

OREGON TCAB COMMUNITY
PATIENT AND FAMILY CENTERED CARE (PFCC)

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TCAB Themes and High Leverage
Changes....the “what” of TCAB

- Safe and Reliable Care
- Vitality and Teamwork
- Transformational Leadership
- **Patient-Centered Care**
- Value-added Care Processes

- At any given point in time each care team has a unique and unrepeatable opportunity to participate in another's life. The question is will that moment be experienced as a gift or a burden.....foster care or indifference.... pain or comfort.

IHI Faculty

GOAL: Patient and family involvement!

What do you think we should or could accomplish in TCAB?



“Start before you are ready.”

Jim Anderson Former Chairman Cincinnati
Childrens Hospital and Medical Center

What do we believe?

- Is patient and family participation and partnership in TCAB essential?
 - Why or Why not?

What does participation with patients and family mean to your team?

- in team meetings?
- via conference call?
- 2 or more patients or family on the team?

What does partnership mean?

Imagine you have been invited to create
an award for patient and family
involvement in TCAB

Michelle Obama will give the award.

What does she say about the award winner?

Heather

- Tell us a little about yourself?
- How long did you serve on the improvement team?
- What made it easy? Hard?

Two levels of patient and family partners

Theory: building the formal team partnerships helps develop a shift in interaction with individual patients you serve on the unit

- Formal team members who meet with the improvement team as a regular member
- The relationship with each and every patient

Let's ask Heather

- Heather, did serving on the team as a family member change the interactions of the team with other families?
How?
- Heather, how were you contacted to serve on the team?

Have you considered . . .

How to recruit patients and family for the team?

How to orient them to TCAB?

How to help them get to the meetings?

How often should they meet with your team?

What about confidentiality?

Who can you learn from, talk to?

- Who has done it?

Selecting a team member

Start with someone you know

Ask providers for a recommendation

Who might be a good patient and family team member?

Create criteria. Look for those who can

- Share insights about their experiences in ways that others can learn from them?
- See beyond their personal experiences?
- Show concern for more than one issue?
- Listen well and respect others' perspectives?

Attributes to consider

- Interact well with many different kinds of people.
- Speak comfortably in a group with candor.
- Work in partnership with others.
- Assertive
- Someone who might compliment our weakness
- Who can you work well with?
- Who can work without hierarchy?

Don't struggle with being "fair" when you select team members - it just needs to work.

Tips for recruitment

- Obtain referrals from providers
- Healthcare provider - make "the ask" for the team
- Team leader- follow up with a phone call
 - Describe the project, including roles and responsibilities of a team member. Allow some time for the patient to consider the invitation
- Follow up in a week

Tip: Consider a focus group. Invite potential candidates and observe interactions to help narrow your choice of patient and family team members

Have you considered . . .

- What does your team need from a patient and family partner?
- What sorts of things can they bring to the team?
- How could they help, even though they may be outsiders?
- How can you make them more comfortable in their role?

Be candid with patient and family team members

- Mission and goals of the project
- Expectations for their participation
- Meeting times and frequency
- Travel dates
- Time commitment beyond meeting times
- Compensation offered
- Training and support provided

Your turn

- Make a list, off the top of your head of a few candidates for team members
- Create an orientation outline

Orientation to the Team

- How meetings are run - include details of who sends notices, who prepares agendas, takes minutes, how assignments and PDSA cycles are conducted
- 'Rules' about participation (round robin, what to do when you disagree, politeness, etc.)
- Time, place, frequency of meeting
- What team needs from patient and family team member
- Jargon guide

Stipend & Logistics

- Suggested that a stipend be provided to the team member
- Travel costs and daily stipend when attending meetings.
- Identify and overcome logistical barriers (transportation, conference calling options, babysitting availability)

Confidentiality Statement

The confidentiality statement should meet requirements for HIPAA compliance.

A template for the confidentiality statement could be obtained from the form used by hospital volunteers.

It is recommended that the organization's Compliance Officer review the confidentiality statement.

What patient and family partners told us. . .

- More time should be spent orienting patients to the organization and team purpose and to why patient involvement is important.
- Include more than one of us
- Hold meetings when we can come
- Allow me to conference call in if I cannot come to the meeting
- If I miss a meeting, call me and fill me in on what happened

Tips for patient and family partner first meeting

- Review team specific AIM
- Review results, changes so far
- Create a “lingo” translation guide
- Use storytelling (trust building exercises) for team building. Icebreakers. Continue each meeting until the team feels they really know each other
- Stay on time, follow the agenda
- Plan extra time for questions

Invitation to patient and family team members present to come forward

- Let's have an impromptu panel discussion!
- Final word?