

Patient and Family Advisory Council Implementation Series

Session 1: Preparation and Recruiting
March 3, 2022



EQIC

EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE

Faculty

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Objectives



- Discuss benefits of implementing a PFAC within the organization
- Describe the organizational principles and preparatory activities in the implementation of a PFAC
- Develop program to recruit PFA
- Identify tools and resources for evaluation



Person and Family Engagement HQIC Metrics



1. Implementation of a planning checklist for patients known to have a planned admission to the hospital
2. Implementation of a discharge planning checklist
3. Conducting shift change huddles and bedside reporting with patients and families
4. Designation of an accountable leader in the hospital who is responsible for person and family engagement
5. Hospitals have an active Person & Family Engagement Committee (PFE) or other committees where patients are represented and report to the Board

WHAT KINDS OF HEALTHCARE SETTINGS ARE HERE TODAY?



POLL #1

Please check your work setting:

- Critical Access Hospital
- Rural Hospital (100-150 beds)
- Hospital/Medical Centers (150+ beds)
- Continuing Care Communities (LTC, AL, RC)
- Community non-profits or government organizations
- Primary or Specialty Clinic
- Other (please chat it in)



WHAT DIFFERENT ROLES ARE REPRESENTED?



POLL #2: Please check all that apply :

- Coordinators responsible for implementing patient- and family-centered initiatives
- Patient or family advisors
- Patient experience/patient relations personnel
- Diversity, Equity and Inclusion staff
- Administrative and clinical executives/leaders
- Physicians, nurses, and other allied health staff
- Risk and safety personnel
- Quality Improvement staff
- Community program, state, regional, and/or national-level program personnel
- EQIC staff
- Other (please chat it in)



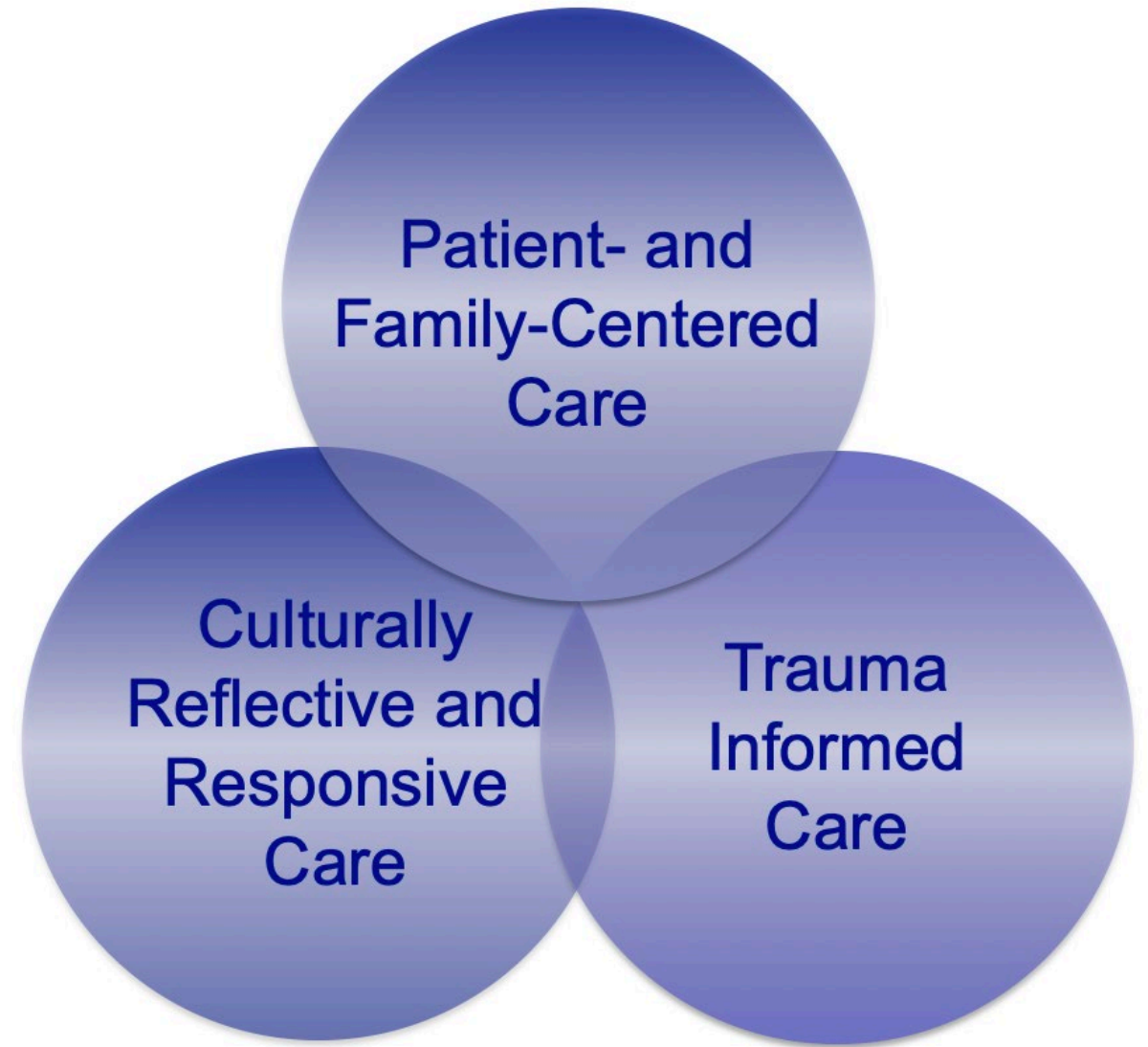
Patient- and family-centered care is working
"with" patients and families, rather than just
doing "to" or "for" them.

✧ Respect & Dignity
✧ Information Sharing

✧ Participation
✧ Collaboration



Inextricably Linked. . .



Patient- and family-centered care can become the business model for your organization . . .

A powerful business transformational tool

Patient- and family-centered care has a positive impact on key business metrics:

- Quality
- Safety
- Patient Experience
- Work Experience
- Market Share
- Finances

'Blockbuster Drug' *Patient Engagement*

"Engagement broadly defined

active partnership

among individuals, families, health care clinicians, staff, and leaders to improve the health of individuals and communities, and to improve the delivery of health care."



A Key Lever for Leaders . . .Putting Patients and Families on the Improvement Team

In a growing number of instances where truly stunning levels of improvement have been achieved...

Leaders of these organizations often cite—putting patients and families in a position of real power and influence, using their wisdom and experience to redesign and improve care systems—as being the **single most powerful transformational change in their history.**

Reinertsen, Bisagnano, & Pugh. (2008). Seven Leadership Leverage Points for Organization-Level Improvement in Health Care, 2nd Edition, IHI Innovation Series. www.ihl.org.



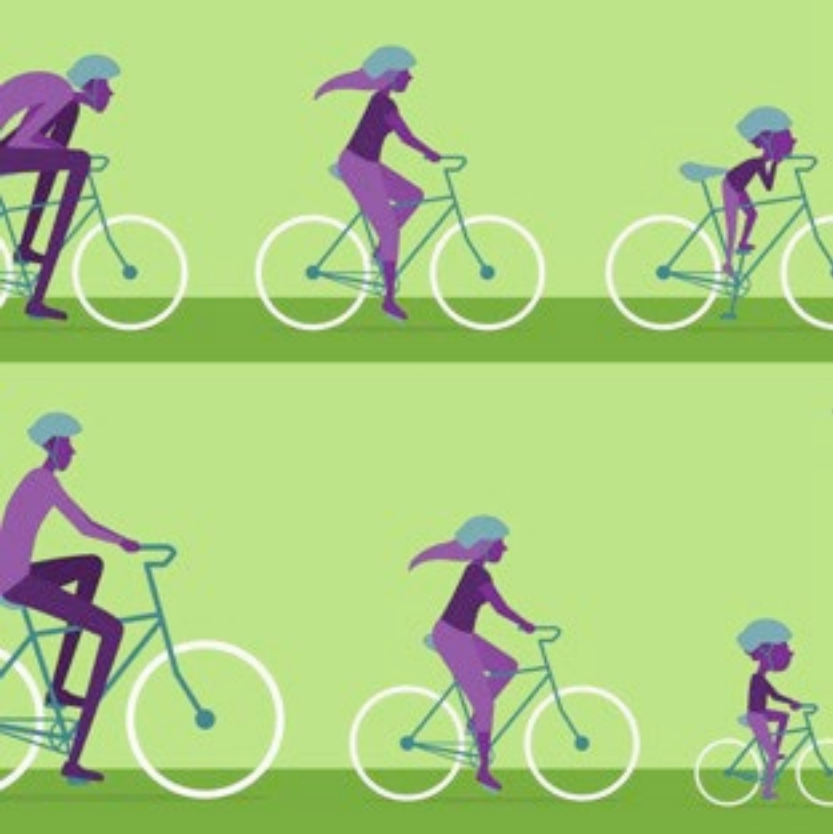
PFAC Best Practices Research



Pam Dardess, MPH
**Vice President, Strategic
Initiatives & Operations**

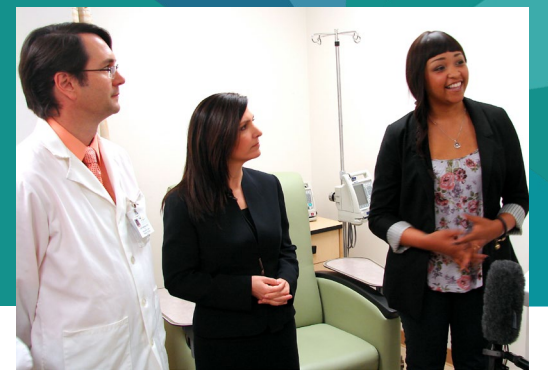


Breakout Session #1



- Homogenous groups
- 15 minutes
- Intros: names, role
- **What surprised you about the PFAC research learning?**
- **Which approaches to enhance your partnerships did you identify?**
- When we come back together, ask 1-2 volunteers to share

