

Patient Preferred Practices



PLANETREE

Patient and Family Partnership Councils and Beyond:

Solutions for Making Good on the Promise of Partnering with Patients

Module 1 of 5

Note:

This guide draws heavily from the content of a Planetree Virtual Roundtable, *Partnering with Patients and Families to Drive Change*, held in early 2014. Consistent with the topic at hand, the content for the roundtable was collaboratively developed by Planetree staff and a patient representative of Planetree's International Patient and Family Partnership Council.

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For Additional Information:

www.planetree.org



Table of Contents

[Introduction](#)

[The Planetree Partnership Framework](#)

[Why Partner with Patients and Families](#)

[Partnership Self-Assessment](#)

[Barriers to Partnership and Solutions to Overcome Them](#)

[Implementation Resources](#)

[Additional Resources](#)

[About Planetree](#)

Introduction



“As a patient I rebelled against being denied my humanity and that rebellion led to the beginnings of Planetree. We should all demand to be treated as competent adults, and take an active part in our healing. And we should insist on hospitals meeting our human need for respect, control, warm and supportive care, a harmonious environment and good, healthy food. A truly healing environment.”

– Angelica Thieriot,
Founder of Planetree

Harnessing the Power of Partnership

Since Planetree’s founding by a patient in 1978 (the ultimate in patient engagement!), we have made it our mission to find ways to harness the tremendous power of partnerships between patients and healthcare professionals. Though such partnerships were surely the exception to the rule back when patient Angelica Thieriot first approached a group of healthcare executives to propose a radical approach for delivering care that centered on the patient, today multiple levers are propelling partnerships with patients and family members to the forefront of healthcare quality improvement efforts. Accrediting bodies are incorporating standards on how organizations partner with their users, legislation has been enacted requiring hospitals in some states to have patient and family advisory councils, established institutions like the Institute of Medicine, CMS, the American Hospital Association and others have embraced partnerships with patients as core to their improvement agendas, and patient advocacy groups are on the rise, out in force in the social media sphere and beyond mobilizing patients and those who love them to become more effective change makers.

Individual vs. Institutional Levels of Partnership

In a patient-centered healthcare delivery system, partnerships with patients occur at both the individual and institutional level. For the purposes of this workbook, we will focus on the institutional level—in other words, enlisting patients and family members as our partners in quality and process improvement, strategic planning, hiring and evaluation, staff training and more to ensure that the voices of patients are our guiding forces in mapping out the future directions of our healthcare organizations.

Closing the Gap Between Intent and Action

Despite the considerable headway being made in this arena, experience on the frontlines of this work demonstrates a disconcerting divide between intent and action, between genuine partnership and

partnership “on paper” and between how healthcare professionals and patients and family members characterize and experience purposeful collaboration. In this Planetree workbook, we examine a number of barriers that have stood in the way of genuine partnership, providing concrete solutions for overcoming them.

The Planetree Partnership Framework

These solutions are aligned with the Planetree Partnership Framework, which builds on the field-tested Planetree methodology for designing and implementing patient-centered care by focusing on:

- Implementation of **practices** that promote patient and family engagement
- Development of **structures** to support change, and ultimately
- Transformation of organizational **culture**.

The [chart](#) on page 4 illustrates how structures, practices and culture can all be re-engineered to promote meaningful, effective and mutually beneficial partnerships between patients and family members and the healthcare professionals who care for them.

Using this Workbook

We invite you to use this workbook to spur thinking, spark dialogue and generate next steps for making good on the promise of partnering with patients and families. In it, you will find a self-assessment tool for gauging the current state of your partnership efforts, a guided pathway of next steps to advance these endeavors, and concrete example of partnership in action. You will also be alerted to some of the most common pitfalls causing these partnerships to falter, with tactical strategies for either avoiding them or overcoming them. Lastly, we will share implementation resources generously shared by Planetree organizations that have embraced partnership as not only a key strategy for continuous improvement, but also as their mantra and their mission.

