

Patient and Family Advisory Council

PFAC Implementation Series Session II:
Onboarding, orientation and sustainability

March 29, 2022



EQIC

EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE



PFAC

HQIC

Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

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EQIC PFAC Program

Two-session series for the implementation or enhancement of a patient and family advisory council

- Session I on March 3 covered organizational preparation and recruitment of patient and family advisors
- Today's Session II covers onboarding and orienting members and sustaining your PFAC

Session I review

- Review Action Planning Worksheet 1 with your PM.
- Utilize tools and resources as necessary.

PFAC Implementation Team Action Planning Worksheet 1



EQIC developed this checklist of practice recommendations that provides process improvement strategies for consideration as hospitals work to implement a patient and family advisory council.

PRACTICE RECOMMENDATIONS	IMPLEMENTATION STATUS			ACTION PLAN/ NEXT STEPS
	FULLY	PARTIALLY	NONE	
Practice recommendations for Implementing a PFAC				List specific activities your team will seek to accomplish to fully implement each practice recommendation. Include a detailed plan (what, who, how, and starting when) in your notes.
I. SECURE LEADERSHIP SUPPORT				
A process is in place to secure leadership support.				
» Form a team: Advertise, recruit and develop a team comprising of hospital leadership, patient experience officers, physicians, nursing and quality staff, unit managers, frontline staff, care transitions team members and ancillary staff.				
» Set up regular team meetings and identify roles and responsibilities, budget, ongoing communication strategies, etc.				
» Assess readiness for PFAC implementation by evaluating staff perceptions about the value of patient and family input on clinical experience and hospital operations.				
II. DESIGNATE A PFAC LEADER				
Appoint a staff liaison who is skilled in group facilitation, cultural competency and written and verbal communication.				
Establish liaison's roles and responsibilities, including:				
» Overseeing the recruitment, selection and orientation of PFACs. Include staff training.				
» Meeting planning and facilitation.				
» Fostering relationships between staff and PFACs.				
» Maintaining communication with hospital staff.				

Faculty



Mary Minniti, BS, CPHQ
Senior Policy and Program Specialist



Objectives



- Define an orientation program for Patient and Family Advisors
- Lead and facilitate a PFAC meeting
- Identify opportunities for action by PFAC
- Identify opportunities and ideas to sustain the PFAC
- Implement measures utilized to determine success of implementation



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 PFE or other committee where patients are represented and report to the board

As we get started, please chat in your name,
organization, location and your favorite spring flower





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



[illegible]

Collaborative Patient and Family Engagement

Strategy for building a patient- and family-centered system of care.

It is a priority consideration and essential to health reform at four levels:

At the clinical encounter—patient and family engagement in direct care, care planning, and decision-making.

At the practice or organizational level—**patient and family engagement in quality improvement and health care redesign.**

At the community level—bringing together community resources with health care organizations, patients, and families.

At policy levels—locally, regionally and nationally.





What's one step you took since the first PFAC Implementation session?

POLL #1: Please check all that apply:

- Shared materials with colleague
- Met with hospital leader or clinician to discuss program success criteria and their important role
- Contacted trusted community groups to learn what health issues are of concern
- Interviewed a patient on their recent health experience or solicited information needs on COVID-19
- Worked on application and screening process for PFAs
- Reached out to PFACs on hold to identify their interest in starting again
- Other (please chat it in)



Patient and Family Advisory Program Best Practices



Have you built a strong foundation?

- Leadership supports advisory program with resources and interacts with patient and family advisors
- A staff position facilitates the operational details of program
- Advisory roles are formalized and provide meaningful activities to influence policy, operations, quality, safety and strategic initiatives
- Recruitment is ongoing and seeks diversity reflecting the population served



A Patient Advisor Perspective



What are your proactive approaches?

- Selection and placement of advisors is systematic to ensure a strong match between an individual's skills/interests and organizational needs
- Preparation of clinicians and staff with training and support for collaborative efforts
- Identification of development and learning experiences to build advisors capacity and effectiveness



Embed the basics to ensure success



- Seek advisors that represent populations served and who have had recent (within 1-2 years) actual experiences.
- Develop clear roles for advisors, select for “fit,” orient to organization and provide ongoing coaching and support.
- Use advisors where input is valued and will be utilized.
- Close the loop and let advisors know what changes were made as result of input.

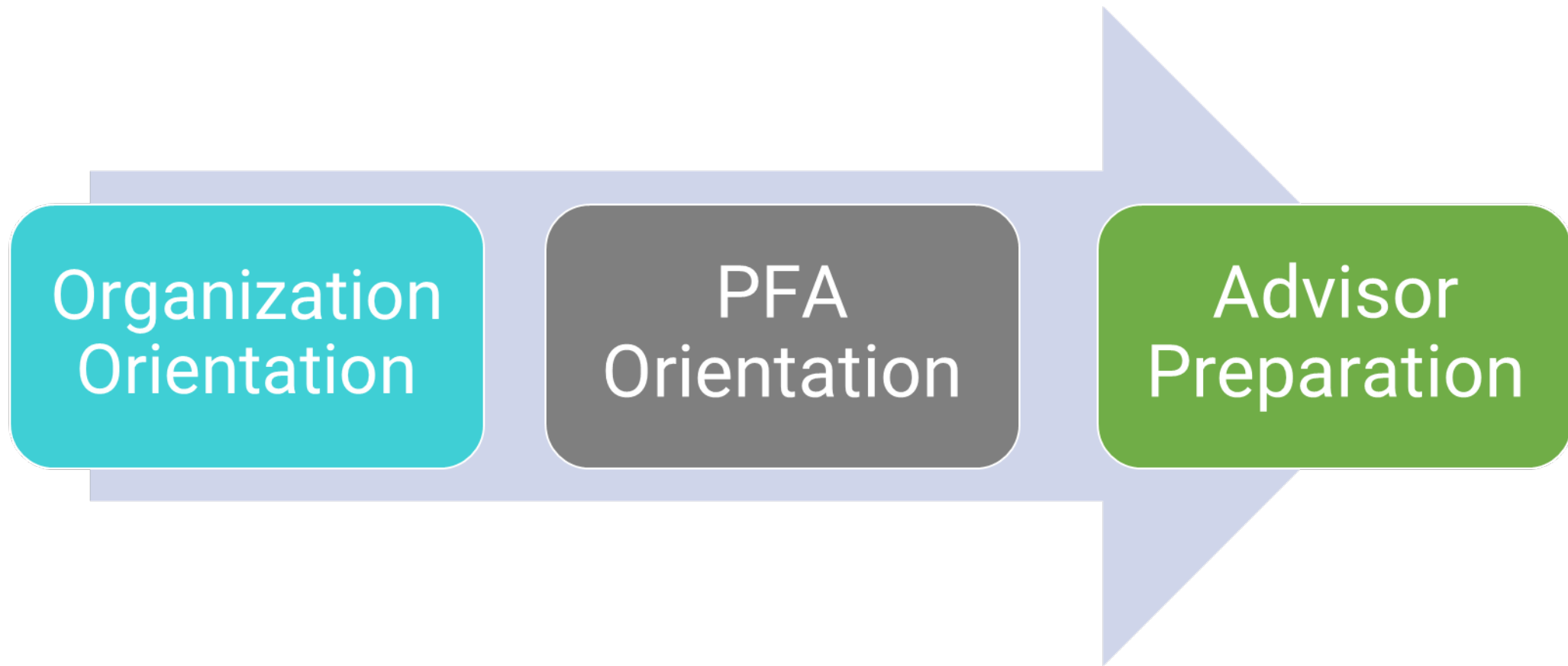
Are there meaningful opportunities to make a difference?



What will be your biggest challenge?



Effective onboarding process



EQIC PFA Orientation eLearning Module



- On-Demand 90 minute training
- Interactive module
- Certificate of completion available for each advisor

Agenda for eLearning module



NYS Partnership for Patients

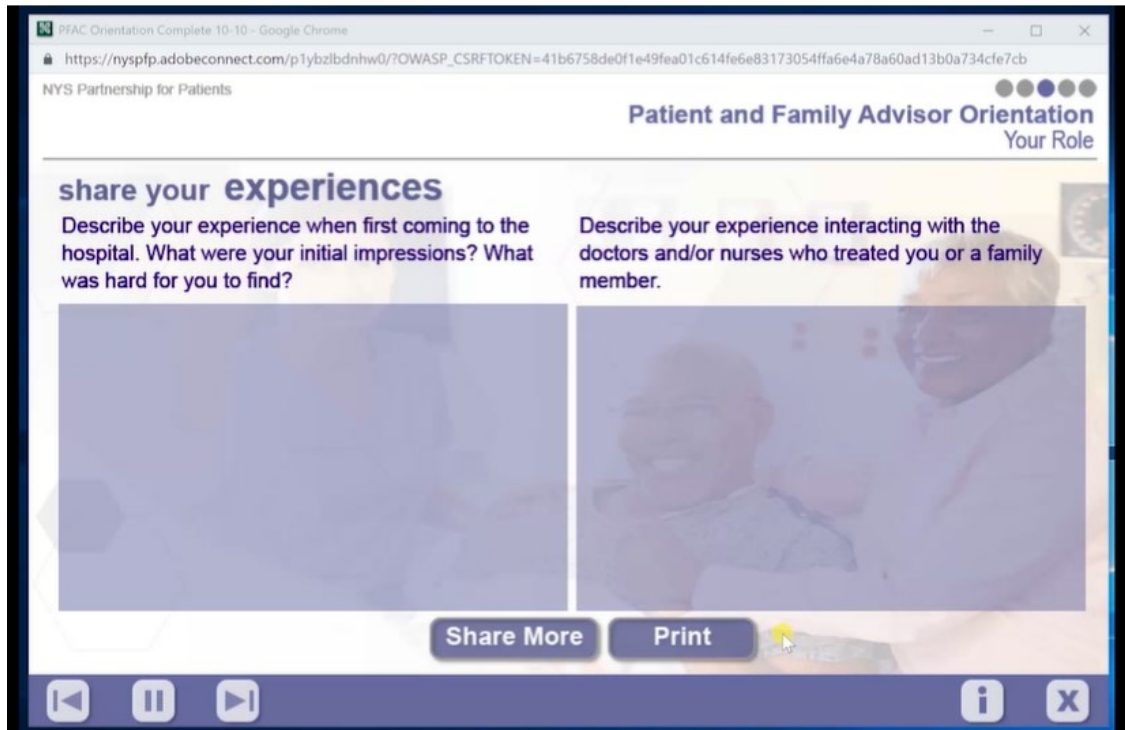
Patient and Family Advisor Orientation

Agenda

- Welcome and Introduction to Your Role
- About Hospitals
 - How do hospitals work?
 - How they are organized?
 - Hospital risk and patient safety
- Preparing for your first PFAC meeting
 - What does the hospital expect from you?
 - What can you expect from the hospital?
- Becoming a successful PFAC advisor
 - Stories that produce change
 - Six tips
- Take a look at a sample PFAC meeting



Interactive modules





Patient and Family Advisor stories

NYS Partnership for Patients

Patient and Family Advisor Orientation
Becoming a Successful PFAC Member

let's **listen** to
some **stories**


**Frank
McDowell**


**Courtney
Nataraj**

Continue

Navigation controls: Previous, Play/Pause, Next, Close

Learning about the hospital and clinics

- Mission and values
- Strategic priorities for hospital and/or team
- Who's who in the organization or on the team
- Hospital/Clinic tour
- "Day in the life" or "why I choose to work here"
- Speaking the language – Medical jargon 101
- Purpose, scope and priorities



PFA role orientation

- What is an advisor
- Opportunities for participation
- History of PFAC and accomplishment
- PFAC member roster and minutes
- Role and expectations (i.e. attendance, confidentiality)
- Introductions / Sharing your story
- Buddy with seasoned advisor
- Logistics - dress code, bathrooms, parking, stipends



Team charter

- Creates structure
- Key sections:
 - Organizational sponsor
 - Purpose
 - Co-chairs' responsibility
 - Membership composition & responsibilities
 - Terms
 - Meeting frequency
 - Selection process
 - Effectiveness goals
 - Charter review timeframe

CHARTER Patient Advisory Council, PHMG PHOR

Title:	Patient Advisory Council (PAC)
Date Chartered:	7-16-07
Time Line:	On-going First Team Meeting January 2008
Sponsor(s):	Physician Council (PC) Leadership Team (LT)
Purpose:	<p>1. To assure alignment and integration of patient and family centered care within PHMG, the PAC will serve as a formal mechanism for involving patients and families in policy and program decision making in our clinics. Examples of PAC involvement includes but is not limited to:</p> <ul style="list-style-type: none">• Acting as champions of the Ideal Patient Experience and ensure its implementation across PHMG• Reviewing communication to patients and families to ensure it builds on patient family strengths and engages them in a partnership in health care services• As needed, recommending to the Leadership Team/Physician Council areas for improvement in service quality• Collaborate with regional quality projects as appropriate including participation in teams and/or recruitment of other patients/families to serve as advisors to time-limited project focused efforts

Council Co-Chairs: Two Patient/Family Member of the PAC will serve as Co-Chairs, with staff support to ensure responsibility for:

- Convening meetings



Confidentiality



Patient and Family Advisor Confidentiality Contract

I willingly agree to be a patient and family advisor and to work on design teams and/or give information to the PeaceHealth Medical Group and all of PeaceHealth (PeaceHealth). My role is to:

- Talk about – and help others talk about – ideas so PeaceHealth and other healthcare providers in our community can make healthcare better.
- Talk about what happened to me as a patient or a patient's family member in ways to make healthcare better.
- Say what I think about changes to make things better for the patients and families getting care at PeaceHealth.
- Work together with PeaceHealth staff and physicians in planning programs.
- Think beyond what happened to me to help others.