The Role of Leadership



Leaders Recognize the Value of Advisors to:

- Improve Patient Experience
- Accelerate Transformation from Volume to Value
- Improve HCAHPS Scores
- Increase in Staff Satisfaction

Leaders assess the current state and set goals that track progress



Associations Between PFE Practices and HCAHPS Scores

PFE Practice	Percentage points of patients rating a hospital 9 or 10	Statistical Significance
Committee Engagement		
Hospital-wide patient & family advisory council compared to no PFAC	1.5 pts. higher	p<.05
Over 50% of PFAC is patient & family members compared to under 50%	1.7 pts. higher	p<.05
PFAC meets at least quarterly compared to less often or never	1.8 pts. higher	p<.05
Inclusion of patients & family members in other hospital committees above average compared to average or below	1.0 pts. higher	p<.05
Monitoring Progress Engaging Patients & Families		
Formal self-assessment of PFE strategy use compared to no formal self assessment	1.2 pts. higher	p<.05
5+ metrics for tracking PFE strategy use compared to fewer metrics	0.8 pts. higher	p=.053

The Role of Leadership



Do these statements describe your hospital:

- “We recognize patients and families are stakeholders in our work, and add to our vision, design, implementation and improvement.”
- “We allocate staff champions and resources to support the use of patient and family advisors in our work.”
- “As leaders, we model an expectation that patient and family advisors are valued and welcomed throughout our organization.”
- “We believe that patient and family expertise will accelerate organizational transformation.”





musc
Children's Health
Medical University of South Carolina

Senior Leadership for MUSC Children's Health asked the PFAC to hold weekly "Office Hours" outside of the regular PFAC meetings in order to address immediate issues developing as a result of the pandemic.

These informal meetings, with no specific agenda, built trust among PFAs and leaders.



The Role of Leadership



Do you see these activities in your hospital:

- **Conversations regarding improvement and safety highlight the potential benefits of patient/family involvement**
- **Staff and physicians are asked to identify potential advisors**
- **Town Hall Meetings and Staff Orientation include transparency about the vision and intention of patient/family inclusion in the work of the organization**
- **All work including patient/family advisors is regularly reported at the Governance level**





Chuck Hofius – CEO Perham Health



Redesigning both the facility and the culture of the “nursing home” was the beginning of Perham’s journey of transformation for long-term care and the hospital.

Leaders placed an ad in the local newspaper for volunteers to partner in the design of the “Nursing Home.” The first change was the name of the facility from “**Nursing Home**” to “**Perham Living**” and the desire to create a place to live, not just to die.

Then came **collaborative design planning** to create an environment to support quality of life and a true “home” along with culture change and staff education for resident-directed care.



Then a Patient and Family Partnership Council formed for the 25-bed Critical Access Hospital.

Developing trust and respect with the CEO, nursing leadership, and other hospital leaders, the patient and family partners were an essential part of the design planning team for the new hospital and for moving toward a culture of patient- and family-centered care. They traveled on a bus together with leaders and staff to visit other rural hospitals, strengthening trusting relationships along the way.

The new hospital was designed to support patient- and family-centered experience and practice.



Marlene Fondrick, one of Perham Health's Partners in Care Council volunteers, asks Opal Hegle some questions about her stay at the hospital. Information gathered through the interviews is being used to improve the patient experience and quality of care at Perham Health.





Ten years later, January 2022 the local newspaper celebrated Perham Health's success.

Chuck Hofius, the CEO, said that he has “seen continued growth at Perham Health since the opening of its new facility a decade ago, not only in the facility itself but also in the services and providers added and in the way staff are increasingly able to **put patients and families at the center of care.**”

Almost all services have grown, and the hospital has been able to recruit 3-4 new providers each year since 2016 and has now add three mental health providers and a psychiatrist. Revenue has grown 270% since the hospital opened 10 years ago.

Become a Patient and Family Partner



Partnering with you to help
improve your healthcare
experience



SANFORD

English



Patient and Family Partner

What is a Patient and Family Partner?

A patient and family partner is someone who:

- Wants to help improve quality, safety and the patient/family experience at all points of care – clinic, hospital, out-patient, home care, and nursing home.
- Gives feedback to Perham Health based on his or her own experiences as a patient or family member
- Helps us plan changes to improve how we take care of patients
- Volunteers his or her time (usually at least 1 hour and not more than 4 hours per month)
- Patient and family partners provide a voice that represents all patients and families who receive care at Perham Health.
- They partner with providers and staff to help improve the experience of care for our patients and family members.



SANFORD



المريض وشريك الأسرة



The Minnesota Hospital Association presented Perham Health with a statewide patient experience award Pre-COVID. The picture includes nine patient and family partners, staff, and clinicians.



What Do Patient and Family Partners Do?

We want to hear your story. Patient and family partners can help us in the following ways:

- Share your stories. Partners help by talking about their health care experiences with clinicians, staff, and other patients.
- Participate in discussion groups. Partners tell us what it's like to be a patient at Perham Health, and what we can do to improve.
- Review or help create educational or informational materials such as forms, health information handouts, and discharge instructions. Your help will make these materials easier for all patients and family members to understand and follow.
- Work on short-term projects. We sometimes ask patient and family partners to help us make improvements – for example, helping to choose signs for wayfinding.
- Serve on a patient and family advisory council. An advisory council discusses and plans changes to improve hospital and clinic quality and safety. Members include patients, family members, and staff.

Is Being a Patient and Family Partner Right for You?

Being a patient and family partner may be a good match with your skills and experiences if you can:

- Speak up and share suggestions and potential solutions to help improve the patient experience for others
- Talk about your experiences as a patient or family member
- Think beyond your own personal experiences
- Talk about both positive and negative care experiences and share your thoughts on what went well and how things could have been done differently
- Work with people who may be different than you
- Listen to and think about what others say, even when you disagree
- Bring a positive attitude to discussions
- Keep any information you may hear as a partner private and confidential

The **Perham Patient and Family Partnership Council** meets monthly except for July and December. During the pandemic, it has met virtually and adjusted its agenda to be supportive of members more limited ability to work actively on improvement projects.

A typical agenda includes:

- **Patient or Family Story:** at the beginning of every meeting.
- **Update on COVID** and any changes having to be made due to the pandemic.
- **Roundtable Discussion**—informal sharing about: members' concerns and fears; what they are hearing from the community; and their ideas for change and improvement.
- **Brief Education Program** with opportunity for providing advice and comment. Speech Therapy and Occupational Therapy have participated in recent meetings.
- **New Issues to Address:** How mental health services are provided in the ED.

The Perham Patient and Family Partners have served on key hospital committees, virtually and in hybrid formats:

- EMS Strategic Planning — how to apply patient- and family centered care concepts and processes safely during the pandemic.
- A new committee is forming . . . Bringing together patient, resident, and family partners to relook at patient- and family-centered care and resident-directed care and how to get back on track after all the changes and adaptations the hospital and Perham Living, the long-term care community, had to make during the pandemic
- To learn more about how Perham Living and how it provided care across the continuum—transitional care, home care, assisted living services, apartment living, and a nursing home community: www.ipfcc.org/bestpractices/covid-19/perham-living.html

The Perham Patient and Family Partnership Council Staff Liaison and Co-Chair is Kelly Riepe, BSN, RN. She also has the following responsibilities for Perham Health:

- Director of Quality Management
- Risk Management
- Infection Control and Initial Vaccination Programming
- Emergency Preparedness
- Workplace Violence

Perham's senior leadership has had a long-term commitment to the Patient and Family Partnership Council, patient- and family-centered care, and resident-directed care.



Staff Liaison – Coordinator and Leader

Any role that **supports** and **facilitates** patients and families having direct input and influence on anything that impacts the care and services individuals and families receive.



Role of the Staff Liaison

- Serves as support and logistical “go to” person for patient and family advisors
- Has key role in the selection, orientation, and ongoing support for patient and family advisors
- Maintains connection between other staff, clinicians, leaders, and patient and family advisors
- Communicates activities of the PFAC
- Seeks opportunities for involvement of advisors
- Serves as patient- and family-centered “champion”



Why Involve Patients and Families as Advisors?

- Bring important perspectives.
- Teach how systems really work.
- Keep staff grounded in reality.
- Provide timely feedback and ideas.
- Inspire and energize staff.
- Lessen the burden on staff to fix the problems... staff do not have to have all the answers.
- Bring connections with the community.
- Offer an opportunity to “give back.”



Setting the Stage: Initial Planning



PARTNERSHIP READINESS?



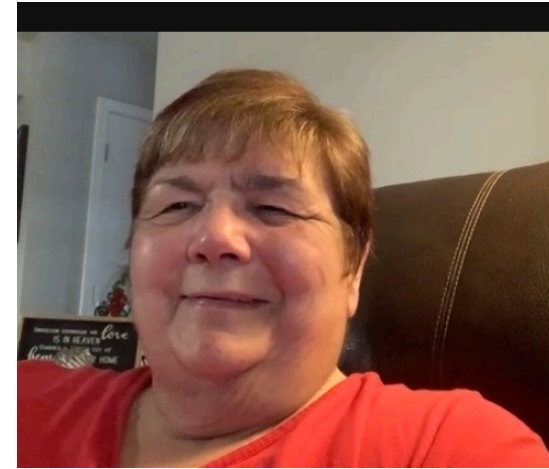
POLL #3:

How “ready” is my organization to partner with patients and families now?