This workbook hardly purports to have *all* the solutions for overcoming the challenges to cultivating and maintaining mutually beneficial and fulfilling partnerships between healthcare professionals and patients and family members. It is our hope, though, that it will guide you and your organization toward a future where many of these solutions are co-created as part of a collaborative process of discovery, experimentation, transparency and shared ownership of a vision for how patients and family members can work together to bring about positive change.

For more information on how Planetree can support you in applying the strategies outlined in this workbook, contact Jim Kinsey, Planetree’s Director of Member Experience, at 203-732-1365 or jkinsey@planetree.org.

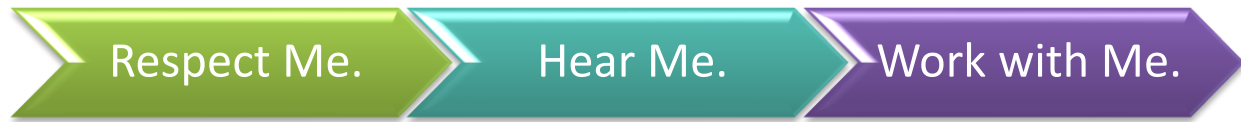


PLANETREE

The Planetree Partnership Framework: *Structures, Practices and Cultural Shifts that Promote Partnership at the Institutional Level*

Structures	Practice Examples	Cultural Shift
Patient and Family Partnership Council	<ul style="list-style-type: none"> A group convened and supported by the organization, comprised of past and present patients and family members, as well as staff, and dedicated to improving the patient and family experience of care. 	Challenges how we define expertise and who holds it. Patients, family members and staff are equal contributors, with each perspective an essential ingredient in co-designing a shared agenda for improvement.
Embedded patient and family advisors	<p>Patients/family members:</p> <ul style="list-style-type: none"> As members of standing committees As participants in rapid improvement process improvement events Engaged in analysis of patient experience data As liaisons between the patient-centered care steering committee and patient and family partnership council 	<p>Challenges the perception that partnering with patients and family members can be achieved through the creation of a single council.</p> <p>Begins to create a “new normal” wherein the absence of the patient voice in discussions of the patient experience is no longer acceptable.</p>
Board of directors	<ul style="list-style-type: none"> Patient/family member liaison between governing board and patient and family partnership council 	Ensures patient/family perspective informs decision-making at the highest level within the institution.
Patient safety processes and structures	<ul style="list-style-type: none"> Patient/family member involvement in root cause analyses following adverse events and/or near misses Patient interviews as part of real-time patient safety rounds 	Establishes a new bar for transparency.
Human resources	<ul style="list-style-type: none"> Input into job descriptions, performance evaluation standards Participation in job interview process Long-term care residents’ observations of prospective and current staff informs hiring and evaluation processes 	Conveys a powerful message to all potential hires about the organizational culture. Also, what better way to ensure staff has not only the skills to do their jobs, but also embody the traits patients seek in their caregivers?
Faculty	<ul style="list-style-type: none"> Patients/family members as actors in care delivery simulations designed As “storytellers” in new employee orientation, PCC retreats, etc. 	Reinforces that caring for patients in a patient-centered culture is a bi-directional teaching and learning opportunity.

Why Partner with Patients and Families?



Inviting past and present patients and family members in as trusted advisors may at first appear to be laden with risk: *What if we can't deliver on all that they want? Won't we open ourselves up to litigation or a public relations nightmare if they find out we sometimes makes mistakes? What if they hijack our meetings with their personal stories, or even worse, their personal agendas?* This focus on the potential risks of partnerships too often eclipses discussion of the tremendous rewards that come from them. Before delving into an exploration of why efforts to establish and nurture genuine partnerships often falter, let's first explore why endeavors to overcome these barriers are extremely worthwhile:

