

Partnering with Patient Advisors and Leading Staff in Partnerships with Patients and Families

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In our time together, we will...

Discuss effective strategies for developing a group of advisors who have the interest, experience, skills, and attitudes to be partners for change and improvement.

Patient-Family Advisor Strategies

- Develop strong patient-family advisor base;
- Integrate patient-family advisors into all aspects of operations;
- Include advisors in existing and new projects.
- Leading staff to partner with patients and families

Ask yourself these 3 questions:

- * How many of the staff know how to partner with patient advisors?
- * How many of the staff “live” the philosophy of patient- and family-centered care?
- * If conditions were right, how successful might you be?

Changing the culture to promote partnerships

- * Systems change if leaders lead the change
- * Staff change if leaders engage them in making the change
- * Showing the value of making the change and creating the conditions to enable staff to make the change

Controversial-But Important



Partnering with Patient and Families -

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Why Change?

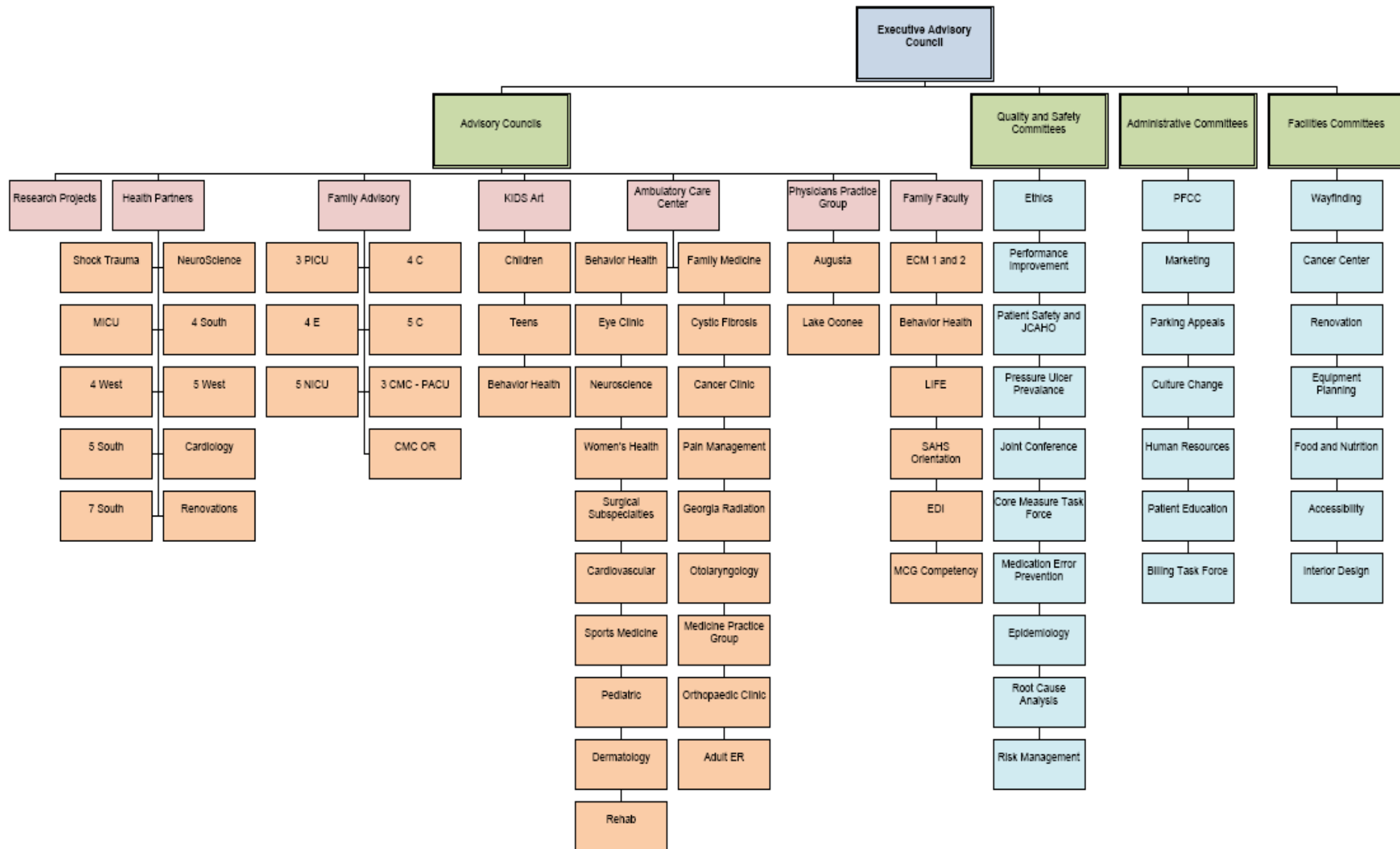
- * What do you do with those who do not want to embrace partnerships?
- * My answer summarized in 3 WORDS... Let's see the video