- Not ready at all
- Somewhat ready
- Ready
- Very Ready
- Unsure

Rosie Bartel

- Lives 5 blocks from a Critical Access Hospital
- Her mother received heart failure care there
- She received twice weekly IV infusion for months
- Emergency Department quickly stabilized her condition and facilitated life flight to another facility



*"Because of this hospital, I am alive today.
I offered my help to hospital leadership.
I never heard back from them."*



Rosie Bartel

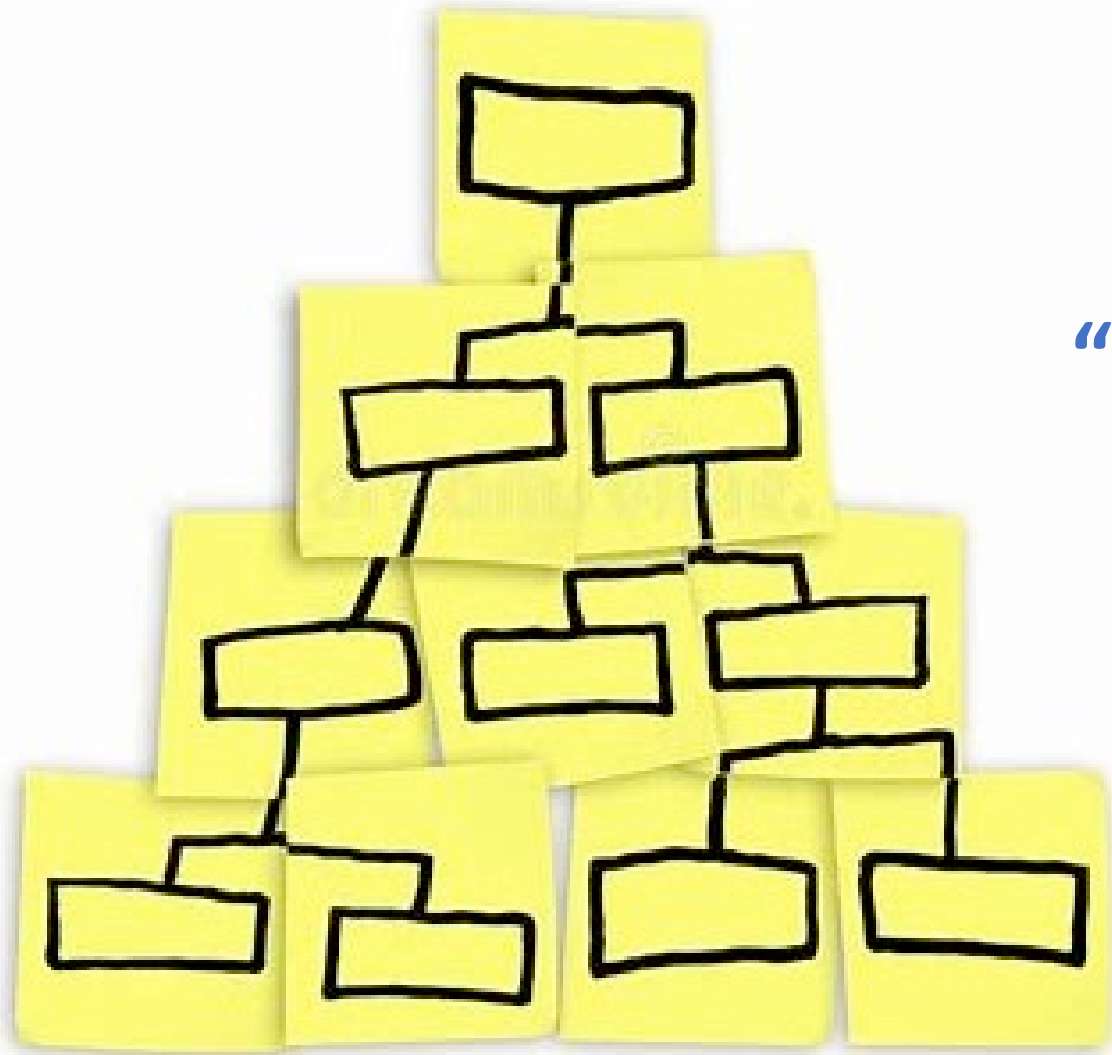
- Invited to tell her story by infectious disease doctor where she acquired MRSA and joined their improvement team to reduce infections
- Works as PFA on hospital environmental services, IT, and facilities workgroups for a regional hospital
- Serves as PFA on national groups:
 - Open Notes
 - EPIC PFAC
 - Beryl Institute Global Advisory Council Member



"The CAH hospital lost another set of eyes."

Are YOU missing an opportunity for PFAs to ease the load and help?

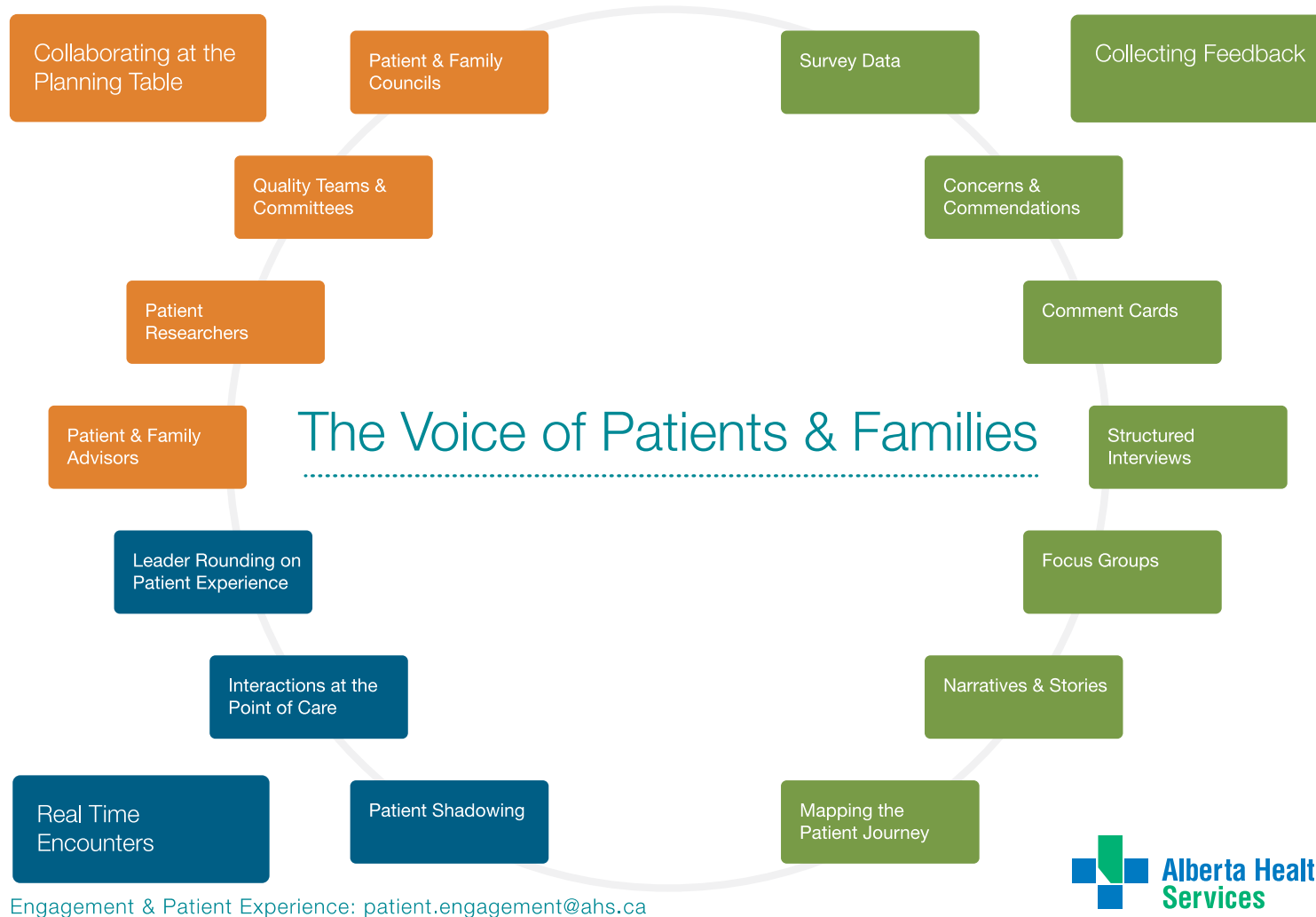




“Structure Drives Behavior”

Organizational Design and Governance





**What are the ways you seek to understand
and collaborate with
those you serve?**



WHAT IS CURRENT STATUS OF PFAC IMPLEMENTATION?



POLL #4: What is the current status of your PFA program:

- We have never had a PFAC or PFAs
- Our PFAC has been placed on hold during COVID
- PFAs serve on committees and workgroups
- PFAC continues to meet (virtually) to provide input on important issues
- Temporary alternative activities and ways to seek community and PFA issues and concerns have been created
- Other (Please chat in)

Possibilities for an Initial Structure?

- **An Informal Workgroup**

Allows time to build trust among advisors and staff, supports the development of processes, begin to address issues, and explore ways to work together effectively.

- **A Patient and Family Advisory Council**

A formal mechanism for involving patients and families in clinic policy and program development and quality and safety initiatives.