- ✓ **It humanizes healthcare.** You would be hard pressed to find a healthcare professional who has not also reversed roles and been a patient and/or family member of a patient at some point in their lives. However, as we become immersed in the business of healthcare and doing our jobs, it can be increasingly challenging to access that personal connection to what it is like to be a patient, to be in an unfamiliar setting, hearing strange terms and trying to piece together what to expect next from a series of disjointed exchanges with various members of the care team. This is human nature. Our perspectives evolve with our experiences. Partnering with past and current patients and family members serves as a reality check for how “laypeople” experience healthcare, and grounds discussions of highly technical, at times highly charged, emotional issues, in the human experience.
- ✓ **It builds trust.** For generations, standard healthcare operating procedure has cast patients and family members as *consumers* of healthcare services while healthcare professionals are not only the providers of those services, but also the chief orchestrators of the patient experience. This has fueled an “us versus them” mentality, which too often leaves patients fearing that they are collateral concerns in the big business of healthcare, with their best interests and personal priorities not always the predominant forces driving their care. Partnering with patients and family members in the ways outlined in this workbook breaks down both the symbolic and very real barriers that have created this divide, and helps to build trust, which is the heart of patient and

family engagement, now increasingly recognized as a driver of high quality, high value care.

- ✓ **It takes some of the guess work out of how patients perceive and interact with us.** At a time when healthcare organizations' reimbursement is increasingly tied to patient-reported measures of quality, including patient experience surveys, it only makes sense that the first time we ask patients how we're doing should not be when they hear those survey questions. This is not a one-time conversation; it should be an ongoing dialogue. For too long, healthcare leaders and teams have presumed to know what is most important to patients and what "good care" means to them—without asking them. The results have been a healthcare system in which provider values and priorities tend to guide most decisions, at the expense of designing a healthcare system that optimally meets patients' needs.
- ✓ **It fuels a loyal customer base** and creates a cadre of your most vocal and influential ambassadors out in the community. Welcoming in past and present patients and family members to work shoulder-to-shoulder with staff creates a sense of inclusion and connection that feeds volunteer advisors' loyalty to your organization, their pride in being associated with your brand and a desire to communicate that loyalty and pride to others. To have these messages communicated by real patients brings a credibility and authenticity that no paid advertising or public relations effort could ever even approach!
- ✓ **It makes healthcare better.** By involving patients and family members in ongoing quality improvement efforts, we build mutual accountability for quality. And, of course, the stakes for a high quality healthcare system are highest for patients and family members themselves. Partnering with patients and families raises the bar for how we design and deliver optimal healthcare...and that's a good thing...for all of us!



Partnership Self-Assessment

This ten-question self-assessment is designed to support organizations in gauging the current state of their efforts to partner with patient and family advisors. For the most meaningful assessment, it is suggested that you ask multiple people within your organization to complete the tool, including healthcare professionals and volunteer patient and family advisors, as perspectives may differ.*

For each statement, identify which of the options most closely aligns with your assessment of how well it captures the current state of your organization.

To tabulate your score, give yourself:

- 5 points for every “strongly agree”
- 4 points for every “agree”
- 3 points for every “neutral”
- 2 points for every “disagree”
- 1 point for every “strongly disagree”
- 0 points for every N/A

Use the Great Partnership Solutions (GPS) tool at the end of the self-assessment to convert your final score into a set of recommendations for next steps.

****When the tool is completed by multiple individuals, average the score for each question, and total the average score on each to tabulate your final tally. Pay special attention to any question for which the average score given by healthcare professionals and the average score given by patient and family advisors differs by more than 2 points. This indicates a disconnect in the experiences of the two groups that would benefit from further exploration.***

Planetree Partnership Self-Assessment

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Our Patient and Family Partnership Council (or Patient and Family Advisory Council) is an active, engaged and invested group.						
Our Patient and Family Partnership Council (or Patient and Family Advisory Council) is representative of the populations we serve.						
Our patient and family advisors are known, respected and listened to by leadership.						
Patient and family advisor input is the predominant driver of the Patient and Family Partnership Council's agenda (versus a staff-driven agenda)						
An effective orientation and onboarding process prepares new patient and family advisors for their role.						
Staff members who work closely with patient and family advisors have received training on strategies for encouraging dialogue and nurturing these partnerships.						
In our organization, numerous committees (more than 3) outside of the Patient and Family Partnership Council include membership by at least one patient/family advisor.						
During meetings where patient and family advisors are present, these advisors frequently speak up during meetings to share their insights on the topic at hand.						
In meetings with patient and family advisors, the healthcare professionals exhibit the same level of candor and openness as they would were there no patients present.						
Patient and family advisors are always kept apprised on progress of initiatives they have been involved in.						