As a patient and family advisor, I will talk to others and will learn about PeaceHealth and others. This includes personal information about patients and their families and operational information about PeaceHealth programs, clinicians and staff. I promise and agree that:

1. I will protect the confidentiality, privacy, and security of all information that I learn as a patient and family advisor.
2. I will not talk, e-mail, or write down anything I learn about patients or PeaceHealth unless it is part of my role as an advisor. I will not talk about in a public place inside or outside of PeaceHealth about anything I learn in a PeaceHealth meeting.
3. Even though names and medical details are not talked about, there may be enough information to figure out who a person is. I will not try to figure out who particular persons or events may be based on what I learn at any PeaceHealth meeting.
4. I will not use anything I learn as a patient and family advisor for any reason except helping PeaceHealth.
5. I am, and others in the meeting are, free to share their stories. I know that we do not have to say anything that we do not want to say. I know that some people I talk to do not have to follow federal and state laws that protect health information, and they may tell others, even if they are not supposed to.
6. My information and my ideas, alone or with other information and ideas, may be used by PeaceHealth. I give PeaceHealth the right to use such information and ideas.
7. I will tell someone who works at PeaceHealth if I do not, or someone else does not, follow this contract.

I have read and understand this contract. I know this contract does not end. I will do what I promised to stay a patient and family advisor to PeaceHealth.

Name (PRINT)

Affiliation / Title

Signature

Date

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- Plain language
- Developed with advisors and legal department
- Describes patient advisor role
- Outlines the scope of what confidentiality looks like
- PFA signs document and receives a copy



How to be an effective advisor

- How to ask questions, state opinions and provide feedback.
- What to do when there is a disagreement.
- Listening and learning from other's viewpoints.
- Thinking beyond your own experience.
- Sharing your story.
- Telling "negative" stories in a positive way.



WORDS OF ADVICE... from Bryant Campbell

As I was considering becoming an advisor, I wanted to challenge myself to look beyond my own situation and see things from a big picture perspective. I thought about how I could take these experiences about my condition, and my life as a husband, father, and son and apply them in an unselfish way. In this way I could help promote better care, treatment, and accessibility for others. In a way, it means I have to take an optimistic look at a non-optimistic situation.



Tips for successful advisor collaborations

PFAC

- Establish a charter
- Provide social opportunities
- Create opportunities for “Thinkers” and “Doers”
- Assign tasks and hold accountable
- Provide updates
- Perform yearly evaluation
- Create annual report

General advisor

- Get to know advisors and their stories, interests and strengths
- Prepare advisors
- Communicate expectations
- Communicate often
- Create an open door policy
- Recognize and celebrate achievements



Engagement, training and transformation

Orientation

- Building relationships with patient advisors
- How do they want to contribute?
- What about this role is most important?
- Clarifying roles and expectations

Training

- How can we help you help us?
- Sharing stories
- Facilitating meetings
- Understanding organization process



San Francisco
Department of Public Health





“Invest in your advisors just like you invest in staff. Provide them access to information, training, and a thorough orientation. Honor their contributions. This will truly engage advisors and they will stay with the organization.”

Angela Mitchell, Program Coordinator
Providence Medical Group



Stories in healthcare

- Patient and family member voices are unique and reflect first-hand experience.
- Critical for leaders and staff in direct caregiving roles to hear.
- Effective way for people to learn.
- Can change the way people think, act, and approach situations and relationships.

STORIES PROMOTE CHANGE

PFAS SHARE THEIR EXPERIENCES TO MAKE A DIFFERENCE

PFA TEACHES ABOUT COMPASSION IN HEALTHCARE

Connie Montgomery taught a class called "Hear With Your Eyes and See With Your Heart" about the importance of providing compassionate care to patients and their families. MUSC care team members received Diversity & Inclusion credit for attending the class.



Connie Montgomery

PATIENT STORY INITIATES POLICY CHANGE

During one of the weekly "PFA Office Hours" calls, Stephanie Lee shared her experience with her daughter who had to have a COVID test. The two were separated for the test and while Stephanie understood the reason for this, Abby did not. It took several nurses to hold her down and she was very upset.



Abby and
Stephanie Lee

Stephanie suggested that it would be less traumatizing for Abby if she could be one of the people to hold Abby down, thus reducing the risk of transmission of the virus to one of our care team members. Our leaders were grateful to hear the story only moments after it happened and the policy was changed within 24 hours. This change made it possible for a parent to be present for a COVID test when appropriate.

ADVOCATE FOR VISUALLY IMPAIRED PATIENTS AND FAMILIES

Linda Jenkins is blind and she shared an experience about the difficulty she had riding an elevator at one of our clinic locations. The elevator lacked audio support so navigating her way to the appropriate floor was a challenge.



LINDA JENKINS

After sharing her experience, leaders ensured the elevators were equipped with the proper technology to ensure our visually impaired patients and families could navigate the building.

PATIENTS TEACH THROUGH STORY



Kristen Barner and her husband David spoke with students from the College of Health Professions. They shared Kristen's story and explained her injury as well as the complications of living with a disability. David spoke about caring for his wife and answered questions from the students about how to care for the caregiver. Following the class, Kristen and David were invited to attend the presentation of projects done by students. One student presented Kristen with this beautiful painting and said it reminded her of Kristen and David's story.

"The use of storytelling is powerful but it must have a purpose. The purpose is not to make everyone in the room cry. Although tears may be the end result, they should not be your goal."

The purpose of the story is to bring factual knowledge to life in a way that enables everyone to work together to improve the experience for others."

Kelly Parent



Storytelling advice from seasoned advisors

- Know who will be in the room for your presentation.
- Identify 2-4 key take-home points.
- Balance positive experiences with improvement opportunities.
- Make notes or write out what you will say.
- Prepare and practice ahead of time.
- Expect questions from audience:
 - Anticipate what questions might come up and prepare.
 - Respect your boundaries – there may be issues/experiences you don't want to share publicly.
- Thank the audience for the opportunity to share your story.
- Seek feedback about the impact of your story from the person who requested your participation.

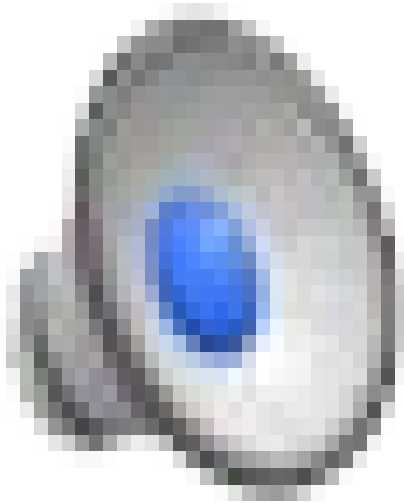


Some initial areas for engagement

- Partner with patients to change and improve care practices.
- Partner to enhance planning for changes to the built environment.
- Partner to expand the use and usefulness of information technology.
- Partner to improve messaging and communication on relevant topics.



On the benefits of partnership



Rick Kincade, MD, Family Physician
Former Network Medical Director for Community Based
Services for PeaceHealth Medical Group



Roles Advisors play at URMC

- ☐ Support committees
- ☐ New hire orientation(s)
- ☐ Organizational priorities
- ☐ Training opportunities
- ☐ UPP teams
- ☐ Disaster drills



Waldo County General Hospital & Pen Bay Hospital PFAC Goals

- Collaborate with staff and to address current issues from patient/family perspectives.
- Work with staff to help ensure that patient/family perspectives and choices are acknowledged and respected.
- Gain and share patient/family input, establish a link between PBMC, WCGH and the greater community and to identify patient needs.
- Review and discuss QI reports with staff about efforts to improve healthcare practices and outcomes.
- Participate with staff in appropriate policy and program development, implementation and evaluation, healthcare facility design, professional education and delivery of innovative solutions.
- Gain understanding and provide feedback for hospital and ambulatory services offered at PBMC & WCGH.
- Create awareness of PFAC's role in the community and to encourage broad participation.
- Understand, provide feedback and/ or establish action steps for goals set by MaineHealth and/or PBMC and WCGH that impact patient care.

www.mainehealth.org/Waldo-County-General-Hospital/About/Patient-and-Family-Advisory-Council

www.mainehealth.org/Waldo-County-General-Hospital/About/Patient-and-Family-Advisory-Council

Consider variety and complexity of PFA roles

Easy	Moderate	Difficult
Providing input on wayfinding to practices, offices, exam rooms	Mentoring other advisors and recruiting for diversity within council	Participated in content and filming of a new patient experience model of care
Review of health information and media materials	Participating in organizational learning opportunities	Designed and Produced DVD on patient safety that was used as a model of the impact of advisors
Artwork selection for lobbies and waiting rooms	Establishing PAC award to providers/departments who embrace PFCC Principles	Patient Centered Medical Home transformation
Providing feedback on Patient Portals	Participating on New Nurse Panels on chronic illness from a patient's point of view	Service for Excellence Plan - Agenda Setting - piloted with new Medical Home In Adult and Family Medicine
Participating in Employee and Provider Appreciation Days	Sharing personal stories on experience of care	Collaborated in designing course content for front office staff training
Feedback on surveys	Serving on organizational committees - Clinical Councils, Quality Councils, Patient Safety Councils	Participate in interview panels for new Adult and Family Medicine Chief (key physician leader)
Promote visibility of PAC partnerships by random site visits to thank staff	Collaborated on Welcome Brochures	Help mentor and orient new physicians and managers to the practice

Patient or Family Improvement Partner job descriptions:

Job	Purpose	Notes
Patient and Family Advisory Council (PFAC) member	A group of patients and families and staff who meet monthly to provide input to the practice on a broad range of issues.	Generally meets monthly and requires a time commitment of 3-4 hours per month for a year or more.
Improvement team participant	To identify ways to improve care for specific populations or conditions	These teams meet for a short time to address and improve a specific program area (e.g. diabetes, high blood pressure, etc.)
Patient education work group member	To help develop or evaluate informational materials so they are useful and written in ways that are easy to understand	This could include brainstorming before development of educational materials, creating materials, or evaluating existing information to make suggestions for improvement
Task Force Member for Special Initiative	To add the voice of the patient and family to a project or initiative	Examples include facility remodel/design, developing patient portals, improving signage and way finding,
Focus Group participant	To provide input on a specific topic identified by the practice	Generally, a one-time event. An experienced partner could co-facilitate a focus group with staff
Training partner in orienting new staff or clinicians or as part of an in-service	To share your story or care experience to raise awareness of the impact each staff and clinician has on the patient experience	This might be an ongoing role or a one time only experience
Operational team member	To help improve processes like registration, billing, and clinic flow	Time limited opportunity to help ensure value is enhanced for patients and families

Traits of unsuccessful advisor collaborations

- Skills/interests of advisors do not match council or committee needs
- Roles and expectations are not clearly defined
- Inadequate training and preparation – advisor and staff
- Projects and activities are not meaningful
- Projects and activities are too large
- Disruptive behaviors are not handled properly
- Members have been on council too long and/or no longer receive services from hospital or clinic
- Membership is token membership
- Council becomes a support group





Be back in 10 minutes





**Patients and families are essential partners
for innovation, quality improvement and
healthcare redesign**



Quality improvement basics

What are we trying to accomplish?



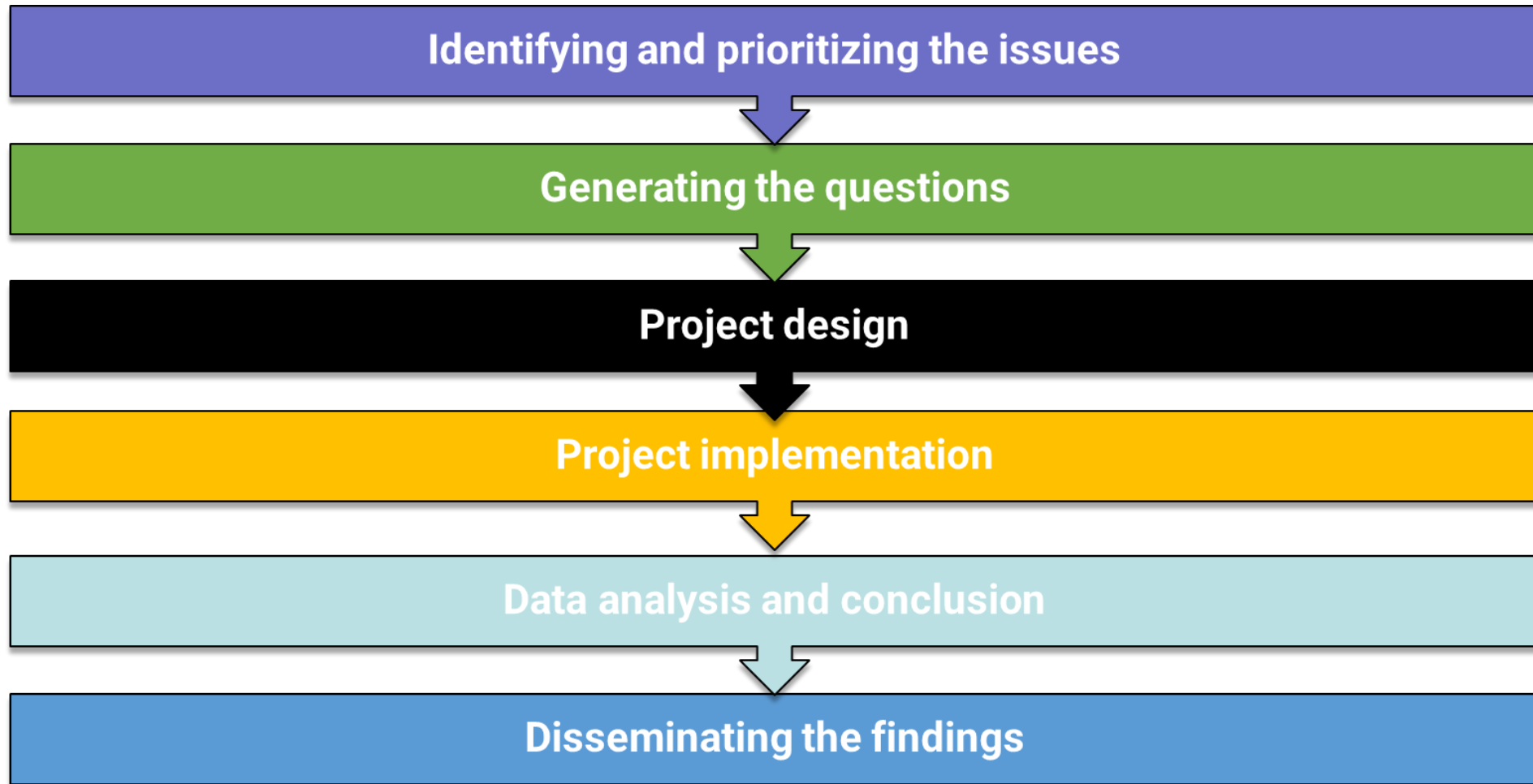
How will we know that a change is an improvement?