- **Members of the Safety or Quality Team**

Improvement partners.

- **Practice-based team focused on a Specific Issue**

Improvement partners.



Advantages of Starting with an Informal Workgroup

- Allows time to build trust among advisors and staff, and leaders.
- Begins to address issues more quickly
- Supports the development of practical processes over time
- Offers ways to learn to work together effectively.



First Steps: Getting Ready

- Designate coordinator to work with Advisors and educate key staff;
- Administrative
 - Create Initial Application
 - Position Description
 - Determine Recruiting Options
 - Determine Interview Process
- Determine meaningful roles for advisors
- Start tracking Results / Impact



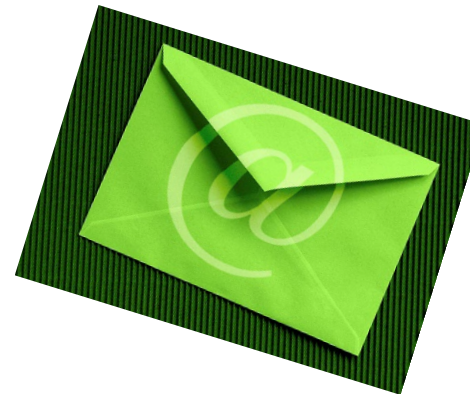
Council Structure

- Size
 - ✧ 12 – 30
- Composition
 - ✧ Diversity: represent patient population
- By-laws/Guiding Principles
- Officers
- Terms of Membership
 - ✧ Staggered terms / term limits / no term limits



Council Structure

- Staff participation—
 - ✧ 2-3 or more patient/family members to 1 staff
- Invite senior leadership
- Encourage other staff to attend as guests
- Compensation/stipends or reimbursement—childcare, transportation
- Appreciation



How Can You Influence Organizational Design and Governance?

LEVELS OF ENGAGEMENT

CONSULTATION INVOLVEMENT

PARTNERSHIP SHARED LEADERSHIP

**ORGANIZATIONAL
DESIGN & GOVERNANCE**

Survey patients about their care experience

Involve patients as advisors or advisory council members

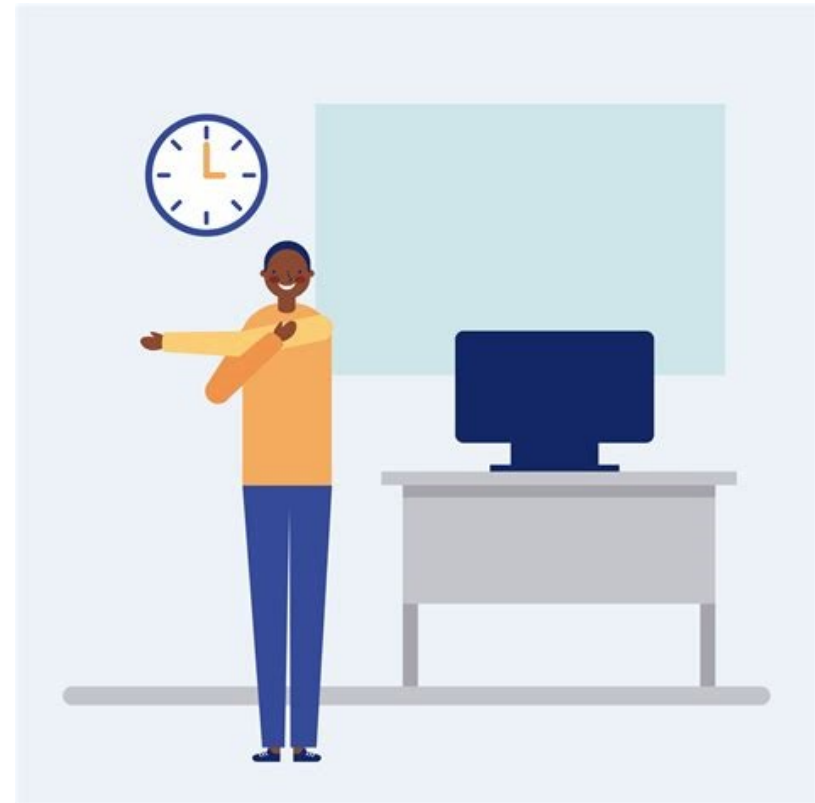
Patients co-lead quality improvement teams

- Conduct patient interviews
- Provide infrastructure for advisory programs

- Seek out physician champion
- Embed patient voice into QI projects early



Stretch Break



Too much to do?



No Formal Advisors: Start Here



Identify Informal Ways to Solicit Input



Keep It Simple and Easy for Patients/Families



Ask Questions for Understanding and Ideas
for Improvement



Listen, Listen, Listen



Utilize resources to build more formal ways to receive ongoing input/participation



Create Formal Advisory Structures



See Got Advisors for Next Steps



Important Considerations:



- **WHO:** Has your hospital identified as the person that advisors will use as their main contact about the advisory program?
- **WHAT:** Is there an existing group that could be involved in planning your structure or revitalizing your program?
- **HOW:** In what ways will advisors be involved in your hospital?
- **WHEN:** Are there times/activities planned for advisors to provide input in the next 30 days?



Got Advisors: Start Here



Prepare Advisors to Contribute



Ask Questions for Understanding



Listen, Listen, Listen



Collaboratively Identify Opportunities



Create Potential Solutions



Implement Ideas



Monitor Changes - Results



Virtual Advisor Opportunities

**Increased
Diversity and
Membership**

**Ongoing and
Timely
Conversations**

**Captures Next
Generation**

**Decreased
Cost and
Human
Resources**

**Anytime
Anywhere**



Virtual Engagement – could it work here?



- With telehealth visits, No Show rates have dropped.
- Many have seen increased attendance at PFACs.
- Use of patient portals to engage patients in providing feedback has been successful.
- Preparation and support makes a difference
- Be mindful of potential barriers; be proactive.



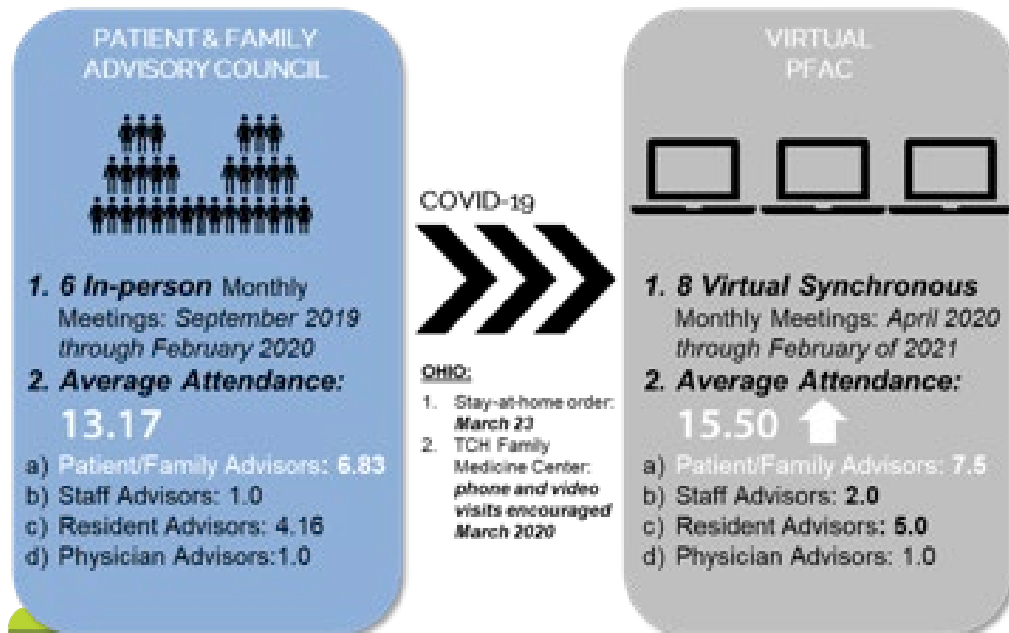


PFAC HIGHLIGHTS:

- 1) Feedback on **Telehealth Visits** in era of COVID-19
- 2) Input on **clinic patient flow adjustments** to preserve social distancing
- 3) Prioritization of **relevant resources for patients** in Community Resource Guide specific to pandemic assistance.
- 4) Launch **handwritten notes from physicians and staff** for patients/families needing encouragement in the pandemic.
- 5) Develop **two-page information sheet with COVID-19 FAQ** to build vaccine confidence and reduce hesitancy.

PFAC LESSONS LEARNED:

- 1) **One-on-one virtual meetings** with advisors who need extra technology help **were valuable** to increase participation and promote confidence.
- 2) **Patient advisor attendance INCREASED** with remote meetings (possible in-person barriers: *transportation, travel time, childcare*). Resident advisor and staff advisor attendance also increased.
- 3) **Maintain emotional connectivity** while being apart. Build community and trust by encouraging small talk and catching up, 15 minutes prior to meeting start time. PFAC business begins promptly at scheduled time.

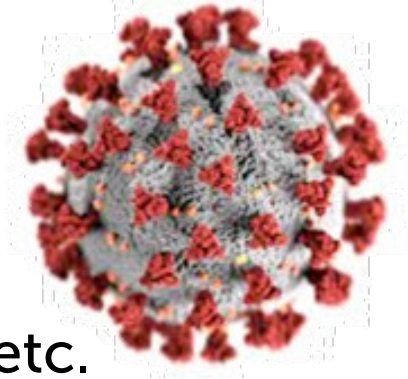


COVID and Patient Engagement: Possibility or Peril

Patients and families are aware of how hard COVID surges have been on front-line health care workers.... many want to give back.