Why involve patients/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.”

Engaging Patient Advisors Throughout the Entire Academic Medical Center



When to Partner with Patients and Families as Advisors

- * **Strategic planning**
- * **Management**
- * **Operations**
 - * Brainstorming sessions
 - * Planning new services
 - * Developing new policies, procedures
 - * Implementing new policies and procedures
 - * Interviewing leadership candidates
 - * Educating staff, students, other personnel
 - * Changing clinically relevant processes

Advisory Councils: Making a Difference

- ▼ Communication Boards
- ▼ Safety/Quality
(RCA, Weekly safety reviews, etc.)
- ▼ Patient Satisfaction
- ▼ Family Guide to Services
- ▼ Renovation Projects
- ▼ Billing
- ▼ Integration into Committee work
- ▼ Unit based- quality Councils

Patients and Families are Involved in the Following:

- * Patient Satisfaction
- * Electronic Personal Health Record (EHR)
- * Family Faculty – Personal Healthcare Stories
 - o University and Staff Educational Programs and Trainings
 - o Conferences



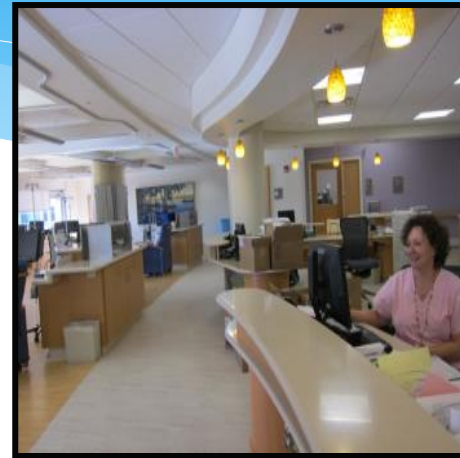
Patients and Families are Involved in the Following:

- * Quality and Safety Committees
 - Ethics
 - Performance Improvement
 - Joint Commission Leadership
 - Safety and Security
 - Medication Error and Prevention
 - Discharge Education and Planning
 - Quality Unit Council Committees



Patients and Families are Involved in the Following:

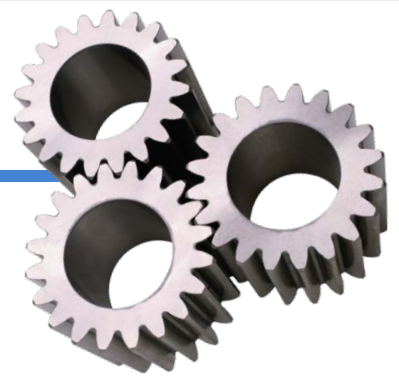
- * Community Coalitions and Outreach Initiatives
- * Renovations and New Construction Projects
- * Research: Sub-Investigators
- * Board Level Committee
- * Human Resources
 - o New Employee Orientation
 - o Employee Interviews
- * Administrative Committees
 - o Billing



“Nuts and Bolts” of Partnering with Patients and Families – How do you do it?