What changes can we make that will result in improvement?



Engagement in stages of safety projects



Useful framework for participation

Depth of Engagement	Patients and Family Role	Things to Consider
Ad Hoc Input	Survey or Focus Group Participants	Ensure diversity and representation, validity
Structured Consultation	Council or Advisors-provides QI input	Early consult supports partnership model
Influence	Occasional Review/Consultants to project	Allows flexible ways to participate; requires background/orient.
Negotiation	Member of QI Group	Training in QI approach
Delegation	Co-Chair of QI Group	High level of expertise or skill
Advisor Control	Implementer or peer support role	Strong training component, mentoring and compensation



Let's share session #1



Either chat in or raise your hand:

What strategic or QI project are you currently working on that could benefit by patient and family perspectives ?

Special preparation for quality and safety projects

High Reliability Organizations
Role of advisors in QI projects
Basics of quality and safety
QI methodology/PDCA
QI definitions
Data infrastructure and interpretation
Timeline of projects
Safety culture surveys

Project Specific

Introduce team
Orient to project – purpose, design, methodology, objectives
Provide list of terms and acronyms
Explain project milestones
Review desired outcomes
Discuss advisor expectations – attendance, meeting, and between meeting work, compensation



Preparing advisors for quality and safety committees

- Provide orientation on the quality improvement (QI) methodology and definitions.
- Share project background, especially data.
- Discuss current topics & issues relevant to advisor's first meeting.



Creating An inclusive culture



- Prior to PFA joining team, provide a biosketch and picture of advisor(s) to other team members.
- Ask existing members adopt a “listen first” approach to provide “air space” for PFA participation.
- Encourage an acronym-free zone.
- Place advisors strategically close to chair or group facilitator.



Westminster Medical Clinic Westminster, Colorado



The Patient Advisory Council (PAC) was established in 2014.

During 2021, the PAC met virtually every month for two hours in the evening, and emailed continuously. 2021 projects included:

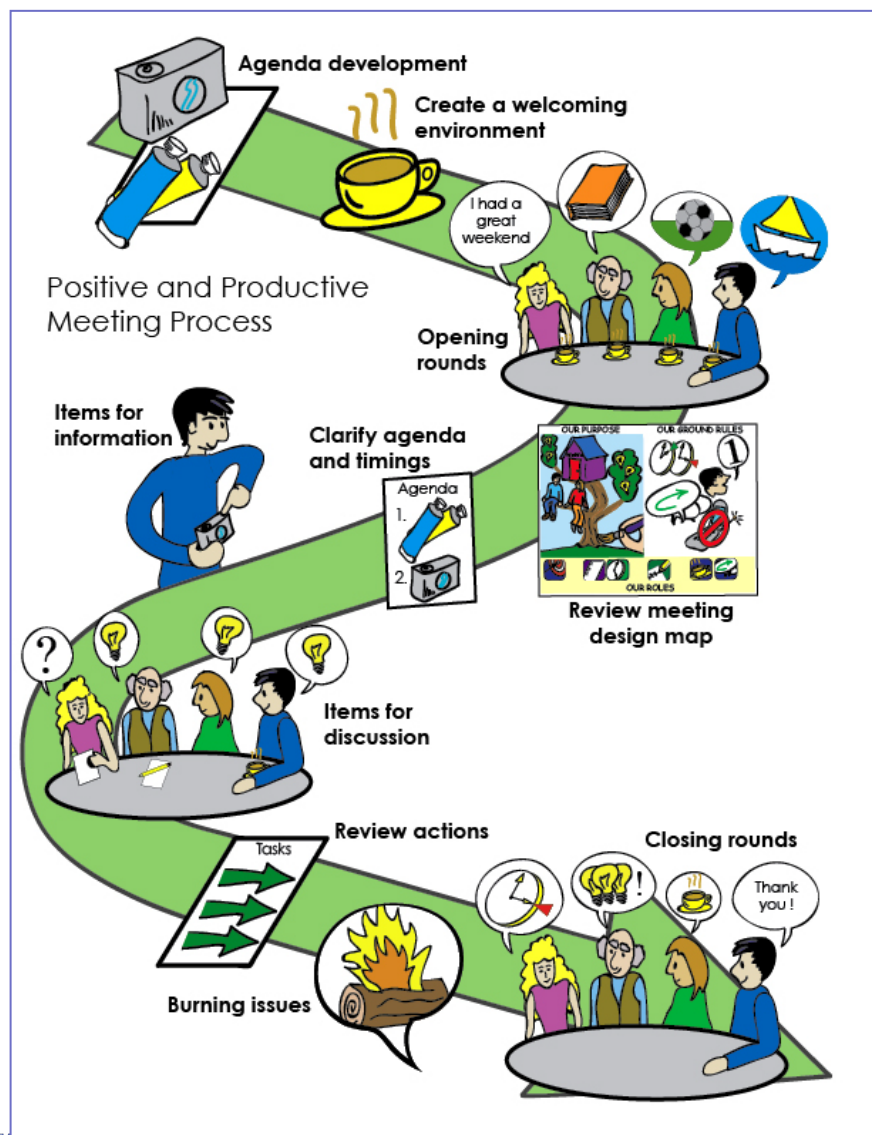
- Developed a PAC handbook
- Continued the patient outreach phone call program to reach patients who are feeling lonely
- Co-wrote and co-produced Pulse newsletters with WMC staff
- Continued to recruit new PAC members
- Conducted annual patient survey and provide analysis of results
- Assisted with deployment of the new Patient Portal



Managing meetings



Effective meetings



Questions Designed to Improve Meetings

To begin discussion:

- What has been your experience in dealing with this issue or topic?
- Would anyone care to offer suggestions or facts that will increase our understanding of the issue or topic?
- Are there any terms or common references related to the issue or topic that we need to clarify now?

To encourage participation of all participants:

- Now that we've heard from a number of our members, would others who haven't spoken like to add their ideas?
- How do the ideas presented so far sound to those of you who have been thinking about them?
- What else about the issue should we explore?

To limit participation of the overactive participant:

- We appreciate your contributions. Now I'd also like to hear from some of the others. Would others who haven't spoken care to add ideas to those already shared?
- You've made several good statements and I'm wondering if someone else might like to add some remarks.
- Since all group members haven't yet had an opportunity to speak I wonder if you would hold your comments until a little later?

To focus a discussion:

- Where are we in relation to our goal for this discussion?
- Would you like me to review my understanding of the things we've said and the progress we've made in the discussion?
- Your comment is interesting, however, I'm not clear how it relates to our discussion. Could you explain?

To help the group move along:

- I wonder if we've spent enough time on this phase of the project. Should we move to another aspect of it?

- In view of the time we've set for ourselves, should we go on to the next topic on the agenda?
- Let me summarize. I've heard comments in favor of the topic (summarize the pros) and comments opposed (summarize the cons). Are there any pros or cons that we haven't considered, before we move on?

To help the group reach a decision:

- Am I correct in sensing an agreement on these points? (Give brief summary.)
- Since we seem to be moving toward a decision, should we consider what it will mean if we decide the matter this way?
- What have we accomplished in our discussion up to this point?

To lend continuity to a discussion:

- Since we had time for partial consideration of this topic in the last meeting, would someone care to review what we covered?
- Since we can't reach a decision at this meeting what are some of the points we should take up at the next one?
- Would someone care to suggest areas that need further work before we convene again?

To help the group evaluate itself at the end of each meeting or at the end of a project:

- Would anyone share something specific about what went well in this meeting? How did it help our group process or assist us in meeting our objectives?
- I wonder if any of you have a feeling that we're blocked on this particular issue. Why are we tending to slow down or be stalled?
- Should we take a look at our original objective for this discussion and see where we are in relation to it?
- Now that we're nearing the conclusion of our work together, would anyone like to offer suggestions and/or learning that could assist both our group and others as they start a new collaborative project together?



Practical ideas to promote teambuilding

- Use icebreakers to learn about each other as individuals.
- Share “shout-outs” to recognize teammates who have done something great.
- Tell stories. Stories are how you figure out who you are as a group—an important aspect of culture.
- Find a piece of data and review with the team. Data tells the team how you are doing.

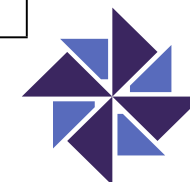


Facilitation

- “To Make Easy”
- “Seek First to Understand”

Description	Possible Underlying Reasons	Strategies
Overbearing or Dominating Participant: <ul style="list-style-type: none"> • Discourages or forbids discussion in his/her area of expertise. • Uses lots of technical jargon. • Discounts proposals with negative statements such as, “It won’t work. We’ve tried that before.” • Takes up a lot of the group’s time. 	<ul style="list-style-type: none"> • Seeks recognition. • Shows genuine enthusiasm and a desire to be helpful. • Displays knowledge that others lack. • Tests the leader or team. • Exhibits a fear of change. 	<ul style="list-style-type: none"> • Paraphrase their ideas to close discussion. • Ask person to summarize his/her point. • Invite other participants to respond by asking, “What do others think?” • Set a time limit for the person. • Reinforce the ground rule that the group may explore all areas that are within the scope of project or issue. • Talk to the individual privately about the impact his/her behavior is having on the group. Request his/her agreement to allow others time to speak. • If behaviors continue, determine whether this participant can continue to participate in the group. If there is a project sponsor, have a conversation with the sponsor (if the participant is a staff member, have the conversation with their supervisor) to ensure cooperation or plan for replacement of the participant.

Description	Possible Underlying Reasons	Strategies
Reluctant Participant: <ul style="list-style-type: none"> • Rarely speaks. • Avoids eye contact when questions are posed for group discussion. • Does not join in the discussion. • Does not offer an opinion when solicited. 	<ul style="list-style-type: none"> • Does not understand the topic. • Is confused and wants to avoid embarrassment. • Does not feel comfortable with others in meeting. • Is intimidated by others’ knowledge or perceived authority. • Needs more time to process. • Generally agrees with group. 	<ul style="list-style-type: none"> • Directly ask for their opinion or input. • Give assignments that require verbal report. Pair them with another participant to discuss ideas and perspectives and ask for one person to report. • Create an environment that is conducive to easy and informal conversation. • Offer to meet with participant prior to meetings to review material or topics or after meetings to debrief.
Interrupting or Digressing Participant: <ul style="list-style-type: none"> • Frequently cuts off someone else’s comments. • Holds side conversations with other participants. • Veers off the subject often with unrelated stories or comments. 	<ul style="list-style-type: none"> • Displays innocent tangents. • Wants to avoid the topic. • Does not understand discussion’s purpose. • Does not have interest in the discussion. • Has his/her own agenda. • Doesn’t feel his/her opinions are accepted by group. • Is verifying his/her understanding with another. 	<ul style="list-style-type: none"> • Use agenda with time parameters. • Direct conversation back to agenda. • Observe behavior and ask question for understanding, “We’ve had trouble staying on this point. Is there something about it that makes it hard to stay focused?” • Take a break to give people a chance to talk in small groups. • Restate meeting ground rules and objectives of meeting, if whole group is digressing. • Ask participant to share side conversation with whole group, if excessive. If not excessive, ignore behavior. • Talk to individual privately about the impact his/her behavior is having on the group. Request his/her agreement to refrain from interrupting or distracting conversations.



Establishing team agreements

- Co-create with PFAC members
- Brainstorm what creates strong teams
- Identify actions that support success
- Utilize agreements to promote effective meetings



Patient Advisory Council Team Agreements

- Information that is shared in the room stays in the room.
- Stay focused on the topic/issue at hand – keep your eyes on the purpose (PAC).
- Stay positive
- Agree to disagree. All opinions are honored and valued.
- Do very best to do your homework.
- Be prepared to represent community and larger patient's needs.
- Share airspace, everyone is heard.
- Review accomplishments- celebrate.
- Identify opportunities for improvement & change.
- Be on time, start & end on time.
- Let Sheila &/or others know when you can't be there.
- If we reach agreements as a group, we support the group decision- democratic.
- Co-chairs take action if group will benefit.
- Coaching & support is provided to group to ensure success. People can ask for support openly.
- Give respectful feedback if a member strays from agreements.
- All opinions are honored and valued.