There are many ways they can contribute:

- ✧ Providing feedback on ways to improve telehealth experience
- ✧ Serving as members of a telehealth implementation committee
- ✧ Reviewing messages/communication about COVID, vaccinations, etc.
- ✧ Collaborating with clinic and community organizations to disseminate information about mental health and stress issues exacerbated by COVID
- ✧ Helping craft messages to address concerns about vaccine hesitancy among their peers
- ✧ Identifying vulnerable populations and participating in developing effective outreach strategies





INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE®

Patient- and Family-Centered Care and Partnerships with Patients and Families During COVID-19

Expanded Roles for PFACs and PFAs

- ◆ Serving on COVID-19 planning, implementation, and evaluation teams
- ◆ Meeting regularly with key staff from the Emergency Operations Committee
- ◆ Working with Communications/Marketing on developing new content for websites, social media, and other messages about COVID-19 to inform the communities served
- ◆ Developing COVID-19 resources and other materials to prepare, guide and empower patients and families to be active in reducing the risk of infection and its spread
- ◆ Collaborating with community organizations, pharmacies, and hospital and health system teams to address COVID-19 vaccine hesitancy
- ◆ Participating as patient and family faculty and co-designers of training for new roles created during the pandemic for frontline staff and administrative leaders
- ◆ Providing encouragement and support to frontline healthcare staff to help strengthen resiliency and alleviate burnout
- ◆ Partnering in evaluation and research about impact of changes and initiatives related to the pandemic

Partnering with PFACs and PFAs to Develop Telehealth

- ◆ Serving as members of Digital Engagement Committees
- ◆ Participating in the planning of each step of the telehealth experience
- ◆ Preparing patients and families for telehealth visits through peer support and creating website resources
- ◆ Serving as faculty to share communication best practices in telemedicine with clinicians (e.g., eliciting patient/family voice, building trust, making a connection, sharing test results and other clinical information)
- ◆ Reviewing and responding to information about telehealth from patient experience reports
- ◆ Partnering in evaluation and research about the impact of telehealth
- ◆ Advocating for appropriate funding and other support for telehealth

Partnering with PFACs and PFAs in Mental Health

- ◆ Serving as members of a Mental/Behavioral Health PFAC
- ◆ Highlighting mental/behavioral health needs arising during the pandemic in discussions at all PFAC meetings
- ◆ Helping develop communication for patients and families about mental/behavioral health concerns during the pandemic
- ◆ Collaborating in the development of new resources for patients and families about mental/behavioral health and available support to include on the organization's website
- ◆ Collaborating with community organizations to disseminate information about mental health resources for individuals and families during the pandemic

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- ◆ Collaborating in the development of messages of appreciation, and other activities and programs that support the mental health of staff, clinicians, and leaders
- ◆ Partnering in research and evaluation of mental health resources and programming related to the pandemic

Partnering with PFACs and PFAs to Address Family Presence

- ◆ Reviewing changes to policies related to family presence and participation during the pandemic
- ◆ Participating as members of interdisciplinary teams weighing the benefits and harms of alternative family presence and participation policies and practices for intensive care, and other inpatient and ambulatory care settings
- ◆ Participating in the development of messaging (website, signage, informational materials) for communities served about changes in policies and practice
- ◆ Helping develop and conduct training for frontline staff and administrative leaders related to communication with patients and families about changes in policy and practice due to the pandemic
- ◆ Participating in the development of training for families related to the use of PPE and adherence to other COVID-19 safety precautions when in the hospital and ambulatory facilities
- ◆ Helping to design, implement, and evaluate processes to include families or designated care partners virtually in supporting patients

Partnering with PFACs and PFAs to Address Health Inequities and Structural Racism

- ◆ Partnering with Diversity, Equity, and Inclusion Officer(s) within the organization to connect them with advancing patient- and family-centered practice
- ◆ Integrating advisors into committees and workgroups formed to improve equity across the system (e.g., implicit bias training)
- ◆ Working with diverse populations to identify their concerns and issues and seeking their input on strategies to address them
- ◆ Designing and implementing systems to provide additional support and services to vulnerable populations during the pandemic
- ◆ Collaborating with community organizations to connect with these populations during the pandemic
- ◆ Involving PFAs reflective of the diversity within communities served in addressing pandemic priorities
- ◆ Collecting and using data to bring about change in the representativeness of PFAC members and other PFAs, and the work that they are doing to improve diversity, equity, and inclusion

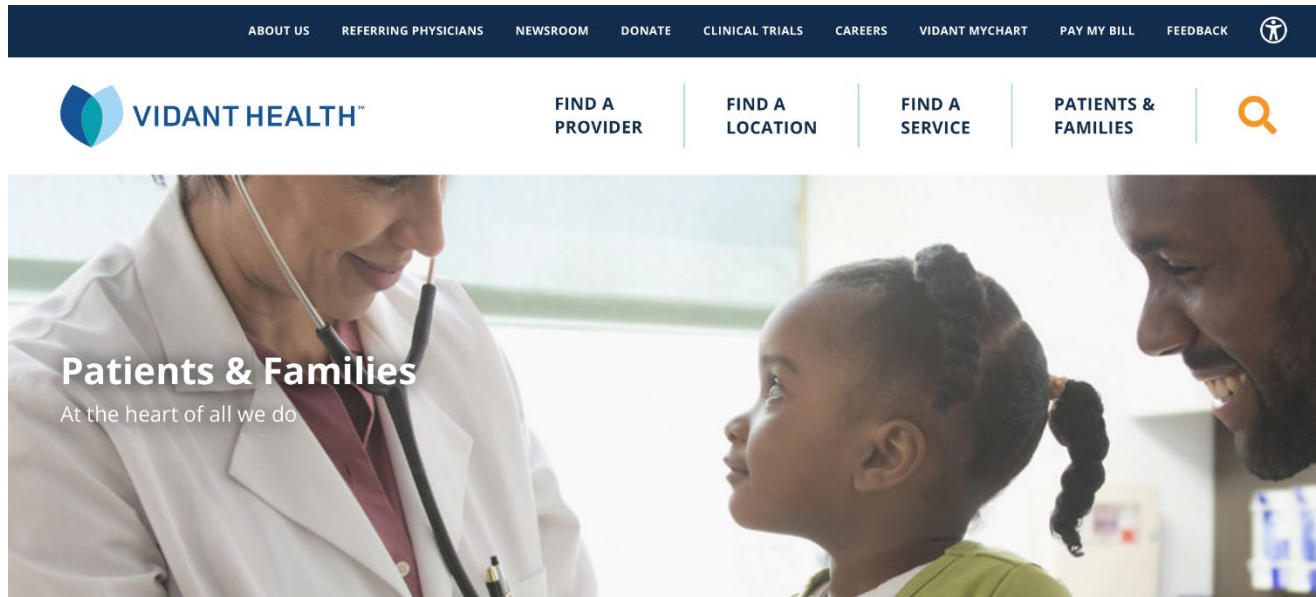
With funding support from:



For additional resources, visit IPFCC's special webpage at [PFCC and COVID-19](https://www.ipfcc.org/bestpractices/covid-19/index.html).

Revised February 2021





“Vidant’s vision is to become the national model for rural health and wellness by creating a premier, trusted health care delivery and education system.”

A true partner with patients.

“What does partnership mean? It means that no matter how you come to know us – whether at one of Vidant’s award-winning hospitals or out in the community – you can count on us to listen to you and work with you, so that, together, we can do what it takes to improve your health and well-being.”



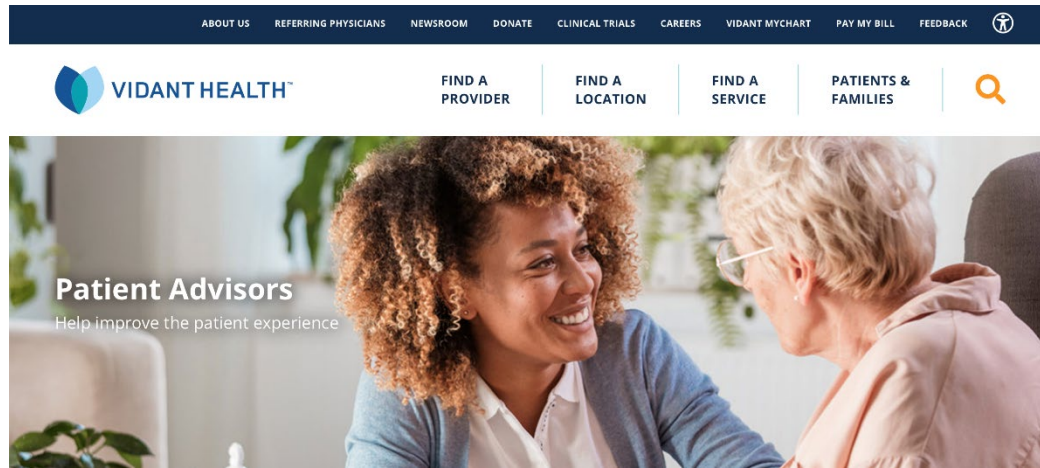
Vidant Health has created a position at the system level, Senior Administrator of Experience Engagement, Education & Design. She brings both patient experience and the expertise of a health care architect, with human-centered design training.

Responsibilities include developing systems for recruiting, orienting, and supporting patient and family advisors, as well as supporting the facilitation of PFACs across this rural health system. This role also leads patient education and experience design for the system.

Patient and family advisors are recruited through the website, Volunteer Services, the patient feedback telephone line (Tell Us Now), and by team member recommendations.