Nuts and Bolts – Form Program



- ▼ Help determine council structure, operating procedures, bylaws;
- ▼ Help define role and place of advisors within organization; and
- ▼ Communicate administration's hopes and expectations.



Qualities of Successful Patient and Family Advisors

- * See the “big” picture;
- * Share personal experiences in ways that others can learn from them;
- * Interested in more than one agenda item;
- * Beyond angry or actively grieving.



Patient/Family Leaders

Involvement Opportunities:

- Patient / Safety Meetings;
- Performance Improvement teams (Access; Billing, etc)
- JC Section Champions
- Electronic medical record committee
- Physician's Faculty Meeting;
- Hospital Medical Board;
- Patient Stories;
- Education Programs;
- Advisory Councils; and
- Committees / Workgroups.



First Steps

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

If you had a magic wand, what changes would you make to improve the experience of care for patients and their families?



Changes in my practice:

- 1.
- 2.

Changes in the system of care (e.g. policies, programs, personnel preparation and support, and/or facilities):

- 1.
- 2.

Develop Program – Council?

- * Determine council structure, operating procedures, bylaws;
- * Define role and place of councils within organization; and
- * Where will this nest?



What does a Partnership with Staff and Patients look like?

- * Build your Team...
- * Showing enthusiasm helps to draw the right people into your team
- * Model trust and teamwork

What does a Partnership with Staff and Patients look like?

- * Staff involvement at the beginning of change
- * Get some people on board with your ideas, so that you or they can demonstrate how the new way can work.
- * Invite leadership from all disciplines
- * Listen to your skeptics, and pay attention, because some percentage of what they have to say will prompt genuine improvements to your change idea
- * Delegate tasks to build confidence

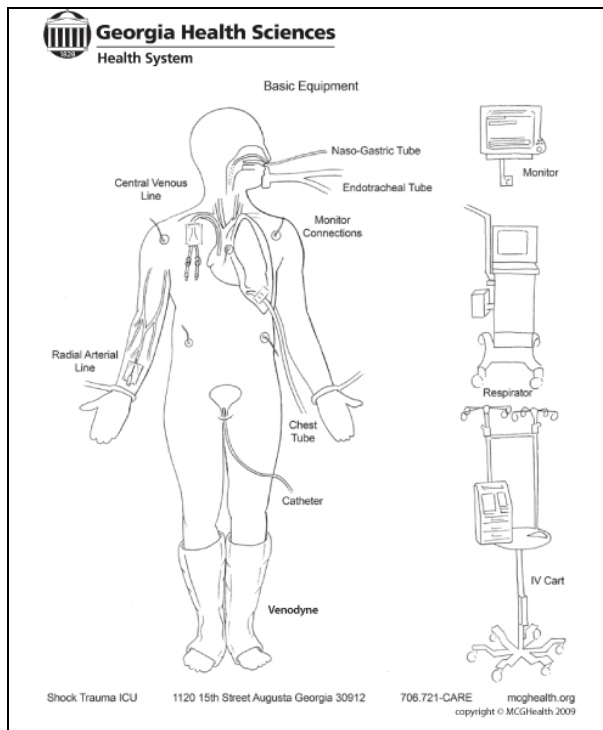
Team Building for Change in How We Care for Stroke Patients (Hospital to the Community)

- * 5 Hospitals in the community –resistant to change - working in isolation- changing the way we care for patients
- * Engaging staff, patients, families, EMS, flight team, high school students
- * Now we have patient advisors from all hospitals along with interdisciplinary teams working with high school students to educate other students and the community on stroke

Patients, families, staff, EMS, high school students, teachers -empowered as a team to make change happen



Collaboration between ICU and Medical Illustration



Why Do ICU Patients Look and Act That Way?

How Will My Loved One Look?

Your loved one may have multiple tubes and lines in place when he or she is in the ICU. There are many variations of the types of tubes and monitors required. Your loved one may have some, none, or all of the following listed below. Most of these devices are temporary and may be removed when they are no longer needed. Ask the nurse if you see something that you do not understand, or that does not seem right.