Great Partnership Solutions (GPS)

<i>If you scored...</i>	<i>Does this describe your current state?</i>	<i>Next Steps</i>
38-50 points	<p>Congratulations! Partnership is not just a buzz word used by your organization; it is a way of being. Your structures, practices and culture are all aligned to promote partnership in action.</p>	<p>Now that you have seen what is possible when you partner with patient and family advisors, challenge yourself to continue breaking down barriers and welcoming patient and family involvement in ways that may have once seemed unfathomable, for instance by inviting patient advisors to participate on your quality committee or even your board of directors.</p> <p>Review your processes for recognizing long-time advisors and recruiting new ones. If you've not already done so, introduce staggered term limits for advisors to maintain a healthy balance between the experience of your more established advisors and recruiting new advisors who can bring fresh perspectives to the work.</p>
25-37 points	<p>You are on your way! It appears you have some structures in place to support the development of meaningful partnerships with patient and family advisors, but the partnerships remain somewhat superficial.</p>	<p>Effective and purposeful partnerships need to be nurtured by more than structures. It is time to take more risks with your patient and family partnership council to build trust, foster a greater sense of ownership and accountability, and create more of a sense of purpose around the work:</p> <ul style="list-style-type: none"> • If you've not done so, restructure the council's leadership to a co-chair structure, with a patient/family advisor taking on a leadership role, not only in running the meetings, but in planning the agendas and managing follow-up. • As a council, complete the What If Worksheet in this workbook as a way of identifying some high impact initiatives for the group to undertake. • Invite your CEO and other senior leaders to your next meeting and structure it as an open dialogue about opportunities for improvement. • Develop a plan to embed advisors on committees outside of the partnership council. Be mindful of how you will prepare these advisors to be active participants.

12-24 point	It may be time for a reboot. Perhaps you are just getting started, or maybe you're finding your organization to be mired in an established pattern that has run its course. You have the right intentions, but are struggling to convert those intentions into sustained action and partnership.	Invite your council leadership and other key players (be sure to include some community members) to a visioning session where you collectively envision what role your council will play and how you will define success. Outline what needs to change for you to achieve that desired state and develop a step-by-step action plan for getting there. Create a vision statement and charter for the council. Use this newly refined vision as a platform for a re-energized recruitment effort for members. Start by reaching out to patients and family members who took the initiative recently to contact the organization with either a letter/email of compliment or complaint. These highly motivated individuals could help to breathe new life into a council that has grown stagnant or to set the stage for a promising future for a new council.
< 12 points	You've got potential! Your initiative and candor in completing this self-assessment will serve you well as you embark on this journey to partnership.	Just do it! Pull together an internal planning team to begin researching best practices in working with patient and family advisors. Numerous resources are available through Planetree (www.planetree.org) as well as the Institute for Patient and Family Centered Care and other organizations. To get this initiative started on the right foot, be sure to include some community members in the earliest planning stages, perhaps drawing participants from an existing community group, such as an auxiliary, a foundation board, or the organization's board of directors. Goals of this planning team are to: <ul style="list-style-type: none">• Recruit an executive champion• Develop a charter, membership application and recruitment letter• Solicit input from staff of potential members with an eye on recruiting members who reflect the diversity of the patient population served.

Looking for more support in implementing these next steps?

Planetree offers a range of on-site coaching and training opportunities to support your organization in raising the bar for how you partner with patients and family members – regardless of your starting point. Our Experience Advisors will partner with you to develop and execute a customized implementation plan. For more information, contact Jim Kinsey, Planetree's Director of Member Experience, at 203-732-1365 or jkinsey@planetree.org.

Barriers to Partnership...and Solutions for Overcoming Them

If partnering with patient and family advisors were easy, it would certainly be the norm in healthcare by now! At the risk of sounding discouraging, it is hard work. It is a journey laden with potential pitfalls and structural, practical and cultural hurdles to overcome. In this section of this workbook, we identify four primary types of barriers that can thwart your partnership efforts:

1. Organizational

These include structural pitfalls that may prevent partnership efforts from ever gaining the traction they need to become sustainable. Examples include inconsistent attendance at meetings, rotating participation of members, disorganized meetings, and a lack of clarity of purpose.