Using tools to break down barriers

Patient Advisory Council Agenda

Thursday, February 24, 2011
5:00 – 7:30 pm
Cusack Boardroom, 4th Floor, Support Services Building
770 E. 11th Ave, Eugene

Suggested Time	Topic	Who	Outcomes
5:00-5:30 30 minutes	Sharing a meal & Getting to Know You Question Introduce any Guests <i>What is your biggest pet peeve?</i>	Tara DaVee	Opportunity to get to know each other better – with fun facts!
5:30 – 5:55 25 minutes	Questions that Matter: <ul style="list-style-type: none">• <i>What has been your experience when your agenda does not match the doctors?</i>• <i>What would wish would happen in that interaction that would create a win-win for both?</i>	All	Soliciting and gathering opinions from patients and families in our community network
5:55- 6:25 30 minutes	Reviewing the learning from Team Fillingame and next steps in Continuous Improvement	Team Fillingame	<ul style="list-style-type: none">• Provide a look at a new model of care• Share the learning• Dialogue about next steps
6:25- 6:55 30 minutes	Website Review of: <ul style="list-style-type: none">• Improvements – Things you liked• Are there items, topics etc. that are missing?• Did you find messages that supported partnerships with patients and families?	ALL	<ul style="list-style-type: none">• Have everyone share something about their experience with website related to the question on left• Feedback to Carrie and System web staff
6:55- 7:05 10 minutes	ADVANCE Feedback	All	<ul style="list-style-type: none">• Describe your experience• Did it raise any opportunities

Building A Connection



Please buddy up and interview your partner and be prepared to share the information you learn about your teammate with the group. Time Limit: 12 minutes

1. Name of Partner: _____ Nicknames used _____
2. Think of one committee/team you've been part of in the past. Share one positive experience you had as part of that group.
3. Share one hope/wish you have for your participation in the Committee?



- Monthly PFAC meetings: University of Vermont Medical Center and the UVM Maternal and Child Health Councils
- Conduct **All Advisor Team Meetings** every other month to build connections and sharing among all advisors, including those on committees who are not on councils.
- Future plans to invite smaller rural network hospital Councils and PFAs to join **All Advisor Team Meetings**.
- Coordinator for Patient- and Family-Centered Care serves as facilitator

**UVMHC & UVMCH
All Advisor Team Meeting
Agenda**

**Friday, December 3, 2021
12:00pm to 1:30pm
Microsoft Teams Meeting**

AGENDA ITEMS	PRESENTER	TIME	DURATION
Optional: Advisors can test connection and audio prior to the start of the meeting	Lisa LeBlanc & Charlotte Safran	11:55am	5 minutes
Brief meeting kickoff	Lisa LeBlanc & Charlotte Safran	12:05pm	5 minutes
Updates from the team	Patient/Family Advisors	12:05pm	10 minutes
Breakout session in two large groups: activity to connect and reflect on the advisor experience in 2021	Lisa LeBlanc & Charlotte Safran	12:20pm	15 minutes
Time to come back together as a large group – share themes that came out of group activity	All	12:35pm	5 minutes
Discussion around upcoming changes to hospital Welcoming Policy	Louise Barrow	12:40pm	20 minutes
Overview of the UVMHC COVID Bio Branch, time for Q&A	Gil Allen, Interim Assoc CMO & Chief Critical Care	1:00pm	30 minutes
Wrap up, meeting adjourns	PFCC team	1:30pm	





Patient-and Family-Centered Care Core Concepts

- People are treated with **respect and dignity**.
- Health care providers communicate and **share** complete and unbiased **information** with patients and families in ways that are affirming and useful.
- Individuals and families build on their strengths through **participation** in experiences that enhance control and independence.
- **Collaboration** among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.

The Institute for Patient-and Family-Centered Care



Words Matter

Our volunteers are...

Patient and Family Advisors (PFA's)

Our group is the...

Patient and Family Advisory Council (PFAC)

We work to promote...

Patient-and Family-Centered Care (PFCC)



These slides are used at the beginning of each PFAC meeting across the entire health system to reinforce the shared purpose of all PFACs.



- The Florence PFAC uses this Bingo card as a “Getting To Know You” activity.
- It was developed as part of the collaboration for DEI initiatives.

"BINGO" GAME

Born in the 50s	Graduated college	Born in December	Under 15 years old	Is left-handed
Has two or more kids	Owens a cat	Can recite a nursery rhyme	Has visited another country	Has pierced ears
Has green eyes	Can drive a truck	Sleeps with a teddy bear	Born in the 40s	Married for 20+ years
Born in February	Name begins with "S"	Has no hair	Owens a dog	Attended last Idaho reunion
Born in the 60s	Has 2 or more grandkids	Has long hair	Over 6 feet tall	Eldest sibling

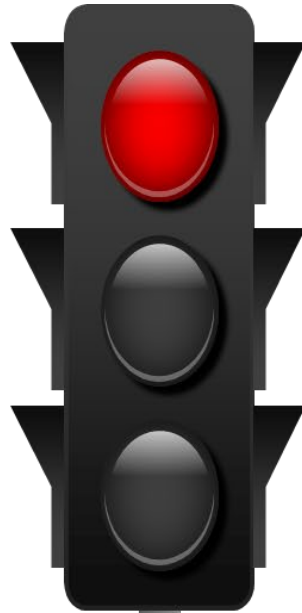
This bingo card was created randomly from a total of 26 events.
 Attended last Idaho reunion, Born in December, Born in February, Born in the 40s, Born in the 50s, Born in the 60s, Can drive a truck, Can recite a nursery rhyme, Eldest sibling, Graduated college, Has 2 or more grandkids, Has green eyes, Has long hair, Has no hair, Has pierced ears, Has two or more kids, Has visited another country, Is left-handed, Married for 20+ years, Name begins with "S", Over 6 feet tall, Owens a cat, Owens a dog, Sleeps with a teddy bear, Under 15 years old, Wears eyeglasses.



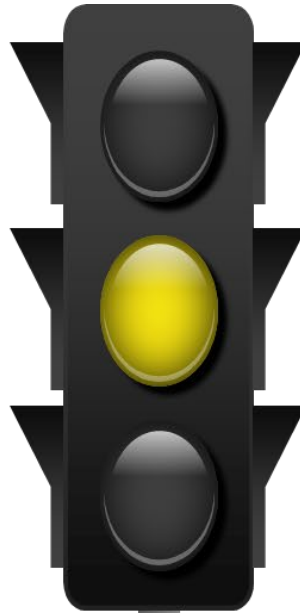
Coordination of meaningful PFA contributions



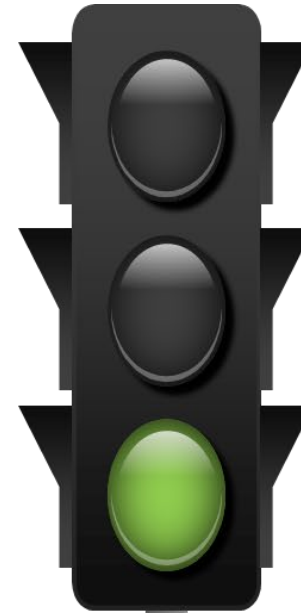
What progress are you making?



When working on improvement, no conversations happen with patient or family



Patient information summarized and shared but not utilized in implementation



Patient ideas, information integrated into solutions adopted



MaineHealth

“In 2020, MaineHealth made a commitment to advance **Diversity, Equity and Inclusion (DEI)** throughout our system. We established a **system-wide DEI department** that supports this commitment through focused development of a welcoming, respectful, equitable and inclusive environment. Belonging is when diversity, equity and inclusion come together to create a culture where we feel embraced and accepted for who we are, and our views, beliefs and values are integrated.”

A patient advisor serves on the DEI Advisory Council and two subcommittees: Health Equity and Language Access.



The deaf and hard of hearing PFACs

- The Council addresses issues for this population in Maine's rural communities.
- Met via Zoom; identified issues and now working with Zoom to create solutions
- Their creative suggestions for apps for hospital-provided iPads were implemented



COVID-19 Symptom Screening Tool

COVID-19 SYMPTOM CHECKER

I have (symptoms):

	Cough, shortness of breath or difficulty breathing
<input type="radio"/> YES	<input type="radio"/> NO
	Fever or Chills
<input type="radio"/> YES	<input type="radio"/> NO
	Diarrhea or vomiting
<input type="radio"/> YES	<input type="radio"/> NO
	Loss of taste or smell
<input type="radio"/> YES	<input type="radio"/> NO
	Muscle or body aches
<input type="radio"/> YES	<input type="radio"/> NO

Have you been exposed to anyone who has COVID or have you been diagnosed?

☐ YES ☐ NO

Have you traveled outside NYS in the past two weeks?

☐ YES ☐ NO

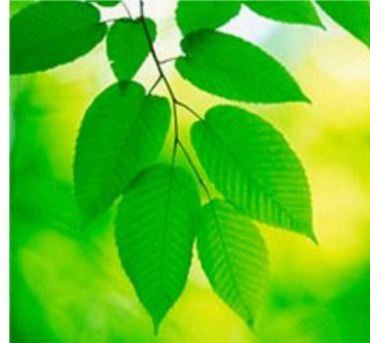
We will take your temperature

Symptoms source: CDC, www.cdc.gov

Words Matter

. . .

An advisor serves on the interdisciplinary Welcoming Policy Team.



VISITING THE UVM MEDICAL CENTER

Find information about visiting patients at The UVM Medical Center, including our Welcoming policy for family members and friends.

[Gun and Weapon Policy](#)

[Hotels & Lodging](#)

[Send a Gift, Flowers or Email](#)

[Visiting the UVM Medical Center](#)

[WiFi](#)

UVM Medical Center Welcoming Policy – COVID-19: Effective Wednesday, December 15

Our current policy permits one support person per day and a maximum of two designated support people per hospital stay in most cases.

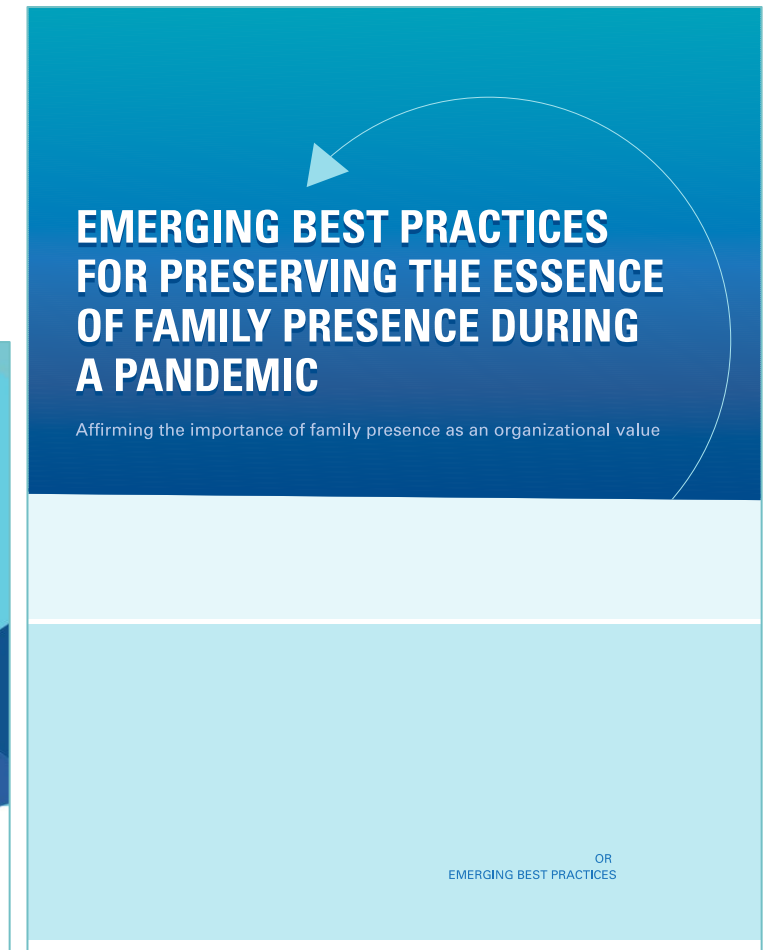
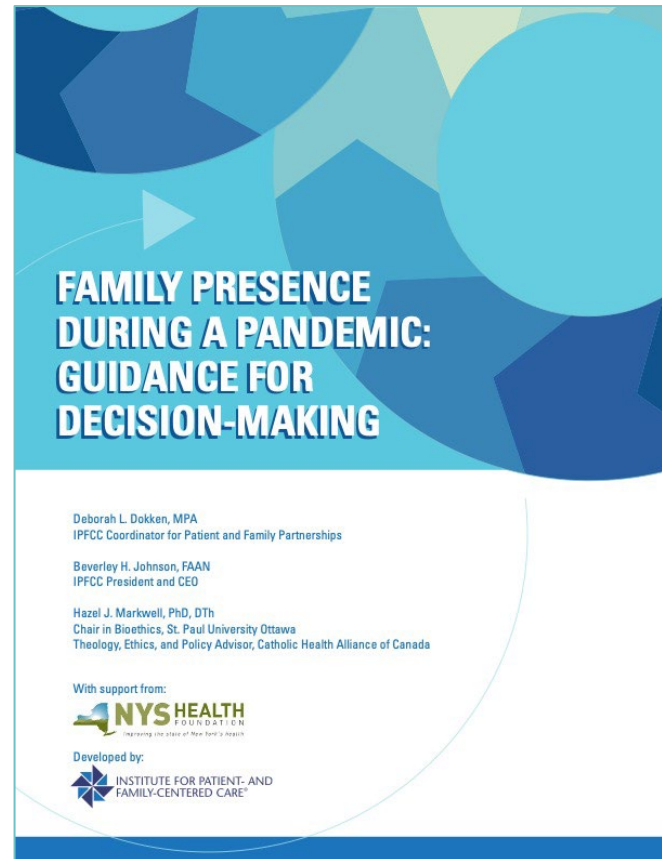
We know how vital families and support people are to our patients while they are healing. As the situation with COVID-19 in our community continues to change, we will need to adapt our policy to protect our patients, staff and community.

