many primary care practices will need to adjust their current workflow. This design guide provides step-by-step instructions and examples to help primary care practices design a workflow that supports the use of a Warm Handoff Plus.

How To Use This Design Guide

This design guide provides a systematic approach to adopting the Warm Handoff Plus as standard in your practice. Every primary care practice is different. Thus, the effort needed to implement the Warm Handoff Plus will differ for each practice. This guide contains a step-by-step pathway for implementation. Depending on your practice's characteristics, some steps may not apply. Adjust the steps and how you accomplish each one as needed to fit your practice.

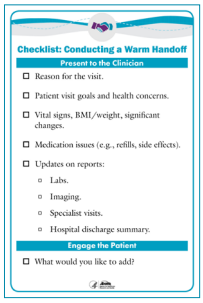
The practice champion and the implementation team should use the Design Guide for the Warm Handoff Plus to design the practice's implementation. The Design Guide walks through key decisions the practice will need to make regarding implementation.

Key decisions include:

- Identifying which handoffs or transitions within the practice may be amenable to integration of the patient and family as a team member;
- Determining how to redesign current workflow to accommodate the strategy; and
- Identifying considerations for phasing in Warm Handoff Plus.

The Design Guide is a key document to help support implementation planning and success.

Checklist for Conducting a Warm Handoff Plus


Checklist: Conducting a Warm Handoff

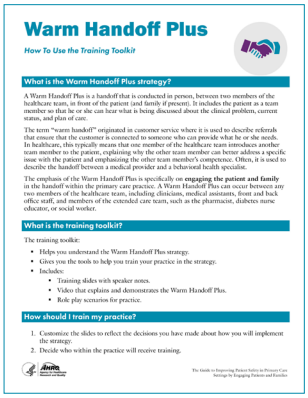
Present to the Clinician
- ☐ Reason for the visit.
- ☐ Patient visit goals and health concerns.
- ☐ Vital signs, BMI/weight, significant changes.
- ☐ Medication issues (e.g., refills, side effects).
- ☐ Updates on reports:
  - Labs.
  - Imaging.
  - Specialist visits.
  - Hospital discharge summary.

Engage the Patient
- ☐ What would you like to add?

The checklist for conducting a Warm Handoff Plus provides clinicians and practice staff with guidance to support structured communication when a medical assistant, patient and family member, and clinician are in the exam room together.

The checklist will be helpful when first adopting the intervention in practice. Once your team is comfortable with the process, they may need to use the checklist less often, but keeping it on hand attached to the computer station for quick reference may support consistent application of the strategy.

Warm Handoff Plus Training Toolkit


Warm Handoff Plus

How To Use the Training Toolkit

What is the Warm Handoff Plus strategy?

A Warm Handoff Plus is a handoff that is conducted in person, between two members of the healthcare team, in front of the patient (and family if present). It includes the patient as a team member so that he or she can hear what is being discussed about the clinical problem, current status, and plan of care.

The term "warm handoff" originated in customer service where it is used to describe referrals that ensure that the customer is connected to someone who can provide what he or she needs. In healthcare, this typically means that one member of the healthcare team introduces another team member to the patient, explaining why the other team member can better address a specific issue with the patient and emphasizing the other team member's competence. Often, it is used to describe the handoff between a medical provider and a behavioral health specialist.

The emphasis of the Warm Handoff Plus is specifically on **engaging the patient and family** in the handoff within the primary care practice. A Warm Handoff Plus can occur between any two members of the healthcare team, including clinicians, medical assistants, front and back office staff, and members of the extended care team, such as the pharmacist, diabetes nurse educator, or social worker.

What is the training toolkit?

The training toolkit:

- Helps you understand the Warm Handoff Plus strategy.
- Gives you the tools to help you train your practice in the strategy.
- Includes:
  - Training slides with speaker notes.
  - Video that explains and demonstrates the Warm Handoff Plus.
  - Role play scenarios for practice.

How should I train my practice?

1. Customize the slides to reflect the decisions you have made about how you will implement the strategy.
2. Decide who within the practice will receive training.

The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

The training toolkit provides slides, role play scenarios, and a training guide ("How To Use the Training Toolkit") to help support training and adoption. The training toolkit should be used by the practice champion and would be most successfully used in collaboration with a clinical and staff champion.

2. Make Decisions for Your Implementation

You will need to make several decisions to support the design of your Warm Handoff Plus implementation. These are listed in the Quick Start Guide and include decisions on:

- How you will obtain materials,
- What the scope of your implementation will be,
- What the workflow will be in your implementation,
- How you will encourage and reinforce the use of the strategy, and
- Who will champion the implementation.

3. Customize the Training for Your Practice

The Warm Handoff Plus strategy includes a training guide, slides, and scripts for you to use for team training. You will need to customize the slides and the scripts to reflect the decisions you make on how to implement the strategy in your practice.

4. Train Team Members

You should organize initial training sessions to inform staff and clinical teams of the implementation, its goals, and the processes that will be piloted during the initial adoption.

Ideally, trainings should be between 15 and 30 minutes and leverage existing meetings to minimize disruption. Make sure you have copies of the materials for everyone who is attending the training session so they can practice and feel comfortable with the strategy and how to use each material during implementation. Provide enough time to answer questions and discuss any concerns.

Practicing through role play is very important. Try to find opportunities to practice, such as staff meetings, huddles, and "Lunch & Learns."

5. Go Live With Implementation

Once your team is trained and materials are obtained and ready to use, it is time to go live with the Warm Handoff Plus strategy.

- Inform staff and clinical teams of the go live date and timelines for initial adoption and evaluation.
- Reinforce the training by using staff meetings and huddles to discuss challenges to implementation and share success stories. These discussions should be held at least weekly during the initial implementation period. This will promote the Warm Handoff Plus strategy and encourage its sustained adoption.
- Identify good implementors and use them as peer coaches or mentors. Share stories of "Safety Catches" revealed through using the strategy.

6. Evaluate Your Progress

In addition to the practicewide evaluation of patient safety, it is important to select one or two evaluation measures or metrics specific to the Warm Handoff Plus strategy. Examples of these are provided in the Quick Start Guide.

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