2. Communication

It is simply unfair to invite patients and family members to participate on a council, a committee or a rapid improvement event, and to just presume they will have the same base-level knowledge on the topic maintained by healthcare professionals. What will end up happening is they will be trying to play catch-up versus what they are really there to do, which is to share their experiences, and offer up suggestions and ideas from their unique perspective. Other manifestations of this type of barrier include over-use of healthcare jargon, acronyms and highly specialized terminology which immediately widens the divide between the patients/family members and the professionals in the room (or on the conference call). These barriers can largely be addressed through practical practice changes.

3. Attitudinal

At the root of these barriers are deep-seeded cultural norms. The type of partnership being espoused in this workbook challenge many of the most closely guarded conventions that define business as usual in healthcare—that providers should maintain a healthy professional distance from those they care for, that the most difficult decision-making is reserved for those with years of specialized training, that for patients to feel comfortable in our care, we can't let them know that mistakes happen and things don't always operate as smoothly as we would like. If care is not taken to break down these thought and behaviors patterns, they will be persistent deterrents to true partnership taking root. Overcoming these common barriers requires all involved to be willing to move beyond feelings of intimidation, fear, and discomfort, and accept in their place a certain level of risk and vulnerability.

4. Motivational

Overcoming all of these organizational, communication and attitudinal barriers to partnership will be in vain if we don't simultaneously address motivational barriers by supporting partnerships in a way that fulfill all parties' desires to do work that feels meaningful, purposeful and impactful. Nothing will thwart partnership efforts more than a persistent feeling that the work is not making a difference.



Solutions for Overcoming Common Stumbling Blocks

Type of Barrier	Stumbling Block	Solutions
Communication	Knowledge barriers: Patient and family advisors’ lack of familiarity with the complexities and nuances of healthcare operations contributing to a reluctance to speak up about what they <i>are</i> familiar with: their own experiences.	<ul style="list-style-type: none"> • Intentional onboarding process of new advisors • Pair volunteers with staff member for pre-meeting prep and debrief • Provide advisors information in advance for review
	We aren’t speaking the same language! Overuse of industry jargon, acronyms and healthcare terminology that is generally unfamiliar to laypeople	<ul style="list-style-type: none"> • Declare meetings with patient/family advisors as acronym-free zones • Prep staff/presenters in advance in use of “plain language”
Organizational	Staff-driven agenda: Meeting agendas, work plans, annual goals, etc. reflect staff priorities at the expense of capturing the advisor perspective on how they can best make an impact	<ul style="list-style-type: none"> • Ensure time on all agendas for open sharing • Council-generated SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to drive agenda
	Homogenous group composition: Patient/family advisors are not representative of the community served	<ul style="list-style-type: none"> • Targeted recruitment through specialized support groups and community organizations • Rotating meeting times to “honor separate realities”
	Stuck in a rut: The group is meeting consistently, but little progress is being made.	<ul style="list-style-type: none"> • Access to leadership – the key ingredient for taking a great idea and making it stick! • Institute staggered term limits

Type of Barrier	Stumbling Block	Solutions
Attitudinal	<p>Failure to distinguish between what it means to be an advisor versus a partner: Council struggling to evolve from “listen to me” and “respect me” mentality to “work with me”</p>	<ul style="list-style-type: none"> • Community member(s) in leadership roles • Co-creation of agendas • Embedding advisors across organization
	<p>Feelings of intimidation: Advisors are reluctant to speak up amidst a group of seemingly more “expert” voices; wonder what they contribute to the dialogue and whether their opinion matters</p>	<ul style="list-style-type: none"> • Avoid singular patient/resident voice on committees/work teams • All presenters to council come with specific prompts for feedback (beyond education)
	<p>Fears of exposing organizational shortcomings: Professionals are reluctant to speak openly in the presence of patient and family advisors</p>	<ul style="list-style-type: none"> • Confidentiality agreements for all advisors
Motivational	<p>Are we making a difference? Advisors struggling to connect their efforts with demonstrable change</p>	<ul style="list-style-type: none"> • Tracking tool to close the loop on all initiatives with PFAC involvement (See sample) • Year in Review reports
	<p>Failure to connect work to personal motivations</p>	<ul style="list-style-type: none"> • Adopt a collaborative process for identifying and prioritizing work, e.g. SWOT analysis • Connect to focus group, patient survey findings