The Tubes - Refer to drawing

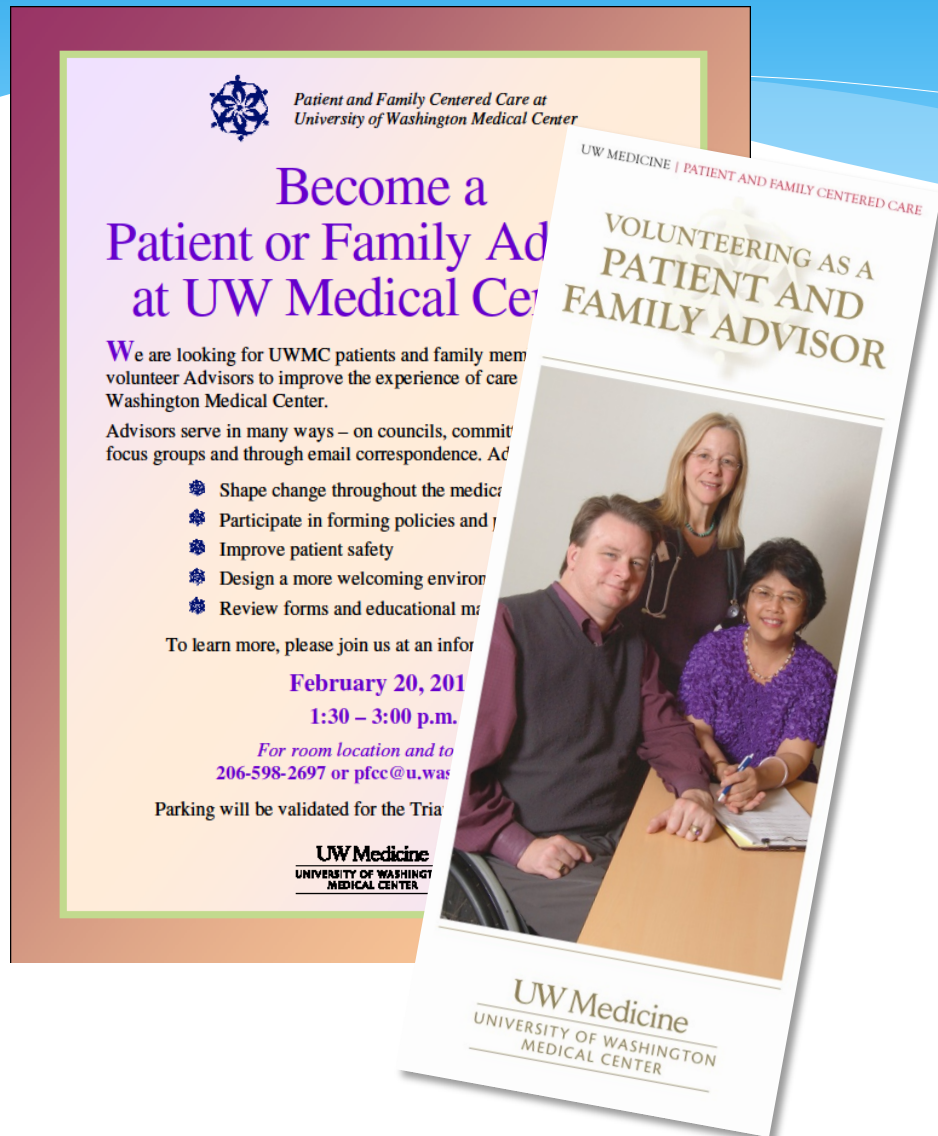
1. **Heart Monitor Leads:** Sticky pads are placed on the chest of almost every ICU patient in order to monitor the electrical activity of the heart.
2. **Pulse Oximeter:** A small probe attached to the finger, nose, or ear that helps monitor the oxygen in the blood and the patient's pulse.
3. **Foley Catheter:** A catheter inserted to the bladder to drain the urine into a bag.
4. **Peripheral IV:** A small plastic tube placed into the vein, which is used to give fluid or medications.
5. **Arterial Line:** A small tube or catheter that is inserted into the artery to continuously monitor the blood pressure.
6. **Central Line:** A catheter in the neck, chest, or groin that helps in monitoring and treating the flow of blood. Some of these catheters may be used for giving nutrition and other medications.
7. **Intracranial Pressure Catheter and/or Ventriculostomy:** A small tube or catheter inserted into the brain to monitor the brain swelling. This may also be used to drain excess fluid.
8. **Endotracheal Tube (ETT):** A breathing tube inserted through the mouth or nose that is connected to an assisted breathing machine (ventilator).
9. **Chest Tube:** A larger tube inserted between the skin on the chest and the lungs. This tube removes free air or blood that may make it difficult for the patient to breathe.
10. **Nasogastric Tube:** A tube inserted into the stomach or intestines to provide nutrition and remove gastric acid or secretions.
11. **Sequential compression device (venodynes):** sleeves placed on the lower legs that intermittently fill with air to keep blood from pooling in legs. This is to help prevent the formation of blood clots.