This welcoming policy is effective December 15, 2021.

Make it meaningful

Involve PFAs in:

- Discussions about changing policy
- Creating messages to, from, and with communities during COVID-19
- Development of video for patients by PFAs on strategies to stay connected with family



Available at
www.ipfcc.org



In this province in Canada, patient and family partners are very involved in the response to COVID-19.

Create opportunities for your hospital to partner with the PFAC or 2-3 PFAs in planning communication and communication strategies to and from the community.

Advisors' perspectives are important to hospital leaders.



Family Presence and Visitor Restrictions at Health-Care Facilities

<https://www.saskhealthauthority.ca/intranet/about-sha/news/covid-19-information-health-care-providers/general-information-all-health-care-providers/family-presence-and-visitor-restrictions-at-health-care-facilities>

Within the Saskatchewan Health Authority (SHA), Patient Family Partners serve on a variety of committees and groups related to COVID-19 (see below) and have been involved in co-design of a number of the family presence tools and resources available to SHA staff.

- Vaccine Committees (including Proof of Vaccination for Essential Family/Supports and Visitors)
- Pandemic Planning and Response Committees and Working Groups (e.g., field hospital planning, transportation, surge planning, alternate levels of care)
- Family Presence Expert Panel, Family Presence Task Team, and Family Presence Support Team
- Emergency Operations Command Centers
- Patient and Family Leadership Council, linked to the SHA Board and the HSA Executive team
- Patient and Family Partners Rapid Response (providing messages to the province regarding COVID-19)
- Patient and Family Partner Influencer Group (working on messages to, from, and with communities during COVID-19)
- People Centered Measurement Team (collaborating on the development of experience measures including survey development during the pandemic)



Addressing Rural Health Needs: Covid-19, Equity and Access to Care

Tom Morris, MPA
Federal Office of Rural Health Policy at HRSA

Josh Jorgensen
National Rural Health Association

Creshelle Nash, MD, MPH
Arkansas Blue Cross and Blue Shield



February 28 || 3:00 - 4:00 pm ET || #RuralHealth || @NIHCMFoundation



Rural Health Landscape

The Often Cited Rural Health Concerns ...

People in rural areas **live 3 fewer years** than people in urban areas, with **rural areas having higher death rates for heart disease and stroke.**



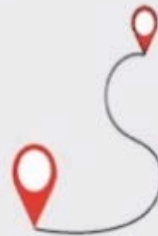
Rural women face higher maternal mortality rates

Rural residents face higher rates of tobacco use, physical inactivity, obesity, diabetes and high blood pressure



Rural populations face greater challenges with **mental and behavioral health** and have **limited access to mental health care.**

Rural hospitals are closing or facing the possibility of closing
+
Increasing shortages of clinicians



Long distances and lack of transportation make it difficult to access emergency, specialty and preventive care.



Rural populations are more likely to be **uninsured and have fewer affordable health insurance options** than in suburban and urban areas.




PFACs and PFAs could partner with rural hospitals in addressing these health concerns.

Partnerships at the local level: Community listening sessions

To build true partnerships
“where the voices of those
most impacted are at the
table, not only to define the
problem, but also to define
the solutions.”

Creshelle Nash, MD, MPH, CHIE Medical
Director for Health Equity and Public
Programs, Arkansas Blue Cross and Blue
Shield



Advancing Action Through:

- **Leadership**
 - Medical Director for Health Equity
 - Asking the right questions
 - Breaking down internal and external silos
 - Infusing health equity framework into everything we do
- **Partnership**
 - Engaging non-traditional, cross-sector partners
 - Supporting the development of CHW certification in the state with the Arkansas Community Health Worker Association (ARCHWA)
 - Faith-based Outreach and Engagement
 - Listening sessions with communities & minority mayors
- **Data-Driven Education**
 - Internal and external education
 - Internal collection of REL data and stratification of quality measures
 - Focusing on the Delta region in COVID
 - Making care accessible - *Vaccinate the Natural State*

Rural Health Equity

7

<https://nihcm.org/events>



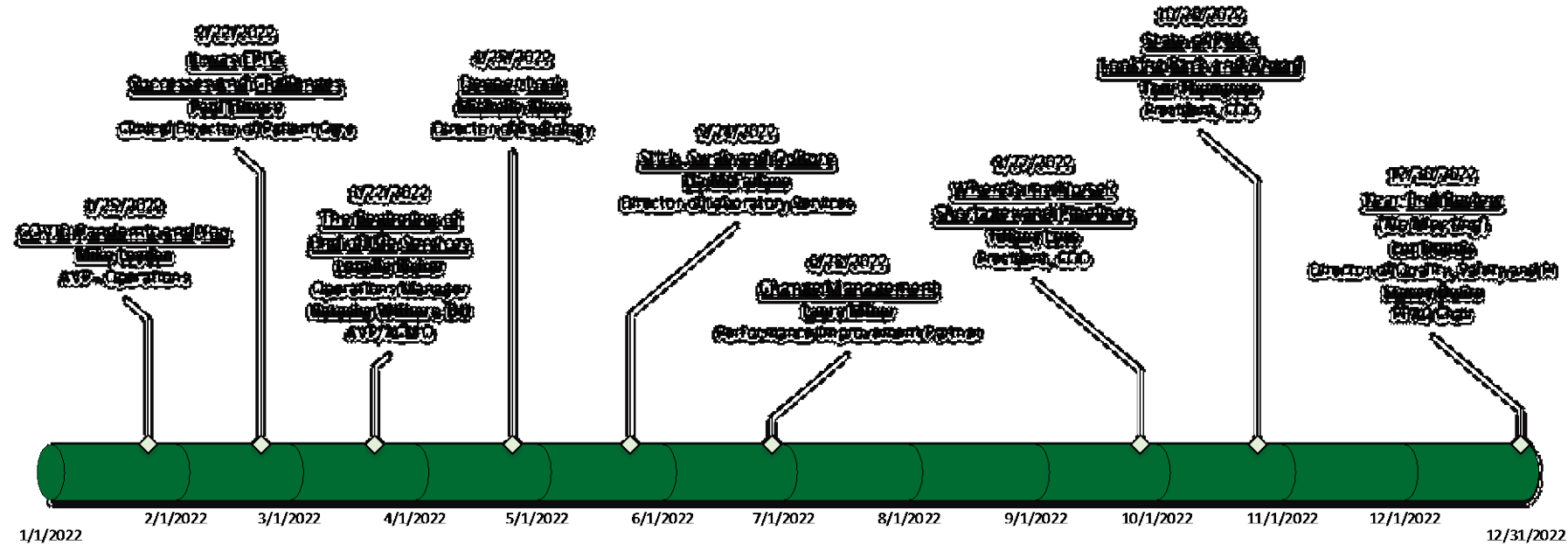
Setting Strategic Goals

- Critical access hospital in Middlebury, Vermont, part of the University of Vermont Health Network.
- Affiliated with a 105-bed skilled nursing facility with memory care, short-term rehabilitation and long-term care units.
- Patient Experience and Quality Improvement Coordinator facilitates PFAC and is responsible for Patient Advocacy.
- The Chief Medical Officer appointed her to these roles in 2018 and asked her to lead the development of a PFAC in October 2018.
- Patient and Advisory Council met virtually monthly during the pandemic except for June/July and December
 - Utilized IT Specialist to provide support for participating in virtual meetings.
 - In-person meeting where PFAs brought their computer; most now comfortable with technology; 80 year old member sits (masked) with Coordinator during virtual meetings.



Patient and Family Advisory Council

2022 Annual Plan



2022 PFAC Functional Vision & Goals

1. Maintain consistent and meaningful PFAC meetings, as foundational means of council engagement
2. Increase Advisor and PMCL leader collaboration through actionable initiatives
3. Formalize processes for review of current members, and interviewing new members
4. Grow the PFAC membership, from 9 to 12 members
5. Begin integration of Resident Advisory Council and PFAC, through shared membership
6. Raise awareness of council through local media, social media, organizational website and intranet





MORE INFORMATION

Find out more about becoming a Patient and Family
Advisor or to submit an application please contact:

Deborah Dwire

Chief Patient Experience & Quality Improvement Coordinator
802-243-3888
ddwire@portermmedical.org

Working Together to Improve Our Hospital



Is being a patient and family advisor right for you?

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

Speak up and share suggestions and
potential solutions to help improve
hospital care for others

Talk about your experiences as a patient or
family member – but also 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

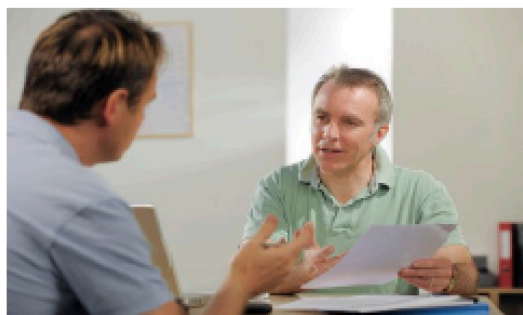
Work with people who may be different than
you

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 an
advisor private and confidential

Become a Patient and Family Advisor



What is a patient and family advisor?

A PATIENT AND FAMILY ADVISOR IS SOMEONE WHO...

- Provides a voice that represents all patients and families of patients who receive care at Porter Medical Center.
- Gives feedback to the hospital based on his or her own experiences.
- Helps us to improve the quality of our hospital's care for all patients and family members.
- Meets with the hospital for short and long-term commitments, depending on the project.
- Volunteers his or her time (typically 1-4 hours per month)

Patient and family advisors provide a voice that represents all patients and families of patients who receive care at Porter Medical Center.

They partner with hospital doctors, nurses, and administrators to help improve the quality of our hospital's care for all.

What do patient and family advisors do?

ADVISORS HELP IN THE FOLLOWING WAYS:

- **Share your story:** Advisors help by sharing their health care experiences with clinicians and staff in appointed meetings.
- **Participate in discussion groups:** Advisors tell us what it's like to be a patient at our hospital, which gives us guidance to improve.
- **Review or help create educational or informational materials:** Advisors help review or create materials like forms, health information handouts, and discharge instructions to make them easier for all patients and family members to understand and use.
- **Work on short-term projects:** Partner with us in making improvements— for example, help plan and design a resource.
- **Serve on the patient and family advisory council:** An advisory council discusses changes to improve hospital quality, services and safety.

Why become a patient and family advisor?

When you or your family member was in the hospital, did you think there were things we could have done better?

Do you have ideas about how other patients and families get the best care possible?

At Porter Medical Center, patient and family advisors give us feedback and ideas to help us improve the quality and safety of care we provide.

Who can be a patient and family advisor?

If you are 18 years or older, you can be an advisor if you or a family member received care at Porter Medical Center in the last 5 years.

You do not need any special qualifications to be an advisor.

What's most important is your experience as a patient or family member. We will provide you with any training you need.

Template for PFAC Agenda for Virtual Monthly Meetings

In-person meeting structure:

- Two-hour meetings
- First 20 minutes for social connections (eating & “gab”)

Patient and Family Advisory Council

Date: Month, 2022 Time: 5:00pm – 6:15pm Location: Leadership Conference Room/Microsoft Teams

Attendees

- Council Chair/Facilitator.
- Members:

Presentation (20 minutes)

- ☐ Presenter.
- ☐ Topic:
- ☐ Opportunities for PFAC Support
 -
 -
 -
- ☐ Q&A

Round Table Discussion (25 minutes)

- ☐ Review presenter opportunities
- ☐ Brainstorm alternative opportunities to support service area
- ☐ Members Interested in Participation

Member Updates (25 minutes) (members who serve on key committees/workgroups)

- ☐ Member “A”
 - Project/Initiative/Workgroup
- ☐ Member “B”
 - Project/Initiative/Workgroup

Next Steps/Action Items (5 minutes)

- ☐ Provide feedback to presenter
- ☐ Identify support opportunity and member(s) to participate
- ☐ Presenter for next meeting
- ☐ Additional agenda items

NOTES





Be back in 10 minutes



What are the ways you evaluate your advisory program?



POLL #2: Please check all that apply:

- Conduct a process check at end of each meeting
- Review data on number of PFAs and number of projects completed
- Hold individual PFA yearly
- Track recruitment and retention stats
- Other (please chat it in)
- There is no formal evaluation

Sustaining programs through evaluation

- Individual PFA Reflection
- PFAC Review
- Project Teams



Everyone has a "*WHY*"?

"I want to give back."

Gratitude

Curiosity

"I like to learn something new!"

Passion

"How can I make a difference?"

