Involving Patients and Families in Practice Improvement
In late 2010, Eastport Health Care Inc., a federally qualified community health center providing primary care services in the eastern most city in the USA since 1978, commenced a series of events that represented significant change. The CEO of 18 years, credited with saving EHC from financial collapse to profitability, was retiring. And two long term beloved providers resigned. As the newly recruited CEO, I joined this family at a pivotal point in its life cycle. The impact of tremendous loss was palpable. The staff soldiered in dutiful service. The Board supported and watched from an appropriate distance. The community contracted, literally and figuratively. Patients began transferring out, as EHC found itself providing care using locum doctors. The pulse of the organization was present, but weak.

I was drawn to acknowledge the loss, the phase of grief present. EHC was squarely on Maslow’s first rung (survival-safety-security). The staff and the community needed to ‘Be’, to emote, to find its new balance. I was new to the family, and empathized with their feelings. My primary goal those early few weeks, was to offer comfort and to establish trust.

The assessed needs reflected a poor infrastructure to support leadership. By virtue of titles, one by one, I invited each leader to hold their truth of role and responsibility. I convened the Leadership Team using a Circle model (peer driven) as described in Christina Baldwin’s Calling the Circle. We adopted don Miquel Ruiz Four Agreements [Be impeccable with your word, Don’t take anything personally, Always do your best, Don’t make assumptions] as our operational creed, acknowledging the change upon us mandated an attitude of positive forward thinking.

Concomitantly, I began to engage the community. The EHC staff were fully committed to serve, but practice barriers thwarted a seamless interface. An early exercise established for the Leadership, was to view the NACHC film created to celebrate the 40th Birthday of health centers. Jack Geiger and Count Gibson’s pilot project clearly demonstrated the inherent need to discern the needs, come to know and appreciate the local culture, and respond to the healthcare needs identified ensuring the active voice of representative of the population served. Their valued lesson, to become part of the community, was novel and I believe, the only authentic way to appreciate, to know and thus connect with the very community the health center serves.

The Circle model, as Baldwin describes, provides a venue for learning to understand the culture of the community. I established a structure adapting many of the tenets she describes. If EHC expected to be successful in its response to meeting the community needs, it needed to listen in a more heartful way. It needed to respond thoughtfully, in partnership, to the voice and the health care needs identified.

Thus, in March 2011 EHC established Community Circles as a way to engage the community. The first Community Circle was aimed at bringing the most disenfranchised community members together to be heard and to be acknowledged in their experiences with EHC. These initial respondents represented the general voice of the community. Their most pressing concern was recruitment and retention of providers. The focused topic of the first Community Circle was Provider Recruitment. A brief description
of the Recruitment Plan was presented. It included information describing the larger reality of a global primary care provider shortage. Eight members attended the Circle. We began the meeting with a meditative moment, and an inspirational reading. The topic discussion was about 10 minutes, and the discussion over 2 hours. The Circle participants (guests) shared compelling stories, and heartfelt wishes. Their messages were honored, authentically heard, and they contributed to a mutual plan to respond to the opportunities identified. The Circle concluded with community members hugging. The following morning, I sent an email offering gratitude for their time and frank sharing. The EHC Leadership Team was convened to hear the outcome, and to begin the discussion of responding, of establishing a plan that included the voiced concerns. This first Community Circle commenced the beginning of a new chapter for EHC. It reflected our renewed culture to be more responsive. And in less than a month, the culture of an open door, receptive listening, and ceasing a blame game retort, resulted in community and staff members stopping into my office to chat, to offer an idea, to share a thank-you. It was common to have at least one guest a day pop in or call, to offer their perspective.

Concurrently, I began to knock on doors, to meet with community members and leader’s one on one or in small groups. Always I started the discussion thanking them for entrusting their health care to EHC. And then I listened, and responded. This meant inviting the community into our health center home, their home. We rolled up our sleeves and began to collaborate. In less than eight weeks of this overt reaching out every day, we had reached a critical tipping point, and it was tied to being heartful. A venue for gathering additional information or in further engaging the community was essential. Thus, subsequent Community Circles were planned, in two of our three practice sites. General discussion topics offered included: Patient Centered Medical Home, Behavioral Health Integration, Health Care Reform, Patient and Family Engagement, Palliative Care and others.

The receptiveness of the community to this model has been remarkable. EHC began using the Circle model to bring multi-stakeholders together to converse and plan better strategies for several public health problems in our community (and county). The Opioid and Prescription Drug Abuse Roundtable brought emergency providers, hospitals, primary care, behavioral health, law enforcement, support services to a common table to discern ways our community care givers could work together to establish a collaborative approach to managing this major public health concern in our county. A second Community Circle of this nature, reflected bringing hospital, primary care provider, behavioral health providers and competing agencies, support organizations, crisis response, consumers, and a chaplain to a common forum for discussing how to better coordinate care for the community members who have persistent severe mental illness. The opening reading, a poem written by one of the participating behavioral health providers, set the stage for forging a new path. Organizations previously openly competitive were planning cooperatively for the benefit of the whole. The Circle participants derived multiple actions to consider including other members of the community to join the Circle when it reconvenes in several weeks.

The Circle always conveys cooperation, and respect. I have found, even those organizations that have been highly competitive come to the discussion with a new attitude. The Circle model allows the participants to find a point of being settled within, to be open to receive information about the topic, to be an honored contributor in the discussion, and to be valued for the sharing offered. The Circle
embodies a culture of cooperation, reflected in a ‘speaking with’ milieu as opposed to the more usual ‘talking at’ venue. Generative discussions facilitate decisions from within the group. In the significantly traditional culture of the communities in this county, the inherent behavior of helping another is fully evident. The Circle model allows that culture to drive the decisions.