Implementation Resources

STAMFORD HOSPITAL PATIENT FAMILY PARTNERSHIP CHARTER

(Reprinted with permission from Stamford Hospital, Stamford, Connecticut)

MISSION

The mission of the Stamford Hospital Patient and Family Partnership (PFP) is to promote our Planetree philosophy of patient and family centered care. The PFP serves as an advisory resource to the hospital in the development of programs and policies that assure we maintain a strong focus on patient-centered care.

OUR PURPOSE: Stamford Hospital's PFP is designed to provide a link between hospital administration, medical staff, patients and our community by identifying the needs and priorities of our patient population and offering recommendations to leadership as we plan future patient programs, services and policies that promote the hospital's mission *Together with our physicians we provide a broad range of high-quality health and wellness services focused on the needs of our communities* and build on the Planetree philosophy of patient-centered care. At all times our member will display and promote the values of Stamford Hospital (SH):

Teamwork: Work together, share common goals, support each other

Compassion: Put patients first, be understanding, have pride, show empathy

Integrity: Advocate, model ethics, inspire trust and maintain high standards

Respect: Listen, acknowledge, be courteous and appreciate others

Accountability: Communicate, lead, accept responsibility and take ownership

OUR GOALS:

- Offer insight and recommendations for improving quality, service, safety, education and patient and family satisfaction and loyalty based on personal experiences
- Serve as a conduit for receiving and responding to patient and community input and channeling information, needs and concerns to key stakeholders within the hospital
- Enhance the relationship between our hospital, patients/families and the community to emulate best practices for the patient experience
- Serve as ambassadors of goodwill within and outside of Stamford Hospital

MEMBERSHIP:

The PFP maintains a council of 12-15 patients, families and community members representing a cross-section of Stamford Hospital's service area. Recruiting and membership structure: including qualifications, criteria, selection, retention, terms of service and duties and election of officers, is determined and reviewed annually by the Co-Chairs, and Selection Committee. At least 80% of the council members are comprised of current or former patients or family members and representative of the community SH serves. Members will serve rolling three-year terms. An additional two to four SH staff members serve on the council as well including the Director, Patient-Centered Services.

The criteria for membership:

- Promote Planetree philosophy of patient-centered care
- Serve as an advisory resource to the hospital regarding the development of programs and policies to maintain a strong focus on patient-centered care.
- Identify needs and priorities of patient population, beyond and inclusive of our own experience
- Offer recommendations to leadership for future programs, services and policies promoting patient-centered care
- Represent diversity of the Hospital's community
- Interest in addressing healthcare challenges and patients' needs
- Exercise confidentiality and discretion with respect to personal or confidential information shared at meetings and comply with SHS HIPAA policy
- Serve on a PFP sub-committee at the direction of the council, with the potential of serving on a hospital committee as well.
- Provide update of committee progress at regular meetings or submit written updates if not in attendance
- Attend Volunteer Orientation within first 3 months
- Commit to at least one year of service, renewable at discretion of PFP

PFP members wishing to resign may do so at any time providing a written notice of resignation to the co-chairs. Resigning members may choose to stay on as members-at-large, at the discretion of the co-chairs. Members-at-large will continue to receive communications and invitations to attend meetings for a period of one year but are not required to participate in committees or subcommittees. They may not vote. At the end of the year, PFP co-chairs with hospital representatives will determine extending if the member has been actively involved in a committee.

PFP members absent from four meetings in succession, unless extenuating circumstances are identified to co-chairs (e.g. illness, travel), are automatically terminated. Regular and timely meeting attendance – members will be considered active unless 3 meetings are missed in a 6 month period, anticipated 10-12 meetings per year lasting 2-3 hours. A PFP member may be asked to resign at the discretion of the council chairs and hospital liaisons.

Vacancy caused by a member resignation or removal will be filled at any time, as recommended by the Membership Committee of the PFP.