APPRECIATIVE INQUIRY 4-D CYCLE



Appreciative Questions to Reflect on an Advisor's Experience

- What has been a high point of your involvement with our organization as an advisor?
- Why was it a high point?
- What do you especially value about the clinicians, staff, and other advisors you work with?
- What do you most value about your own contributions?
- Which of your strengths and talents were called upon in your work as an advisor?
- What do you feel are the most promising areas in which to expand the collaboration between our organization and other advisors?
- What small changes could we make right now that would encourage more individuals to partner with us to improve the experience of care?
- What specific personal goals as an advisor do you want to set to guide you over the coming year?
- What additional skills or support do you need to enable you to meet these goals?



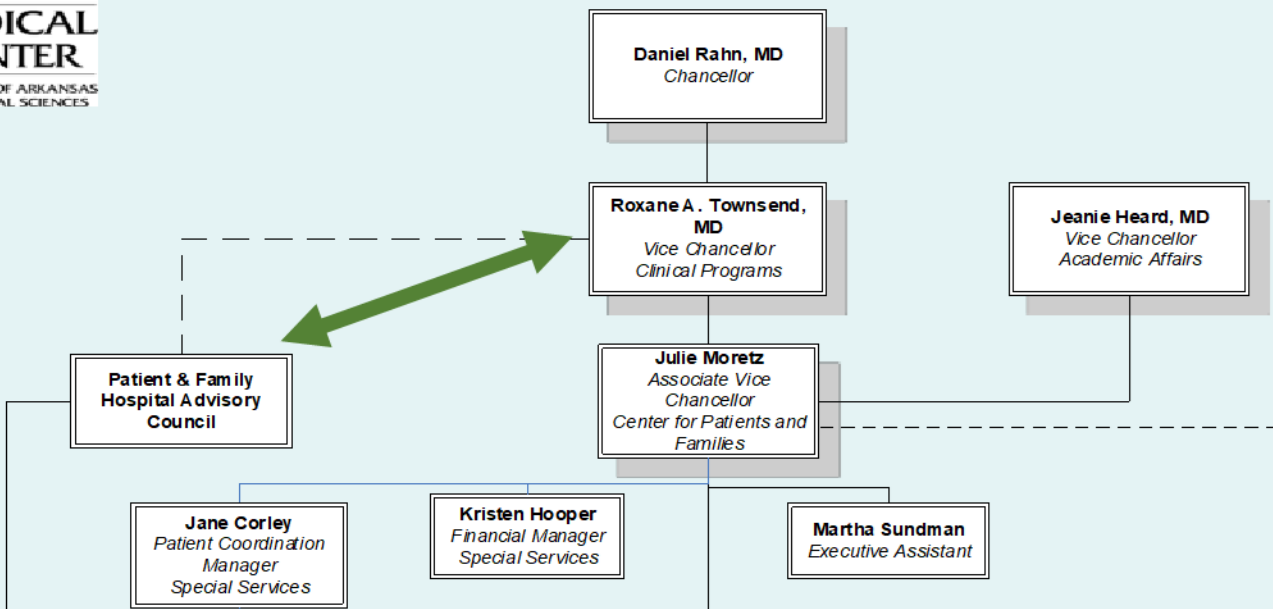
- “Thank You!” is gold
- Specific feedback on how their input influenced:
 - Organizational/individual thinking
 - Actual changes /approaches
 - Outcomes
- Invest in relationship with 6:1 ratio (positive/criticism)



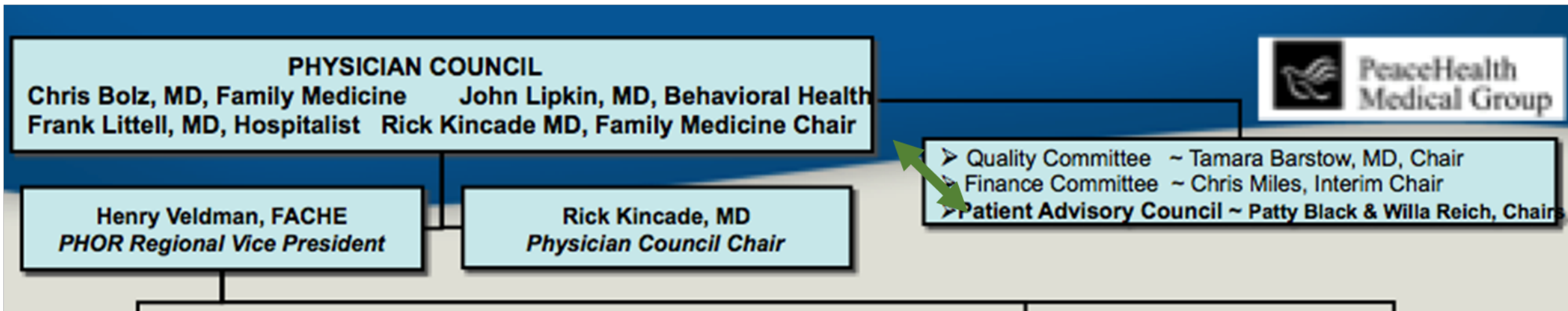


We often think of collaboration as only a group activity, but in truth collaboration is at its best when informed by individual reflection.
Rutley & White 2011





Where's Your PFAC?



Ongoing evaluations of PFACs

We always ask.....

- Informal and written yearly questionnaire to PFAs
- Annual review of outcomes metrics (patient experience data, quality outcomes, patient & family relations/complaints, grievance reporting)
- Report out annually with All-Council 'Year at a Glance'
- Obtain and share testimonials from departments and leaders who have sought help from PFAs



Beginning measures in advisory programs

Summary Stats:

- How many patients and family advisors have been recruited and selected?
- Are they representative of population served?
- What are the assignments of the PFAs?
- What number of hours do they contribute? Monthly, Yearly?

Process measures:

- What is our largest recruitment source?
- What is the retention rate of advisors?
- What is the stated reason for leaving?


Qualitative Question:

Do our participants identify the experience as collaborative?



How well are we working together?

GHS Health System Patient Advisor Survey



Meeting Attended Health Partners

Date _____

Location _____

Please circle one number for each item.

Strongly Agree-----Strongly Disagree

Advisors	5	4	3	2	1	NA
1. Overall, I am satisfied in my role as an advisor.						
2. The content of the advisory meetings is interesting to me.						
3. The Advisory meetings are productive and valuable use of my time.						
4. The current meeting schedule is frequent enough to meet the need.						
5. The meeting time is convenient.						
6. My opinions are listened to and valued.						
7. The Advisory Council Facilitators are available to me.						
8. I am involved with the work of the advisory council to the degree that I would like.						
9. My expectations of the mission and work of this council were accurate.						
10. Presenters to the advisory council come to listen to and apply our perspective on their work.						
11. The advisory council has the resources it needs to accomplish its mission of promoting family-centered care.						
12. The advisory council has the support it needs to succeed in its mission.						
13. The advisory council's structure is adequate to succeed in its mission.						
14. I learn things from advisory council meetings that help me understand how the hospital works.						
15. I learn things from advisory council meetings that help me understand how to help the hospital change and improve.						
16. The hospital actively listens to and applies lessons learned from family experiences and suggestions.						
17. I was adequately oriented to the work of the council and the expectations of me as a family advisor.						

The Advisory Council's greatest strengths:

The Advisory Council's greatest challenges/my recommendations for improvement:

☐ I have written more Signature (Optional) _____

Ackno

Use multiple approaches:

- Open-ended queries during meetings:
 - What's working well?
 - What could be improved to increase partnerships?
 - Are we making progress?
- Formal assessments and follow-up discussions

Please show how well you think this group is succeeding, using the 10 point scale below. CIRCLE ONE NUMBER

Nothing ever seems to change.
System is driven by rules and
money; not responsive to
consumer needs.

1 2 3 4 5 6 7 8 9 10

We are achieving
meaningful change to help
improve people's lives.



Depth of Engagement	Examples of Patient and Family Role	Description
1. Ad Hoc Input	Suggestion/comment boxes or special event/info session	Specific, time-limited effort to solicit input/concerns; informal
2. Structured Consultation	Participants in Surveys or Focus Groups or Forums	Intentional effort to seek opinions and create bi-directional flow of info
3. Influence	Advisory Groups Patient/Family representation on existing teams	Ongoing formal, structured system to ensure organization integrates PF perspective
4. Delegation	Peers providing education, advisors conducting staff orientation/training	Tasks are completed by advisors within identified parameters,
5. Negotiation	Committees with significant % of PFAs in membership	Decisions reached by consensus
6. Advisor Control	Board comprised of PFAs or PFA work groups committees	All crucial decisions are made by advisors

Reporting Successes Examples

Patient and Family Participation Strategies

Specific Changes Directly or Indirectly Resulting from Patient and Family Input	Level of Engagement	# PFA Involved	Name of Activity
Developed a personalized outreach letter in English and Spanish with graphics to inform patients of need for clinic appointment. Confirmed with patients that stoplight visual, doctor's request by name in letter, and their current HAlc should be retained.	Ad Hoc Input Level 1	13 patients	Conducted phone survey with patients who received follow up letter to ask which parts of letter were most compelling and influenced them to call to schedule an appointment.
A new policy that the wait times for each doctor will be posted in the waiting room of the clinic was informed by patient feedback	Structured Consultation Level 2	20 patients/families	Using an iPad in the waiting room, a patient survey was conducted to learn about the patient's frustrations and ideas for improvement
Redesigned home page of patient portal to include a link to the patient's medication list and medication information allowing easy access. Had previously required 3 clicks to get to the information	Influence Level 3	15 advisors in attendance at monthly meeting 80% of membership composed of advisors	Regular meeting of the PFAC; Patient Portal Improvement Project solicited feedback from Council
Improved completion rate of patient attending diabetes education classes by 40% after adding a peer educator to the training team.	Delegation Level 4	1 peer educator joined team	Diabetes ABC's 6-week class
A 5-YR strategic plan was developed with a team of physician leaders, administrators and patient advisors. The focus of the plan moved from a "systems-physician approach" to an authentic patient- and family-centered approach as a result of their participation. Pediatric and Physician Council Chair reported it was the "best experience" of collaboration in the medical group in her 10 years.	Negotiation Level 5	2 PFAs (20% of team)	Development of the 5-YR strategic plan
A subset of MG PFAC attended quality presentation and presented idea for creating a video to engage patients/families as full members of their care team. They created a \$40,000 video for \$7,000 using community resources that has been made available to patient/families across the medical group.	Advisor Control Level 6	7 advisors with support from Quality staff member	Development of script, filming, and completion of video for new patient/families receiving services from medical group



Methodist Le Bonheur Healthcare
Patient- and Family-Centered Care Standards
October 2011

Section III: Other Policies and Processes Supporting Four PFCC Principles
Communication should include patient and family and take place at the point of care.

A. Dignity and Respect

Prescriptive	System	LeB	MGH	MNH	MSH	MUH	MECH	MFH	Affil	Details
1. Respectful and dignified alternative to DNR bracelets.	●	NA	●	●	●	●	●	●	NA	System initiative; in progress. Recommendation will be taken to CNO meeting MECH uses bracelets but does not put them on patients who request.
2. Advance Directive process improvements - All patients are asked if they have Advance Directives or if they would like to name a decision-maker. Advance Directive documented in chart, then immediately scanned and added to chart.	●		●	●	●	●	●	●	NA	System initiative; in progress. Planning on Nov/Dec implementation.
3. Eliminate calling out patients' names in waiting areas - Replace with more respectful identification method – approaching patient to take to the back.	●	●	●	●	●	●	NA	●	● ●	Discussion required about system-wide implementation. Red – Minor Meds, Urgent Care, Carvell. Green – Solus, Sleep Center, Hospice Residence
4. Early morning blood draw practice change - Improve process so that patients are not awakened for extremely early blood draw only if medically necessary.	●	●	●	●	●	●	●	●	NA	Discussion required. MECH has been tackling this.
5. Protect patients' privacy at all times throughout care experience	●	●	●	●	●	●	●	●	●	Audit to be done of EDs, PACUs, SDS throughout the organization to



Evaluating impact – Initiative specific

Organization	Strategy	Outcomes			
		Patient/ Family Experience	Staff/Organization Experience	Health Care Quality	Safety and Risk Management
PeaceHealth Medical Group – Team Fillingame Patient-Centered Medical Home Pilot Eugene, Oregon Primary Care Clinic Metrics from 2009 – 2011	A traditional family medicine practice underwent significant changes to become a patient-centered team-based medical home. Training for staff and clinicians on patient-centeredness, patient activation, motivational interviewing, and communication skills were interventions in the pilot. A Patient Advisory Council provided feedback on issues. Patients in the practice were involved in helping design services and provided ongoing feedback on program changes. Advisors helped decide how to integrate shared decision-making tools into the practice.	NRC Picker Survey was administered before and after the changes to the practice. From September 2010 to next quarter's survey in Dec. 2010: <ul style="list-style-type: none"> The ratings of access to practice improved from 85.7% to 88%. The rating of would you recommend this practice improved from 77.3% to 79.4%. 	Organizational Health survey is done yearly for all practices in the primary care clinics. It was administered yearly before and after implementation. Baseline was 68.8 in 2010 and it was 73.3 in 2011 on a 100 point Rasch scale. This was in contrast to a 64.5 score for all other family medicine clinics at PHMG in 2011. All clinic scores went down that year except Team Fillingame.	Eight of 10 clinical indicators improved for the clinic population from 2009 to 2011. <ul style="list-style-type: none"> HTN control improved 20% from 2009 to 2011 [76% in control]. Average LDL reduced to 99.9 on entire population; in patients with diabetes was reduced to 98.78. Average diastolic measure decreased to 77.17 in patients with HTN. 	Reduced by 46% the monthly number of patients using emergency department and urgent care for ambulatory sensitive care. Reduced annual ED visits by 55%. Reduce annual urgent care visits by 54%.