Dr. Tammy Thompson, EDAC, CPXP, NCARB
Senior Administrator of Experience
Engagement, Education & Design



In 2020, when COVID safety precautions limited volunteer presence on campus, The PFCC Liaison worked with Vidant Duplin's new president (Kenansville, North Carolina) to invite PFAs to actively participate in other ways. PFAs were sent a video from the president introducing himself, along with self-addressed stamped envelopes inviting them to write to him to share their hopes and dreams for their community hospital.

Other strategies used across the Vidant Health system to encourage continued participation during the pandemic include:

- Creating a virtual dashboard for PFAs to receive updates and log virtual participation hours
- Providing virtual access to all workgroups and committee meetings
- Adjusting hours of meetings to promote participation

Vidant Beaufort Hospital, a campus of Vidant Medical Center, engaged PFAs in the redesign of Emergency Department experiences. This collaborative team developed a journal that would help team members educate patients on their ED journey and manage expectations. This resource prompts patients to record important information to share with their care team, and to document what they have learned about their condition. It also provides activities for positive distraction, mindful meditation, and convenient options for continued care.

Subsequent to this work, this hospital became the highest rated ED in the system, based on patient surveys!

This resource is currently in use at two hospitals, ultimately to be available in all hospitals across the health system.



Columbia Memorial Hospital

- Astoria Oregon USA
- 650 Caregivers
- 25 inpatient Beds
- Critical Access Hospital
- 14 OP clinics, 3 Urgent Care
- Collaboration with Oregon Health and Science University



PFAC
with a purpose



People volunteer because they want to make a difference in the world.

It is our responsibility to give them purpose or they will volunteer somewhere else.



Kristen Moss MBA, FPCC
Columbia Memorial Hospital
Patient Experience Manager

PFAC Summary

- PFAC is comprised of 8 community members, an executive, a quality department rep, patient experience manager and an admin assistant.
- In place since 2014, they have met virtually through most of pandemic.
- Success because:
- Asked for input on strategic projects
- Created some easy wins to ensure they felt sense of accomplishment
- Engaged managers and directors to get the committees feedback on projects early on
- Highlighted the things that were implemented because of their input

Embedding PFE as the “way we do the work” – Important Questions to Ask

- How can I engage with patients and families more directly?
- What are we already working on?
 - How might we involve patients and families to inform our work?
- Do I ask staff and clinicians to describe ways they are engaging patients and families in our improvement work?





FAMILY PRESENCE DURING A PANDEMIC: GUIDANCE FOR DECISION-MAKING

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With support from:



Developed by:



EMERGING BEST PRACTICES FOR PRESERVING THE ESSENCE OF FAMILY PRESENCE DURING A PANDEMIC

Affirming the importance of family presence as an organizational value

OR
EMERGING BEST PRACTICES



Staff and Clinician Preparation

- Value the perspectives and experiences of all.
- Ask open-ended questions about concerns, fears and issues.
- Listen, Listen, Listen.
- Debunk the myths.
- Provide the evidence.
- Make it easy; take care of the operational details.
- Show appreciation for everyone's contributions.



Partnership Not Power Shift



Fostering a Successful Beginning: Tips for Staff

- Explain how staff should be involved.
 - The importance of listening.
 - Effective approaches to meeting facilitation.
 - Act on advisors observations and recommendations when appropriate and provide information when not implemented.
- Be open to questions and challenges.
 - Respond/explain when questions are asked.
 - Avoid defensiveness.



Role for the Quality Improvement Professional

Some Questions to Explore:

- Where is your sphere of influence?
- Who are the innovators within the clinic?
- Have others been involved in conversations/training around patient and family engagement?
- What is the capacity of both yourself and others to expand your engagement efforts?
- Where does the data suggest are your biggest areas of opportunity?
- What are the pain points that need immediate attention/resources?



Role for the Quality Improvement Professional

Serve as role models –walk the talk and make it easy for others

- **Think about current work underway that touches patients**
- **Solicit names of patients and families with lived experience**
- **Reach out to invite patient/family/community participation**
- **Orient them to project and offer ways they can be involved**
- **Prepare staff and clinicians by explaining patient advisor/partner role**
- **Keep track of results and share stories of learning and success**



Exploring Hopes and Wishes



PFA Recruitment



*Recruitment is an ongoing process—
continually seek diversity to reflect the
population you serve!*



Assume *patients* are the *experts* on their own experience and that they have information *you need to hear and act on*. Know that *families* are *primary partners* in a patient's experience and health.



Advisors – Patients and Families

Any role in which those who receive care (and family members) **influence health care change by sharing their insights and suggestions.** They serve as improvement partners to make care better for everyone.



Skills and Qualities of Patient and Family Advisors

Seeking
People:



- The ability to share personal experiences in ways that others can learn from them.
- Interested in more than one agenda or issue and can see the bigger picture.
- Has a genuine interest in improving health care.
- A commitment to partnership and collaboration.
- The ability to listen, hear other points of view, and connect with people.
- A sense of humor.



Recruitment Process

- Outreach and engagement
- Referrals and expressions of interest
- Applications
- Screening
- Interviews
- Decisions and selection



Recruiting Advisors

- Ask staff and physicians for suggestions.
- Contact support groups and community organizations such as Rotary, Kiwanis, fire stations, and religious organizations.
- Ask current patient and family advisors.
- Ask patients/families during a clinic visit or when appropriate.
- Post signs/brochures on bulletin boards in waiting areas, corridors, and lobbies.
- Place notices in the clinics, publications, websites, and TV systems.
- Post information on Twitter and Facebook.
- Place announcements in local newspapers.
- Consider using the patient portal to invite participation



Thinking About Advisors Within Equity Framework

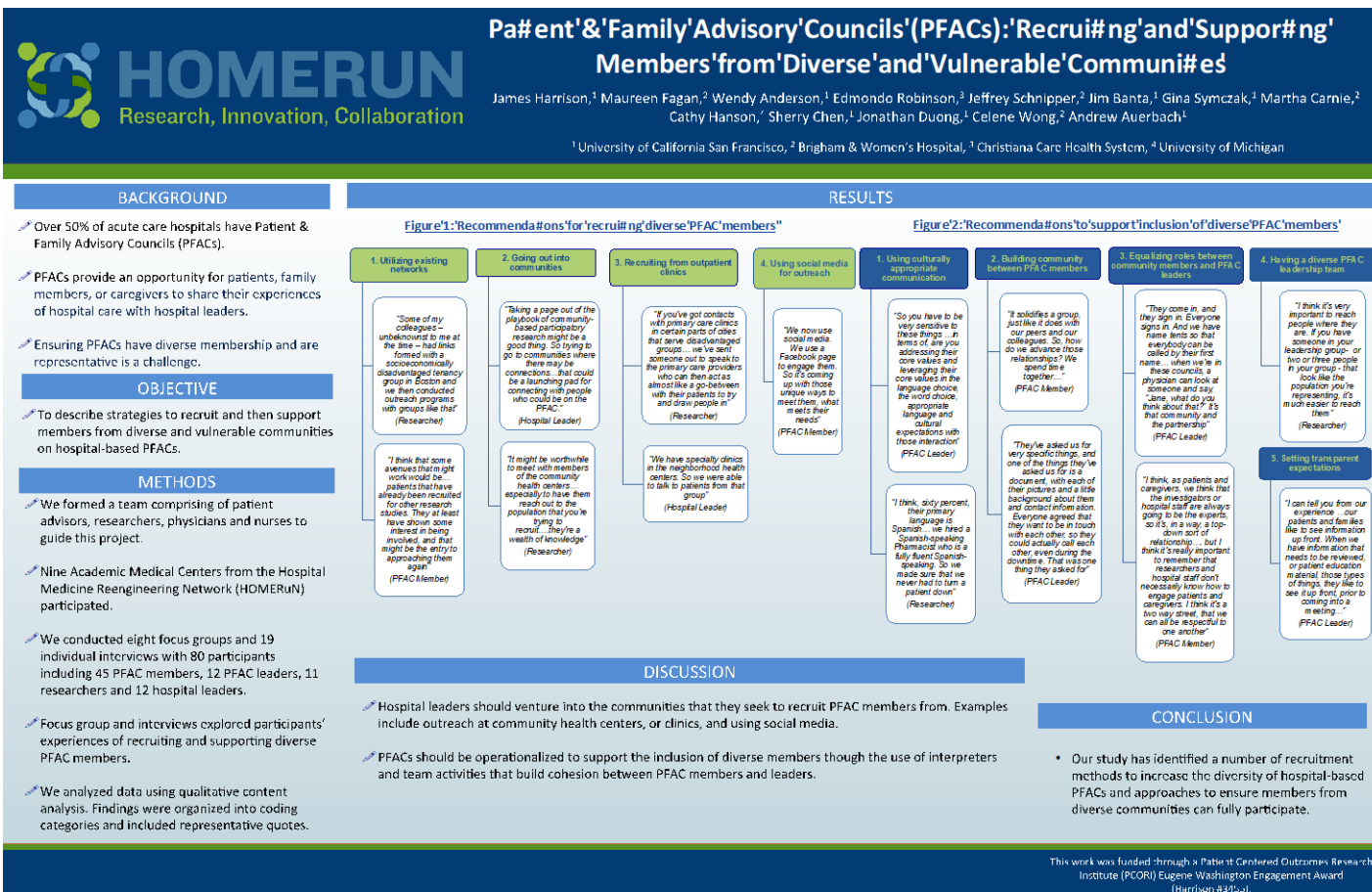
- Race
- Gender
- Veteran Status
- Differently Abled
- LGBTQ
- Socioeconomic Status
- Don't discount life experience over formal expertise.