PFP LEADERSHIP

The PFP community co-chairs are elected by the membership. They will serve staggered two year terms. They will be responsible for the planning of monthly meetings, organizing and distributing monthly agenda, ensuring the meeting minutes are kept and distributed to council members, facilitating meetings, gathering feedback on services, policies and programs of the

hospital. If a co-chair is voted in on their 3rd year, they may extend their membership an additional year to maintain the leadership role.

STAMFORD HOSPITAL STAFF LIAISONS

Two to four hospital staff will serve on the PFP and serve as conduits to hospital administrations and other departments. They will provide recommendations for presentations and provide access to stakeholders as needed for the PFP to perform their mission and goals. Providing information regarding the annual strategies and planning formed through the executive staff and board membership, PFP's liaison stakeholders will help to formulate the initiatives, projects and goals for PFP.

CONFIDENTIALITY STATEMENT:

Out of respect to fellow council members and to comply with Stamford Hospital's HIPAA and privacy practices, the discussion of any information deemed personal or confidential cannot take place outside of a council meeting or any hospital committee meetings.

GUIDELINES OF AUTHORITY:

The PFP is endorsed by the Patient First Advisory Council and the administration of Stamford Hospital. The training, support and administrative oversight of this program will come through Stamford Hospital's Patient Centered Services Department.

Signature

Date

Provided to staff requesting time on the Patient Partnership Council agenda

Patient Partnership Council Presentation Request

Platte Valley Medical Center

Requested Date for Presentation:

Title of Presentation:

Please provide a brief paragraph describing the topic of the presentation:

Who will be attending and presenting at the council meeting?

What will your AV needs be?

Please attach any materials or power point presentations that can be forwarded to the council members prior to the meeting.

What do you hope to gain from presenting to the Patient Partnership Council?

This form and all related materials must be received by Katie Boemecke or Marcie Demchuk two weeks prior to the presentation date noted above.

Thank you and we look forward to your presentation!

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Project Tracking and Communication Loop Worksheet

Project	Status	Comments
Insert brief description of initiative here	Insert status update here (implemented an ongoing; in process; on hold, etc.)	Brief update to ensure all council members are apprised of current status



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What If Worksheet

This worksheet was developed by Planetree as an exercise for healthcare professionals and volunteer patient and family advisors to complete collaboratively. It is designed to encourage councils to break out of their comfort zones and to take on new, potentially intimidating, but high impact improvement initiatives.

<p>1. Define your “What If” endeavor (an opportunity ahead of you that, as a group, you have been reluctant or unwilling to undertake)</p> <p><i>Could be structural, e.g.: Inviting patients to serve on the quality and safety committee, involving residents in hiring new LTC caregivers, etc.</i></p> <p><i>Could be programmatic, e.g. co-developing a plan for re-engineering the care partner program so that it is more effective for patients, family members and staff</i></p>	
<p>2. Assess level of risk.</p>	<p>Will moving forward with this initiative compromise quality of care? <input type="checkbox"/> YES <input type="checkbox"/> No</p> <p>Will moving forward with this initiative put us out of business? <input type="checkbox"/> YES <input type="checkbox"/> No</p> <p>Will moving forward with this initiative damage our brand? <input type="checkbox"/> YES <input type="checkbox"/> No</p>

If you answered NO to all of the above, go to #3

If you answered YES to any of the above, identify an alternate “What if” endeavor.

<p>3.</p>	<p>Assess Reward.</p> <p>As a group, identify and document what the organization could potentially gain by moving forward with the endeavor.</p>	<p><i>Potential Gains:</i></p> <ol style="list-style-type: none"> 1. 2. 3. 4.
<p>4.</p>	<p>Assess Why Not.</p> <p>As a group, candidly discuss what is holding you back from moving forward with this endeavor, i.e. why is this a “What if?” versus a “Done that.”</p>	<p><i>Hold-Ups:</i></p> <ol style="list-style-type: none"> 1. 2. 3. 4.
<p>5.</p>	<p>Co-Develop a Plan.</p> <p>For each hold-up identified, come up with 1-3 strategies for overcoming that particular barrier.</p>	<ol style="list-style-type: none"> 1. <ol style="list-style-type: none"> a. b. c. 2. <ol style="list-style-type: none"> a. b. c. 3. <ol style="list-style-type: none"> a. b. c. 4. <ol style="list-style-type: none"> a. b. c.