Before

After

Engagement

www.PrimaryCareACP.org

- Formal plan required by PCORI
- Key Elements
 - Dedicated Engagement Manager
 - Ongoing monitoring
 - Continuous quality improvement

Numbers: Years 1-4

259

Number of PFA Activities

198

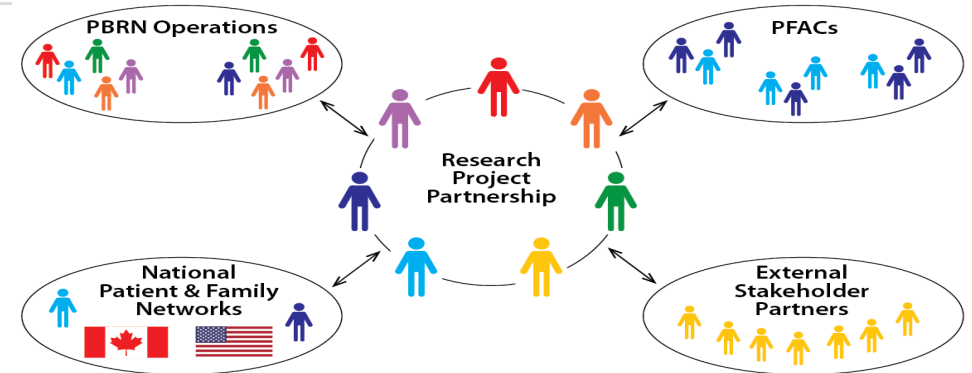
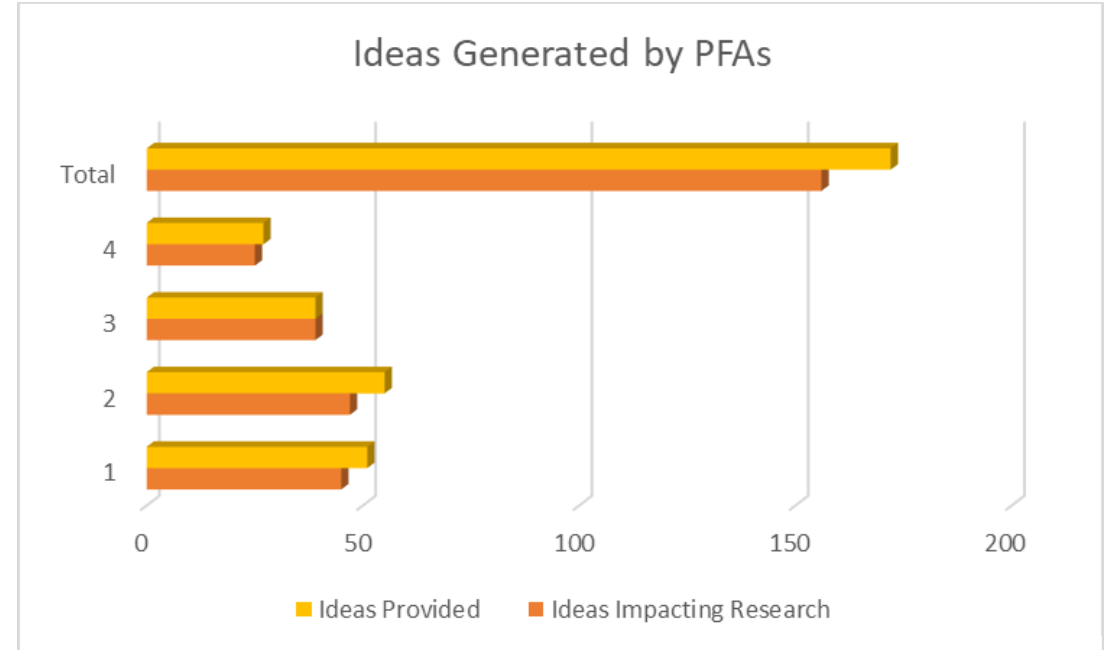
Number of Meetings with PFAs & Researchers

255.25

Number of Meeting Hours with PFAs & Researchers

91%

PFA Ideas Impacting Research



Good relationships don't just happen,
it takes time and patience.
Communication is the best keyword.



Increasing visibility



Patient Advisory Council

Patient Advisory Council (PAC) members provide input to leadership on programs, policies, and safety issues. Bringing their insight, wisdom and experience, patient advisors are important and valued by PHMG and woven into the fabric of the organization.



If you are interested in helping to make healthcare better for all patients, please join with PHMG and their Patient Advisory Council. To become a Patient Advisor, call: (458) 205-6193 or email PHMGPatientAdvisoryCouncil@peacehealth.org.



PeaceHealth
Medical Group

PATIENT ADVISORY COUNCIL 2014 - 2015



Avery Stewart



Chalmers Blatch



Dana Gamble



Doreen Dutke



Kathy Marsano



Kay Lutz-Rischeimer

Thank you!



Kirsten Tu



Lois Green



Nancy Glascock



Nancy Lang



Patty Black



Paul Conte



Tara DeVee



Tia Dube



Willa Reich

Our Patient & Family Advisory Councils

at Providence Medical Group



The Core of the Patient-Centered Medical Home
2015



PFAC By The Numbers



WHAT ARE THEIR INTERESTS?

- 87% Improving Patient and Family Experience
- 65% Patient Health Education
- 64% Preventive Care
- 48% Story Sharing
- 48% Chronic Disease Management
- 40% Pain Management and Education
- 35% Extended Care Management
- 35% Secret Shopper
- 33% Pilot Mobile Apps

BETWEEN
2013 & 2014
90+
PATIENT AND
FAMILY
ADVISORS
SERVED OVER
2000
VOLUNTEER HOURS



AGE BREAKDOWN

- 56-65
- 41-55
- 65-70
- 30-40

65%



35%



OUR MISSION

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

OUR CORE VALUES

Respect, Compassion, Justice, Excellence, Stewardship

OUR PROMISE

Know me, Care for me, Ease my way.

If you have questions regarding the PMG Patient and Family Centered Care Program or would like to partner with a Patient and Family advisory Council, please contact us at 503-893-6613 or pfac@providence.org.

Providence Health & Services, a not-for-profit health system, is an equal opportunity organization in the provision of health care services and employment opportunities.





- During a rise in COVID-19 cases, leaders enlisted PFAC to show appreciation to staff as cases continued to rise.
- PFAC videotaped genuine, heartfelt messages of appreciation for care team members.
- Messages were shared across the organization in a variety of venues.



“At every opportunity within the organization, it’s your role to ask, ‘How can we get patients and family members involved?’ Over time, others begin to ask the question when you aren’t there.”

Deborah Hoffman Toffler,
Director, Volunteer Services and the
Shapiro Center for Patients and Families

“When I first started as an advisor, I didn’t think I made much of a difference. But each time I came, you thanks me for my ideas and really encouraged me to come back. So I kept coming. It wasn’t until later when the product was done and I could see it, that I really saw I had made a big difference. I’m glad you kept encouraging me.”

Reflections from a Patient Advisor





EQIC
EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE

The Advisor

Patient—and Family—Centered Care Team Newsletter

IN THIS ISSUE

Don't miss a new feature, our ***Frequently Asked Questions*** section at the end of the issue.

When questions come up, we will use the FAQs as a resource to help provide information that might be helpful for all of our advisors.

Have a question that you would love to see featured in an upcoming issue of The Advisor, please send them our way at PECC@uvmhealth.org

As noted in our New Advisor Orientation, **"patient and family-centered care is an evolution"**. We appreciate your questions and look forward to evolving and growing together!

WORKING IN PARTNERSHIP

We recognize that the partnership between our patients, their families and our hospital staff play such an important role in improving the patient and family experience, and we'd like to use this newsletter to highlight and celebrate those contributions.

Publication in Journal of Patient Experience

By Lisa LeBlanc, PFCC Coordinator

We want to congratulate our Advisors, Andrea Desautels, Kathy Leahy and Kate Purcell, for their incredible work learning up with 15 resident physicians as part of an active learning quality improvement (QI) curriculum. Not only was this a meaningful experience for both the residents and the advisors, but the end result was a published paper on this work in the Journal of Patient Experience. Click [here](#) to read the published paper entitled, *Partnering With Patients in a Quality Improvement Curriculum for Internal Medicine Residents*.

All involved in this work greatly appreciated the partnership with our Advisors and their contributions to the work. Amanda Kennedy, who serves as the Quality Scholar in the Department of Medicine and is the primary coordinator between the QI curriculum and our Advisors, expresses her gratitude by saying,

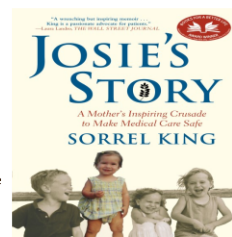
"Working with Andrea, Kate, and Kathy as Patient and Family Advisors in our Quality Improvement (QI) curriculum for Medicine Residents has been an incredibly positive experience. These Patient and Family Advisors are truly partners in our work, actively participating alongside faculty mentors and physician residents at each of our 10 curriculum sessions. They help the residents see the patient perspective through our class discussions and by contributing to specific QI tools, such as process flow diagrams and 5 Why analyses. Sometimes just one thought during a discussion is enough to send the residents down a path of promoting and embracing patient experience. There is no doubt this QI curriculum is greatly improved by the diverse backgrounds and lived experiences of our Patient and Family Advisors!"

Congratulations to Andrea, Kathy and Kate and the entire team, on this outstanding achievement!

The Power of a Story

By Lisa LeBlanc, PFCC Coordinator

As part of the **Patient Safety Awareness Week** activities taking place at the medical center from March 15 - 19, staff and advisors had the opportunity to participate in a special zoom event. The event featured Sorrel King, whose daughter Josie died 20 years ago as a result of medical error. Determined to honor her daughter's memory, Sorrel created the **Josie King Foundation**. She travels the country sharing her message in hopes that Josie's story will inspire change, creating a better, safer health care industry for us all. Advisors were moved by how powerful Josie's story was and were reminded by the impact a patient or family member can have by sharing their story.



The Advisor

Patient—and Family—Centered Care Team Newsletter

SAVE THE DATE

The next All Advisor Team Meeting is scheduled for Friday, December 3rd from 12:00pm to 1:30pm.

Please join us for the last team meeting of the year, where we will focus on connecting as a group, updating one another on our work and reflecting on the advisor experience in 2021.

We are also looking forward to welcoming **Gil Allen, Interim Associate CMO & Chief Critical Care**, who will be joining us for the last 30 minutes of the meeting to discuss the **UVMHC COVID Bio Branch**.

HOLIDAY EDITION 2021



Confident Care for Kids

By Charlotte Safran, PFCC Coordinator

Vax visits with less stress is a new collaboration of the VT Chapter of the American Academy of Pediatrics, VT Department of Health, UVM Children's Hospital, VT Developmental Disabilities Council, Center on Disability and Community Inclusion, and the VT Family Network. This new program aims to increase sensory support for children with disabilities and special health needs when getting the COVID-19 vaccine at a community-based pediatric or family care practice in Vermont.

We are so proud that **Confident Care for Kids** is modeled after UVM Children's Hospital's "Empower" program: a strengths-based

model that elicits an effective, individualized, patient and family-centered approach to providing safe and successful healthcare experiences for children and youth with developmental disabilities, delays, and/or sensory sensitivity. The tenets of the Empower program have been expanded and tailored to support community-based pediatric and family care practices.

Ashley Michaud, a Patient/Family Advisor for UVM Children's Hospital, has been tantamount to the success of both the Empower program and the Confident Care for Kids campaign. Read more about Ashley and her journey in the Advisor Spotlight!



Celebrate your successes
and say thank you!



Let's share session #2

What strategy or example of partnership have you heard today that excited or inspired you?



Building for sustainability



- Identify an executive sponsor.
- Align with existing projects, initiatives and strategic plans.
- Seek out “champions” across the organization; nurture these relationships.
- When just starting out, choose small projects with short timeframes.
- Track accomplishments and communicate successes broadly to build momentum.
- Network with others in similar positions to learn, maintain flexibility and optimism.

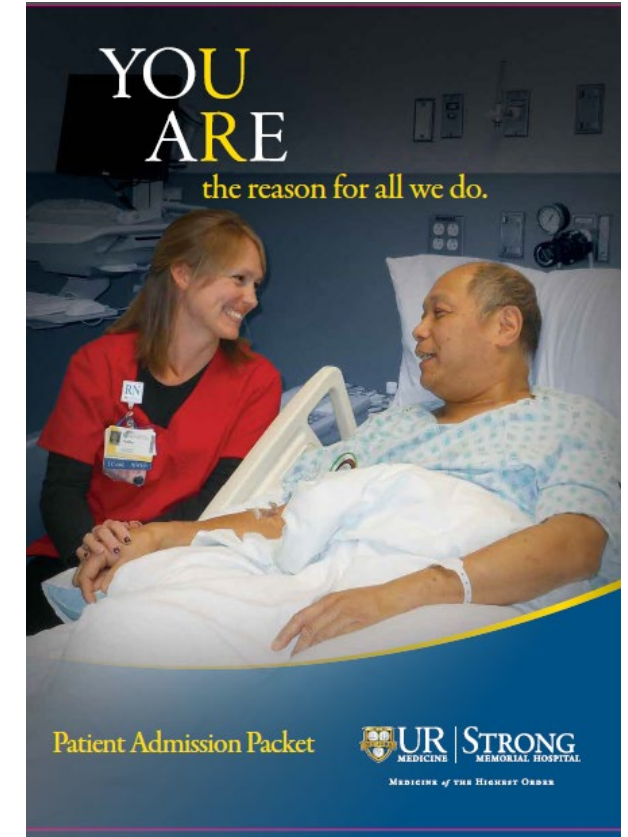


Sustaining efforts

Engaging our advisors:

- Senior leadership routinely present Strategic Plan objectives
- PFACs involved in relevant hospital initiatives and teams
- Ongoing effort to educate on inner workings of the health system
- Departments see PFACs as critical resource (now a waiting list)
- Always provide updates/follow-up

Make it Meaningful!