Diversity is being invited to the party; inclusion is being asked to dance. ~ Verna Myer



Evidence on Effective Recruitment



- Utilize Existing Networks
- Go out into communities
- Recruit from outpatient clinics
- Use social media outreach



Patient & Family Advisors Needed!

I value your perspective and our partnership. I'd like you to consider becoming a Patient/Family Advisor. Advisors volunteer to help us with program/policy review, review education materials and forms, provide input on quality and safety efforts as well as facilities planning. We are also using patient advisors to help design better processes of care.

Would you be interested in volunteering to be on a Patient Family Advisory Council? Please contact Sheila Miller at 687-6203 to get more information about this unique opportunity.

Sincerely,



PeaceHealth
Medical Group

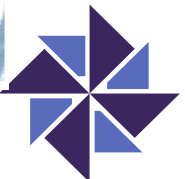
Recruitment Postcard

Qualities of an Advisor:

- Shares insight and experience in productive ways
- Sees beyond his/her own personal experience
- Respects diversity and differing opinions
- Listens well
- Collaborates on solutions
- Has passion for enhancing the healthcare experience of all

Important Considerations:

- Current PeaceHealth Medical Group patient and/or family member
- Make commitment for 1 year at minimum
- Willingness to attend information session to learn more in mid-September
- Ability to attend monthly meetings on the fourth Thursday from 5:30 – 7:30 pm, starting in October





PFAC

PATIENT FAMILY ADVISORY COUNCIL



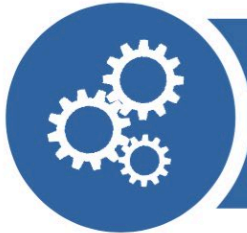
SHARE

Share your thoughts, opinions, questions, concerns and ideas to help improve the patient experience and overall care.



COLLABORATE

Come together with other advisors and hospital employees to improve the healthcare experience in our community.



WORK

The PFAC chooses improvement projects to work on as a council. Each project improves care and experience at CMH.

<https://columbiamemorial.org/patient-and-family-advisory-council/>

Recruitment Flyer



What is PFAC?

The Patient Family Advisory Council is a committee made up of community members and hospital employees who discuss, collaborate, and work on projects affecting patient care and experience at CMH.

Who can Join PFAC?

Patients, family or friends of patients and community members served by CMH can join the PFAC.

When is PFAC?

The PFAC meets for 2 hours on the third thursday of each month from 11:30 PM to 1:30 PM. A delicious lunch is provided by the CMH catering department.

How do I join PFAC?

Visit our website and fill out an application. A CMH employee will contact you to discuss the specifics and get you onboarded as the newest member of the CMH PFAC.

<https://columbiamemorial.org/patient-and-family-advisory-council/>



PFAC

PATIENT FAMILY ADVISORY COUNCIL





Columbia Memorial Hospital in Astoria, Oregon

@CMHCommunity

Home

About

Photos

Videos

Events

Posts

Community

Create a Page

You don't have to avoid the sun completely, but there are steps you can ta...

7

Like

Comment

Share



Columbia Memorial Hospital in Astoria, Oregon

July 12 · 🌐

Karl and Olga Schmidt are longtime members of our Patient Family Advisory Council, which meets to give CMH patient perspectives on a variety of projects. Join them on the committee! <https://columbiamemorial.org/pfac-member-spotlight-karl-an.../>



COLUMBIAMEMORIAL.ORG

PFAC member spotlight: Karl and Olga Schmidt - Columbia Memorial Hospital

30

1 Share

Like

Comment

Share



OHSU Knight Cancer Institute



United Way of Clatsop County



Great Columbia Crossing 10K

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The Daily Astorian ✓
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Astoria Police Department
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Astoria Warming Center
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Hills Wild Flours
Bakery

See More



Diversity:



What Does It Look Like in Your Community?

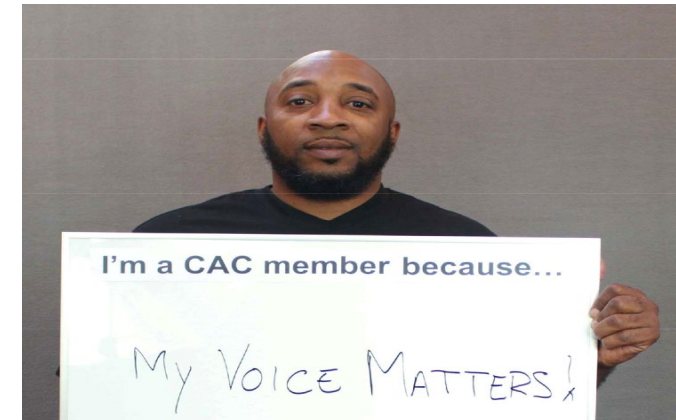


Breakout Session #2

- Randomly assigned groups
 - 15 minutes
 - Intros: names, role
-
- **If your PFAC reflected your patient population, what would it look like?**
 - **What vulnerable populations need to be represented?**
 - **Who are the unheard voices that need to be amplified?**



Important Considerations – Diversity and Inclusion



- **Leveraging the unique skills and experiences of each individual**
- **Recognizing and acknowledging who is not at the table**
- **Developing community leaders or reaching out to influential leaders in the community to create trust**



Diversity Matters



- Asking community leaders for PFAC referrals
- Creating maps of racial and ethnic clusters to find community centers
- Getting to know the leaders within the community
- Asking local artists to help create PFAC materials in the language and culture of the community
- Going to community meetings to develop relationships
- Talking about advisor opportunities at community events.
- Creating a separate PFAC if you have a large patient population that does not speak English, (e.g., Bayview at Johns Hopkins University and Children's Mercy in Kansas City have Latino PFACs)

CREATE YOUR DIVERSITY ACTION PLAN

Overall Goal: Recruit and retain diverse advisors			
Action	Who Should Be Involved?	Questions to Ask	Additional Steps to Take
Prepare for change.	PFAC advisors and staff*	Does my council have a culture that embraces diversity?	<ul style="list-style-type: none"> - Assess PFAC support and commitment to diversity - Assess status of diversity in PFAC by reviewing patient population demographics, community demographics, and PFAC demographics - Assess PFAC inclusivity (See checklist) - Be open to honest conversations about any history of racism, discrimination, and/or oppression that exists in your area or organization
Determine what change is needed.	PFAC advisors and staff*	Where can we improve diversity and inclusivity?	<ul style="list-style-type: none"> - Learn the lived experience of diverse patients and advisors in your organization by discussing with them what it is like to access care - Review patient experience surveys - Determine if diversity, implicit bias, and/or cultural competency training is required for staff and advisors
Embark on the change.	PFAC advisors, staff*, and community organizations	Who should we partner with?	<ul style="list-style-type: none"> - Meet with community leaders to first build a relationship and discuss the PFAC purpose - Ask how best to connect with the community to communicate advisor opportunities - Find out what supports are needed for individuals to participate and secure resources (e.g. transportation, interpreters, child care) - Advertise PFAC opportunities in community settings and organization's newsletters
Implement the change.	PFAC advisors, staff*, and new advisor mentors	How do we on-board new advisors?	<ul style="list-style-type: none"> - Talk with potential advisors about their role and responsibilities - Have applicants go through your PFAC's screening and application process - Assign a mentor to new advisors to provide support
Reinforce the change.	PFAC advisors, staff*, advisor mentors, and community organizations	How can we create a culture where diverse advisors feel respected, welcome, and engaged?	<ul style="list-style-type: none"> - Get to know each member, their story, background, and interests - Engage in relationship building activities (like "getting to know you" questions) - Regularly talk with advisors to determine if their participation is what they expected - Conduct periodic informal and formal evaluation of the council and its members' perceptions to determine effectiveness (See PFAC and advisor checklists) - Ensure two-way communication is maintained and communication preferences are respected - Hold meetings at convenient times to accommodate varied schedules; include phone and online meeting options

Note: Staff refers to PFAC staff, such as organizational leaders who sponsor the council.

2018

Diverse Voices Matter: Improving Diversity of PFACs



Finding Diverse Advisors: How?



To create a diverse group that comes from different backgrounds, you might try:

- Asking community leaders for PFAC referrals
- Creating maps of racial and ethnic clusters to find community centers
- Getting to know the leaders within the community
- Asking local artists to help create PFAC materials in the language and culture of the community
- Going to community meetings to develop relationships
- Talking about advisor opportunities at community events.
- Creating a separate PFAC if you have a large patient population that does not speak English, (e.g., Bayview at Johns Hopkins University and Children's Mercy in Kansas City have Latino PFABs)

4 /

Increasing Diversity In Patient and Family Advisory Councils

Why Does Diversity Matter?

Many healthcare organizations are looking for better ways to understand diverse patient and family experiences. Research shows that racial and ethnic minorities often receive poor quality care and have worse access to services. This can lead to poor health for these groups. Knowing how patients and families from minority racial and ethnic groups experience the healthcare system is important to eliminating health gaps.

Diversity in PFACs

Diversity helps your patient and family advisory council (PFAC) have a wider range of views and look like the patients you care for. Some councils have trouble inviting people from different backgrounds, particularly race, even when their community is diverse.

What Is Diversity?

Making your council more diverse means welcoming people from different backgrounds, like race and ethnicity. Other differences you may want to consider are sexual orientation, gender, age, financial situation, physical and mental ability, and schooling.

If your council is responsible for more than one setting, you may want to find advisors from different locations such as in the hospital, clinic, home health, or hospice. Advisors from different departments, such as women's, children's, rehabilitation, or cancer services can also bring new views to your group.