Video of Neuroscience

The image features a solid blue header at the top with the text "Video of Neuroscience" in a dark blue, sans-serif font. Below the header, there are several overlapping, semi-transparent blue wavy lines that create a sense of depth and movement, extending across the width of the slide.

Recruitment

- Develop recruiting materials and processes
 - *Set up recruitment systems*
 - *Set up record-keeping system*
- **Recruitment never ends!**



Patient and Family Centered Care at
University of Washington Medical Center

Become a Patient or Family Advisor at UW Medical Center

We are looking for UWMC patients and family members to volunteer as Patient and Family Advisors to improve the experience of care at the University of Washington Medical Center.

Advisors serve in many ways – on councils, committees, focus groups and through email correspondence. Advisors help:

- Shape change throughout the medical center
- Participate in forming policies and procedures
- Improve patient safety
- Design a more welcoming environment
- Review forms and educational materials

To learn more, please join us at an information session on

February 20, 2011
1:30 – 3:00 p.m.


For room location and to register, call 206-598-2697 or pfcc@u.washington.edu

Parking will be validated for the Tri-Center

UW Medicine
UNIVERSITY OF WASHINGTON
MEDICAL CENTER

UW MEDICINE | PATIENT AND FAMILY CENTERED CARE

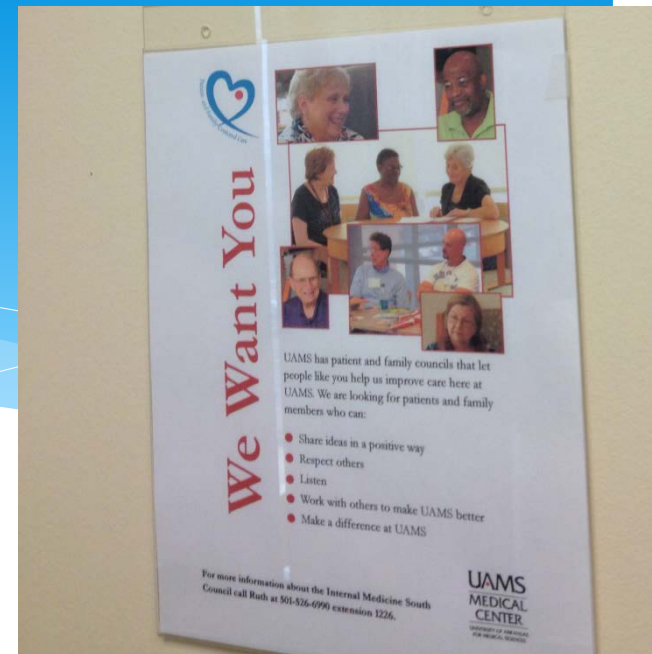
VOLUNTEERING AS A PATIENT AND FAMILY ADVISOR



UW Medicine
UNIVERSITY OF WASHINGTON
MEDICAL CENTER

Recruitment

- * Post signs/brochures on bulletin boards in waiting areas
- * Place notices in:
 - * Clinic and hospital - publications and websites
 - * Direct email recruiting
- * Social media: Twitter, Facebook
- * Technology – hospital or clinic TV, information kiosks



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,



A Recruiting Tool Eugene, OR

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



We need Patient Advisors...