Maintaining and enhancing partnerships

- Migrated to virtual meetings through Microsoft Teams during COVID-19
 - Developed Virtual Meeting Tips and Tricks Resource
 - Provided 1:1 coaching on using virtual platforms
- Patient and Family Engagement Coordinator offered virtual “coffee hours” to strengthen relationships with PFAs
- Engaged PFAC in active and strategic projects creatively
 - Engaged PFAC in Discharge Folder Improvement
 - Dropped off materials for review to PFAs at home
 - Collected feedback virtually

Sustaining commitment to partnerships

- During PFAC meetings:
 - Administrative leadership present consistently
 - COVID-19 agenda items to solicit questions/concerns and provide update
 - Added time on agenda to check-in and communicate “we are in this together”
 - Obtain and share testimonials from departments and leaders who have sought help from PFAs
 - Provide opportunity for feedback/involvement on strategic initiatives (e.g. COVID-19 scheduling hotline)
- Show appreciation (e.g. holiday and gift prizes; sharing how have influenced care/processes)
- Centralize and coordinate efforts across hospital system:
 - Recruitment and selection of PFAs (flyers, 3x5 cards, FaceBook)
 - Combine clinic and hospital PFAC in rural areas
 - Share PFAC member bios and pictures to increase visibility
 - Invite PFAs across system/PFACs to share learning with each other

Supporting new skill development

Virtual Meeting Help Guide

Using Microsoft Teams - Teams Navigation Tips

Etiquette for Productive and Professional Virtual Meetings



Mute Your Microphone

Ensure your microphone is on mute at the beginning of the call and whenever you are not speaking. There is always the possibility of background noise even if you are in a quiet area. If connecting through your computer and also dialing in from a phone, your computer microphone may be turned on and will create interference. Turn off the volume on your computer and mute all devices. Only unmute one device when it is your turn to speak.



Stop Multitasking

It's been found that 73 percent of employees do other work while attending a meeting. The fact is, multitasking is a myth and should be discouraged. Some estimates have found that you can lose up to 40 percent of your productivity by multitasking. Remove temptation by closing your email and place your phone outside of your reach (only use to unmute/mute, as needed).



Speak Clearly and Concisely

Virtual meetings move at a slightly slower pace than in-person meetings. There may also be a slight delay after someone speaks due to variations in the way users are calling into the meeting. Make sure you pause after asking a question. Most importantly, make sure that you speak clearly and concisely. Enunciating your words gets around any muffled microphones or poor-sounding speakers.



Hands Off the Keyboard

It is best to keep your hands off the keyboard. This way the meeting has your complete attention and you are not disrupting other participants with the sound of your typing. If you want to take notes, jot them down by hand. Research has found that you retain more information when you write notes by hand.

Video Conferencing Guidelines



Dress Appropriately

The beauty about working from home is that you don't always have to wear professional attire. However, when using video for a virtual meeting, the Palomar Health Dress Code should be observed. As an added perk, you'll be more focused and productive because you've dressed for success.



Be Aware Of Your Surroundings

Look at your environment from the camera's perspective. Is there anything in frame that could be distracting or potentially offensive, such as inappropriate posters or knick-knacks? Make sure you have good lighting. You may need to cover windows to prevent silhouetting or bright spots. Find a quiet space that is free of distractions and visually appealing.

Adapted from <https://blog.gotomeeting.com/7-rules-virtual-meeting-etiquette-every-professional-know/>



Tasha Pendley

Patient

Experience/Engagement
Department SHS Quality
Improvement

We are the eyes & ears of our community

Engage patients & family

I am a member of
the Patient & Family
Advisory Council, do
you have any
feedback to share?

Make people aware of your role

Look out for
comments on
social media



Keep an
ear out &
listen



Jot It down
so you
remember



Encourage feedback

How did your
family
member/friend find
their care?

Patient & Family Advisory Council

Community Ambassador Role



Patient Experience



Social Media

Internal Communications



Community Goodwill

Non-monetary Donations



Corey Kimpson
PFAC Chairperson /Community Ambassador
2020 Beryl Institute Innovative Patient & Family Advisor Award





1. Treat Everyone with dignity and respect. Honor the expertise of all.
2. Build trust through shared expectations, consistent follow-through, and non-judgmental approaches.
3. Communicate in simple, affirming and useful ways.
4. Show sincere appreciation for efforts.
5. Provide welcome for new advisors and link them with an experienced “buddy.”





-
6. Make recruitment an ongoing process.
 7. Keep the end in mind – What are you trying to accomplish together?
 8. Invite and support meaningful participation from everyone.
 9. Document and celebrate your accomplishments together.
 10. Increase the visibility of your partnership.





Additional tools & resources





INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE®

Transforming health care through partnerships

ENHANCED BY Google



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PFCC Best Practices



Improve quality, safety,
and care experience
through patient and
family partnerships.

► Learn how.

PFCC and COVID-19

In the midst of this challenging time, IPFCC is committed to ensuring that the core concepts of patient- and family-centered care are informing changes to policies and practices in ways that promote safety, prevent disease transmission, and support essential family connections. Two resources in this [special section](#) of our website focus specifically on family presence during the pandemic.



► **Emerging Best Practices for Preserving the Essence of Family Presence During a Pandemic** ****New****

The examples from across the U.S. and Canada in this new resource show true commitment to family presence and creativity in finding safe strategies to support families as essential care partners.

► **Family Presence During A Pandemic: Guidance for Decision-Making**

These collaborative decision-making tools help in considering the balance of benefits and

Upcoming Webinars

Currently, there are no upcoming webinars scheduled.

Check back soon for information on the next webinar.

Learn more

Stay Updated with the
IPFCC Portal





INSTITUTE FOR PATIENT- AND
FAMILY-CENTERED CARE

PFCC.Connect



Welcome

Build community and connect with individuals building partnerships to improve health care quality and safety.

Enter a place for knowledge exchange, idea incubation and professional networking.

ANNOUNCEMENTS

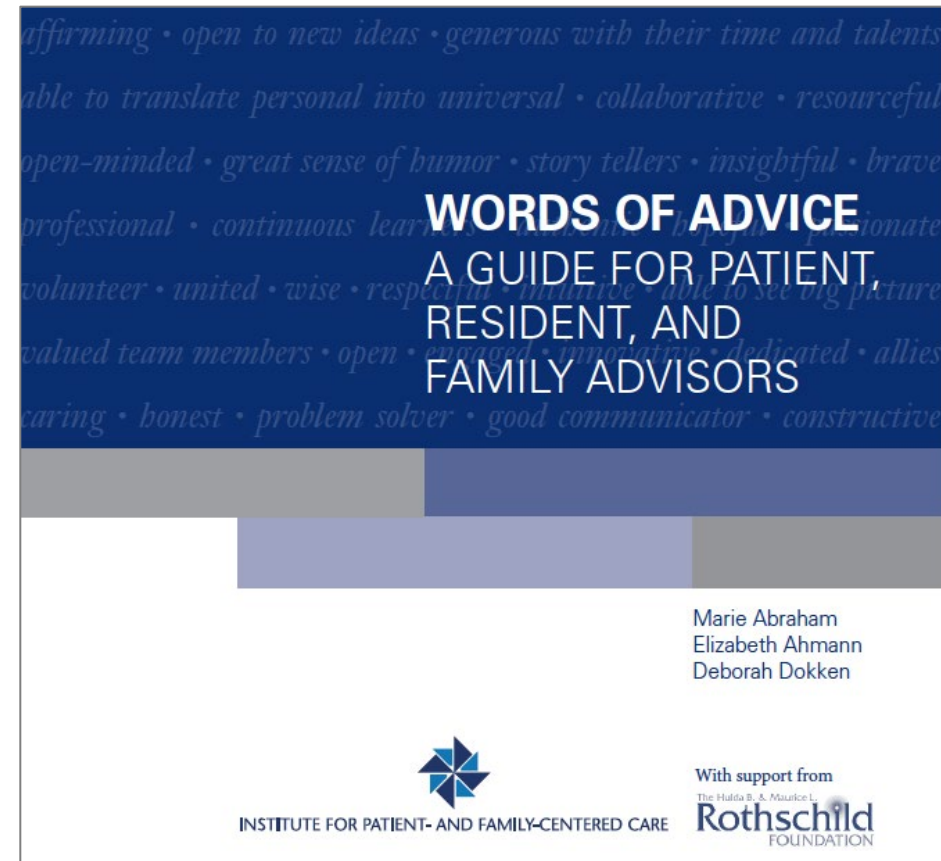
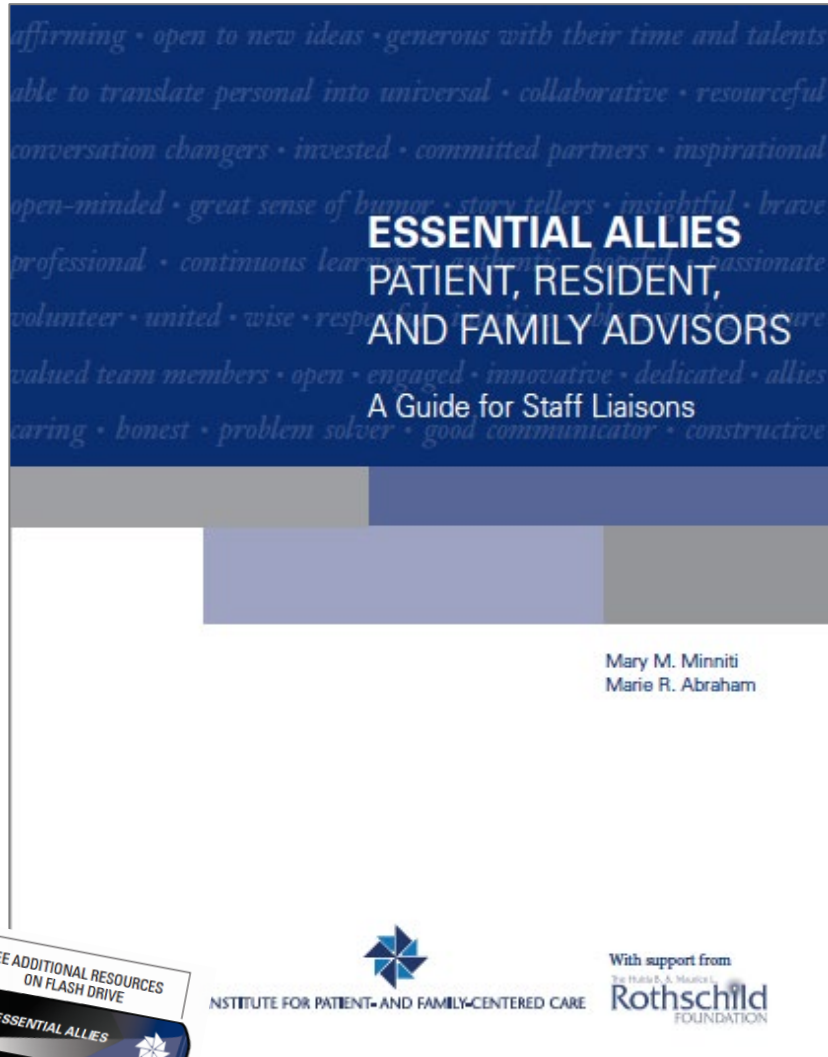
PFCC.CONNECT FIRST TIME LOGIN

BY: [MARY MINNITI](#), 3 DAYS AGO

If you are having trouble logging in the first time or receiving security warnings, please contact Annette Lee at IPFCC. She can be reached by email alee@ipfcc.org or by calling 301-652-0281. Thank you. [More](#)

A free on-line learning community dedicated to partnerships with patients and families to improve and transform care across all settings.

<http://pfcc.connect.ipfcc.org/home>







What's one action you can take by Tuesday?



Next steps

- Review Action Planning Worksheet 2 with your PM.
- Utilize tools and resources as necessary.

PFAC Implementation Team Action Planning Worksheet 2



EQIC developed this checklist of practice recommendations that provides process improvement strategies for consideration as hospitals work to implement a patient and family advisory council.

PRACTICE RECOMMENDATIONS Practice recommendations for implementing a PFAC	IMPLEMENTATION STATUS			ACTION PLAN/ NEXT STEPS List specific activities your team will seek to accomplish to fully implement each practice recommendation. Include a detailed plan (what, who, how, and starting when) in your notes.
	FULLY	PARTIALLY	NONE	
I. DESIGN AN EFFECTIVE ONBOARDING PROCESS				
Design an onboarding program based on hospital policy that may include background checks, health assessments, identification badges and time and activity records or follow the Patient and Family Advisors Orientation program.				
• Elements of orientation should include:				
• hospital tour;				
• confidentiality;				
• hospital vision, mission and values;				
• overview of units, services, strategic initiatives and quality and safety goals;				
• Patient and family advisor roles and responsibilities;				
• amenities such as transportation, parking, child care, stipends or reimbursements; and				
• key contact information.				
II. COORDINATE PFA ACTIVITIES				
Invite PFAs to share their experiences and perceptions during hospital committee meetings and staff orientations.				

Thank you.

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