2 /





Patient and Family Advisory Council Membership Application

What areas of the hospital and/or physician offices have you had interactions with?

☐ Primary Care; ☐ Inpatient (Medical Surgical, Special Care); ☐ Outpatient (Other Physician Offices); ☐ Emergency Services (ER); ☐ Medical Services (Laboratory, Radiology); ☐ Other.

Key Questions:

- Why would you like to serve as a member of the PFAC and what do you hope to accomplish?
- What skills, knowledge, and abilities do you have (career, volunteer work, life experiences) that will enable you to help achieve the PFAC's mission and goals?
- If PFAC membership is currently full, are you will to be contacted at a later dates when an opening becomes available?
- Any other comments, qualities, or concerns that you would like to express at this time?

Please send completed application to the hospital's Quality & Safety Department.

Interviewing and Selecting PFAs



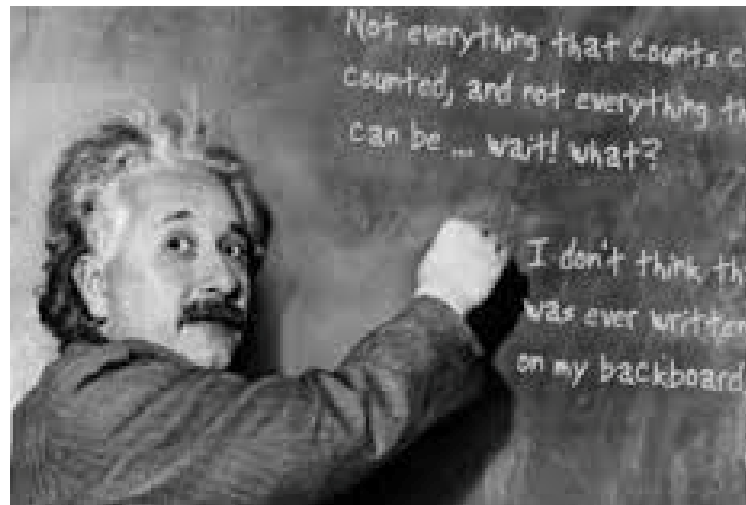
- PFCC Liaison and PFA Chair interviewed candidates
- Started by asking what questions they had
- Shared examples of work completed and underway
- Interview questions focused on interest, experience working in groups and health care experiences that went well and what could be improved
- Decisions made within a week and all interviewees notified



Measuring Success



“Not everything that can be counted counts, and not everything that counts can be counted.” Albert Einstein



How Do We Know Our Partnership is Making a Difference?

- **Document action and changes**
- **Ask through interview and survey**
- **Show Before and After Pictures**
- **Newsletters**
- **Annual Reports**



Some items to consider

- Track everything!
 - ✧ Marketing/Communication efforts / outcomes
 - ✧ Numbers of advisors, attendance, projects involved in and outcomes
 - ✧ PFCC education projects/programs
 - ✧ Survey council members for satisfaction
- Produce monthly report / annual report
- Use 'Volunteer Independent Sector' value to estimate value of volunteer time (state rate x volunteer hours)
www.independentsector.org/volunteer_time



Join our

Community Conversations

UR Medicine Pediatric Behavioral Health & Wellness is hosting a series of online webinars to discuss topics related to child and teen mental health care. Our panelists are here to answer questions from participants.

Panelists include UR Medicine mental health professionals, representatives from community organizations, and parent representatives. Please join us by registering for these free events.

■ Partnering with Schools During the COVID-19 Public Health Emergency

Sept. 24, 2020 • 5:30 pm

https://rochester.zoom.us/webinar/register/WN_pQGTs2V8RbqIHzy3e_i10w

■ What to Expect when Looking for and Getting Behavioral Health Services for Children and Teens

Oct. 22, 2020 • 5:30 pm

https://rochester.zoom.us/webinar/register/WN_dzJkXcvfStuwQuVZXEBiLA

■ What you Need to Know about Deciding If and When to Use Medication for Behavioral Health Challenges in Youth

Dec. 3, 2020 • 12:00 pm

https://rochester.zoom.us/webinar/register/WN_OAwdzjfcScOXHhMqfhJbPA

This series is sponsored by the
Greater Rochester Health Foundation.

Questions?

Contact Zena Shuber at
Zena_Shuber@URMC.Rochester.edu



Golisano Children's Hospital, UR Medicine
Rochester, New York

The Family Advisory Board and the Family Advisory Group, recruited specifically during the pandemic, participated in the planning of these conversations and other useful resources for families.

www.urmc.rochester.edu/childrens-hospital/behavioral-health-wellness/resources-for-families.aspx



Advisory Council Partnership Helps Improve Cultural Competency

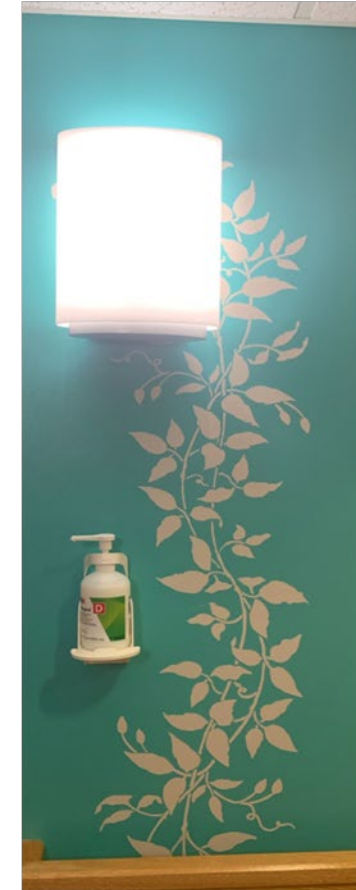
- **25-bed critical access rural hospital in Jefferson County, OR**
- **Population served: 1/3 Native American; 1/3 Latinx; 1/3 White**
- **CNO spearheaded project to promote racial equity in healthcare and enlisted the system's Chief Medical Officer and Chief Nursing Officer**
- **Culturally diverse PFACs developed hospital policies around cultural considerations (3 Native American Indian & 17 Latino patients)**
- **Identified as the 3rd most racially inclusive hospital in the nation by The Lown Institute**



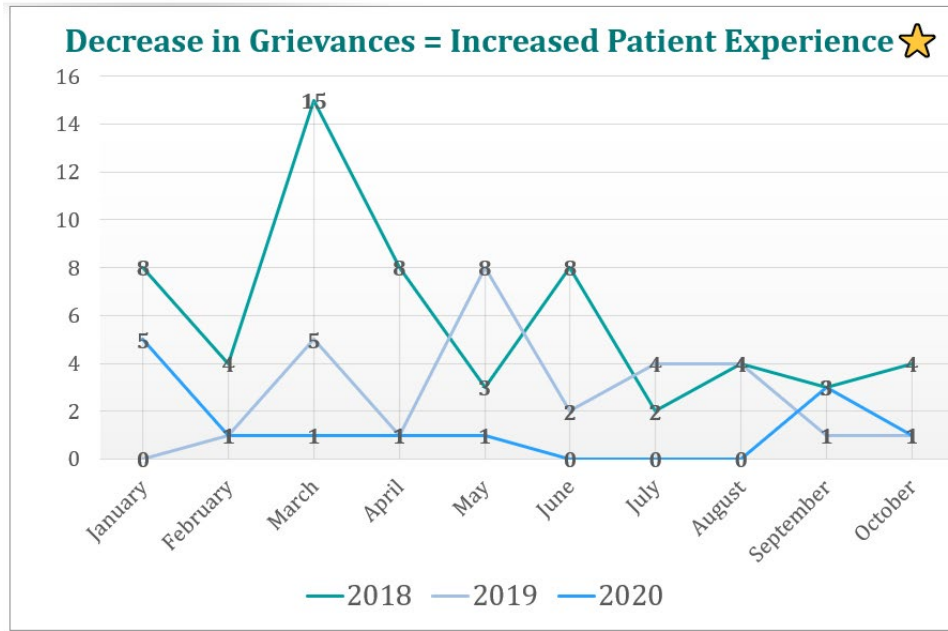
Building Trust and Inclusion



- Commissioned local artist to create art that depicted the seven cultures represented in the community
- Created an outdoor healing garden with an artistic rendering of rock art in the Columbia River Gorge called "She Who Watches" and a sculpture of three salmon, which represent abundance, renewal, fertility, and prosperity.



Results and Success



2018	59
2019	27
2020	13

- PFAC recommendation to conduct telephone survey respecting oral traditions
- Significant increase in survey completion

CAHPS Questions	2018	2019	2020
Rate hospital 0-10	67.74	71.76	73.68
Doctors explain in way you understand	71.74	70.58	74.68
Communication About Medicines Domain Performance	59.77	67.53	78.69
Nurses listen carefully to you	76.6	72.24	77.38



"I've lived in Madras for 40 years. All of us have felt invisible for so long. I no longer feel invisible."

Latino PFAC Member



In summary, to have successful partnerships. . .



- Hospital leadership **demonstrates** its commitment.
- A **skilled** facilitator for collaborative endeavors is appointed with dedicated time for this work.
- Patient and family advisors, who are committed to partnering with the hospital and others in the community, are **selected and supported**.
- There are **meaningful** opportunities to work together, listen, and learn.



Take a Moment



- Reflect and complete this sentence:

“After today, to implement patient and family advisor engagement strategies at my organization, I'm going to”.

- Share your response in the chat box with others.





Thank you.

Mary Minniti, CPHQ

mmminniti@ipfcc.org

541-520-3655



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