Neuroscience Practice Sites Mission

To achieve excellence in providing those with neurological illnesses compassionate care in a Patient Family Centered Care, healing environment that embraces respect, dignity, empathy, commitment, interdisciplinary collaboration, education and cutting-edge research.

Neuroscience Advisory Council Accomplishments

- Mission statement
- Neurosurgery patient education pre-operative brochure
- Neuroscience exam room slide show
- Patient education center – adult clinic
- Pediatric clinic renovation design

Meeting Schedule

Second Wednesday of every month
5 p.m.

Patient Advisors



1120 15th Street, BP-4326 | Augusta, Georgia 30912
Office: 706-721-2814 | Fax: 706-721-8690



Interview and Select Advisors

- * Develop list of criteria for eligible candidates
 - * Inpatient vs outpatient?
 - * Particular illness or treatment?
 - * Recent experience?
 - * Personal characteristics?
- * Develop interview process; and
- * Match candidates' qualifications and preferences with opportunities.



Fostering a Successful Beginning and Ongoing Relationship with Advisors

- * **Work with Volunteer Department**
 - * Background checks;
 - * Health Assessment (TB tests);
 - * Portion of Orientation;
 - * Confidentiality / HIPAA;
 - * Maintain Volunteer Advisor Hours;
 - * Recognition Efforts;
 - * Annual Compliance for Joint Commission;
 - * Photo Consent;
 - * Photo ID Badge.

Not a good fit?




- * Must deal with it;
- * Be clear and honest;
- * Review skills and attributes;
- * Another advisory role?
- * Keep name on list.

The Big Questions...

- * Should staff be members in the role of patient or family advisors?
- * Should hospital 'donors' be an advisor?
- * Should we offer a 'stipend'?

Orientation and Training

- * Develop orientation to each council
 - * Purpose and scope;
 - * History of council work;
 - * Minutes;
 - * Roster;
- * Introductions / share stories;
- * Buddy system?
- * Volunteer Services training; and
- * Logistics, dress code, bathrooms, parking, stipends.

A woman with dark hair pulled back, wearing a red top and a striped shirt, is smiling and holding a grey sign. The sign contains the text "I love being a Patient Advisor!!".

I love being a
Patient Advisor!!

Sample—Orientation



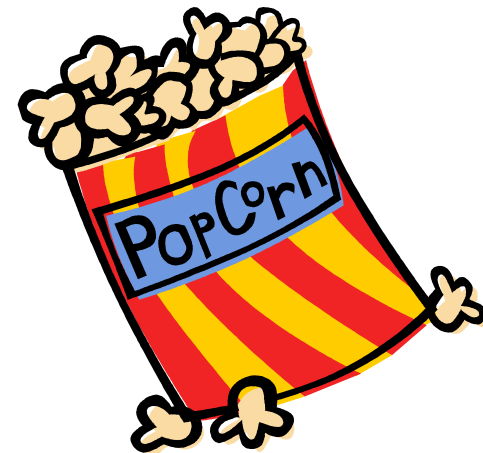
Orientation/Training Agenda for Patient/Family Advisors