Additional Resources:

Planetree Virtual Roundtable: Partnering with Patients and Families to Drive change

- Available to Planetree members at no charge at <https://bit.ly/partnerroundtable>

How to Develop a Patient and Family Advisory Council in Your Hospital – a Planetree Manual

- Available to Planetree members at no charge at <https://bit.ly/PFACmanual>

Patient-Preferred Practice Primers available through Planetree:

- Shared Medical Records
- Patient-Directed Visiting
- Care Partners
- Bedside Shift Report

Patient-Centered Care Improvement Guide

- A free download available at www.patient-centeredcare.org

Long-Term Care Improvement Guide

- A free download available at www.residentcenteredcare.org

The Putting Patients First Field Guide: Global Lesson in Designing and Implementing Patient-Centered Care

- Available to purchase at the Planetree Storefront at www.planetree.org



Reputation

Planetree, Inc. is a mission based not-for-profit organization that partners with healthcare organizations around the world and across the care continuum to transform how care is delivered. Powered by focus groups with more than 50,000 patients, families, and staff, and over 35 years of experience working with healthcare organizations, Planetree is uniquely positioned to represent the patient voice and advance how professional caregivers engage with patients and families. Guided by a foundation in 10 components of patient-centered care, Planetree informs policy at a national level, aligns strategies at a system level, guides implementation of care delivery practices at an organizational level, and facilitates compassionate human interactions at a deeply personal level. Our philosophical conviction that patient-centered care is the “right thing to do” is supported by a structured process that enables sustainable change.

Approach

A very common adage asserts that *where there’s a will, there’s a way*. If only good intentions were enough to achieve a patient-centered healthcare system, but experience has proven time and time again that desire alone does not generate change. Planetree provides the pathway to change, a structured

The Planetree Approach: A Roadmap to Patient-Centered Care			
Process	Practice Examples	Cultural Shift	Impact
P ersonalize	Patient-Directed Visitation Care Partner Programs Patient-Friendly Billing Healing Environment	Accommodation of patients’ individualized needs, values and preferences	Improved patient experience Superior clinical quality
H umanize	Experiential staff retreats Behavioral standards Patient-Centered Process Improvement Care for the Caregiver	Inspired staff reconnected to their purpose	Improved patient safety Reduced costs
D emystify	Shared Medical Record Same Page Transitions of Care Shared Decision Making Patient and Family Partnership Councils	Activated patients and families	

methodology for humanizing, personalizing and demystifying the patient experience, customized to your organization's culture and needs. Informed by the stories and insights of patients, long-term care residents, family members and healthcare professionals, the Planetree approach guides organizations in making patient-centered care the centerpiece of a cohesive strategy that accelerates quality improvement and positions your organization to create change that will last through:

- Development of **infrastructures** to support change
- Implementation of patient-preferred **practices**
- Transformation of organizational **culture**.

Solutions

To achieve this, Planetree offers a range of solutions, including on-site assessments and staff development, virtual training, speaking engagements and immersion programs to steer organizations toward a patient-centered future. Fundamental to our approach is the belief that connecting staff with the purpose of their work, and educating them with new skills in a supportive, empowering environment unleashes their potential as effective change agents. Our menu of coaching, education and experiential offerings focuses on:

- Discovering the most powerful levers of change in an organization
- Activating caregivers to problem solve and create change
- Advancing these efforts in the spirit of continuous quality improvement, and
- Innovating to raise the bar for what patients, families and caregivers can expect from a patient-centered healthcare experience.

Planetree provides an unparalleled opportunity to tailor a set of solutions that will advance any organization's culture change effort.

For more information on coaching and training available to support you in developing a Patient and Family Advisory Council, or advancing your patient-centered culture, visit www.planetree.org or contact Jim Kinsey, Planetree's Director of Member Experience, at 203-732-1365 or jkinsey@planetree.org.