Topic	Estimated Time	
I. Introduction and sharing of personal/family stories	<i>Participants</i>	V.
II. Vision/goals for Patient and Family Centered Care at UAMS	10 Minutes	45 minutes
Topics Covered <ul style="list-style-type: none"> • Core Concepts of PFCC • Institutional Core Elements • UAMS patient/family stories 		Topics Covered (<i>Exercises and role play for interactive learning</i>) <ul style="list-style-type: none"> a. Telling your story so people listen b. How to ask tough questions c. What to do when you don't agree d. Listening to and learning from other's viewpoint e. Thinking beyond your own experiences
III. About UAMS	10 minutes	VI.
Topics Covered <ul style="list-style-type: none"> • History, points of pride, structure • PFCC in the UAMS Organizational Culture • Quality/Safety Indicators/Patient Sat (brief) 		Volunteer Orientation (ID Badge, TB skin Test, HIPAA, Dress Code, Parking, Photo Release, Background check, Volunteer Guidelines)
IV. Roles/Responsibilities of Council Members, Officers and Staff of the Council or Committee	30 minutes	VII.
Resources Provided <i>Words of Advice – A Guidebook for Families Serving as Advisors</i> <i>Tips for Being an Effective Patient/Family Advisor</i> <i>Acronym Alphabet (JC, NDNQI, Press Ganey)</i>		Advisory Recognition/Let's get to work! 10 minutes Additional consideration... <ul style="list-style-type: none"> a. Training for UAMS technology that will be needed/used b. How to be a Mentor (UAMS Staff Education)
Topics Covered <ul style="list-style-type: none"> • How to contact Council Leadership/team members • Meeting attendance expectations of members • How meetings are conducted – format, agenda, minutes, roles, committee reports, consensus, etc. • Acronyms/UAMS Jargon • Being an effective Council Member • How to present issues effectively • Collaboration • Working with a Mentor/Peer Support 		

Council / Advisor Support

Support may include:

- * Bringing beverages and / or snacks;
- * Arranging for parking validation;
- * Preparing agendas, taking minutes;
- * Bringing handouts; and
- * Setting up equipment (projector, conference telephone)



Advisor Support

Working with leadership:

- * Coach staff and leadership
 - * How to facilitate meetings
 - * How to handle conflict constructively;
- * Debrief and plan with council leaders;
- * Help strategize how to move projects along;
- * Be alert and helpful to council processes and dynamics;

Stepping in when things go wrong:

- * Coach co-leads how to address difficult behavior;
- * Deal directly, honestly with difficult people / situations.



Track and Celebrate Accomplishments of Partnering



* Purpose

- * Acknowledge council work;
- * Demonstrate value of work in context of organization;
- * Raise staff awareness;

* Track / Trend

- * Each year, review accomplishments, large and small;
- * Keep running list of council brainstorming
 - * Add to list as council generates ideas
 - * Point out how many items are accomplished over time.

A liaison ...

Supports advisory councils by:

- ◆ Training staff as needed;
- ◆ Helping leaders plan, strategize, and debrief;
- ◆ Helping guide council processes, as needed;
- ◆ Promoting the value of patients as Advisors; and
- ◆ Tracking and celebrating council accomplishments.



Strategies

▼ Meaningful work

- Make sure Advisors know how their work is benefiting the organization — thanks from leadership ... tracking accomplishments and results ...

▼ “Let’s give it a try!” vs. “We’ve already tried that.”

▼ What are YOUR strategies?



Lessons Learned

- * Don't wait until you are ready!
- * It takes time to develop comfort / confidence and to achieve measurable results;
- * Orientation and preparation of staff, physicians, patients, and families are essential;
- * Advisors can be trained to be effective; and
- * Involve patients/families at beginning of project.

Resources

Institute for Patient- and Family-Centered Care
www.ipfcc.org

Developing and Sustaining a
Patient and Family Advisory
Council.



Essential

Patient, Resident,
and Family Advisors:
A Guide for Staff Liaisons.

Resources

Patient and Family Advisory Council Network (PFACnetwork):

<http://pfacnetwork.ipfcc.org/main/summary>

Patient and Family Advisors and Leaders of Advisory Councils for Hospitals

This listserv is for anyone interested in the work of patient and family advisory councils.