Community Circles convene about every eight weeks. In one community the venue has moved from being CEO driven to being Community driven. A provider co-leads the Circle with the CEO and or community member. In a second community, the evolution to an autonomous function has been slower. In this community the Circle is not yet lead by a provider. None-the-less Circles convene regularly, and are led by the CEO with invited guests and community members.

Adapting the Circle model for other venues also reflects its effectiveness. The Circle model has been successfully used to bring health center leaders together to discuss a topic that has proved challenging. Establishing a Team and Embracing Quality Management, central to patient centered medical home model of care, reflect leadership challenges in their roles as a catalyst for change. Convening a Circle at recent Primary Care Association Learning Sessions, promoted open discussion revealing barriers as well as brainstorming other strategies and sharing successes. Each participant was rendered with a new perspective, as well as a shift in awareness and perhaps sensitivity.

The value of the Circle model is inherently reflected in the fundamental ‘terms of engagement’: pausing initially to settle or allow inner tensions to wane or abate, offering a reading or quote of relevance, attentive and heartful listening, responding to messages without judgments and biases, brainstorming with an authentic lens of collaborating, honoring every voice present as relevant and important, and thwarting an affect of control or single-mindedness. Participants feel heard, validated, respected, and honored. They trust and thus collaborate. This promotes a culture of cooperation and receptivity among competitors.

Community Circles, if established with partnership – empathy – authentic listening and responding, reflect an excellent process for engaging a community. A collateral benefit is the renewed sense of purpose the health center derives. I am confident both Geiger and Gibson would nod their approval of the Circle process, which typifies their earliest lesson to honor the culture and seek the active voice of the community.

A summary of Community Circle ‘how to:’

1. Circle:
   - A venue for a group to engage directly.
   - Face to face interaction essential for establishing heartful relationships
   - Model reflects a Peer Circle, an ‘all leader group’ (shared leadership and responsibility)
   - A facilitator announces the Circle to convene at a defined time/place. The room is set up in a circle format (preferably with no table!) Post the Announcement, Personal Invitations
   - Light refreshments may be offered

2. The terms of the Circle are described:
• A circle presents a sacred space for confidential sharing and attentive listening
• One person speaks, all others listen without interruption [May use a talking stick to facilitate silence among all except the speaker]
• Thoughtful / feeling response is encouraged

3. Circle Cycle
• Calling the Circle: Full Minute of P-a-u-s-e, Opening Reading
• A topic or focus is presented, and the Circle is opened for sharing
• The discussion may continue on the focused topic, or it may progress on another path. It is determined by the participants of the circle.
• The Circle progresses for the length of time it needs (usually, they run for 1.5 – 2 hours).
• There is a natural shift in the Circle’s energy which announces the time to begin closing the circle. Each member present is invited to share final thoughts or impressions.
• The facilitator highlights the points gleaned and any action points that have emerged
• A Closing Reading may be read
• The planning of the next Circle is discussed and established
• The Circle’s discussion and action may be summarized and distributed (The group determines this action)
• Gratitude Feedback is provided to each participant within 24 hours
• Notes and actions are recorded and distributed. The notes reflect timeframes and responsibility for the established actions.

Respectfully submitted,
Holly M. Gartmayer-DeYoung
Chief Executive Officer
EMMC
Physician Practice Administration
Husson Internal Medicine – DEPARTMENTAL DIRECTIVE (DD)

Subject: Husson Internal Medicine Patient Advisory Group

Date: 10/15/2009
No: EMMC HIMS 700-01
Approved
By: Terry Leahy, Director, Physician Practices

Approved
By: Mike Donahue, MBA, Vice President

Supersedes DD No:
Dated:

I Purpose
A. EMMC/Husson Internal Medicine strives to provide excellent compassionate primary and specialty healthcare services and cooperates with others to promote the well being of the people of Maine. Our mission is to care for patients, families, communities, and one another. We also recognize the patient/family as the most important factors in keeping the patient healthy. Therefore, the purpose of Husson Internal Medicine Patient Advisory Group (PAG) is to advise primary care administration and medical leadership on patient needs and primary care priorities from a patient/family perspective. The intent is to influence primary care strategic planning and improve office processes. The plan of this pilot project is to institute the concepts and core expectations of Patient-Centered Medical Home into the primary care setting.

II Policy
A. The PAG will promote and guide the development of Patient-Centered Medical Home model into the Primary Care Practices. The PAG strives to promote respectful, effective partnerships among patients/families, professionals, and the community that lead to increased understanding and cooperation between patients/families and professionals and ultimately increased patient/family satisfaction.

III Performed By
A. The PAG is a committee whose membership is appointed by the Husson Internal Medicine Primary Care Leadership Team in consultation with the Patient Advisory Workgroup. The PAG shall be an advisory group to Primary Care Administration and will submit reports summarizing issues and ongoing process improvement

**Property of Husson Internal Medicine**
IV Procedure

A. Function
The primary function of the PAG will be to develop and improve mechanisms for patients/families to provide input to administration, department leadership, primary care clinics, etc., so that services are reflective of the values inherent in the core expectations of the Patient-Centered Medical Home model. The PAG will actively promote patient/family-centered care across the continuum by developing and promoting partnerships between primary care providers, patient/families, and the community.

B. Mission Statement of the Patient Advisory Group
The Husson Internal Medicine Patient Advisory Group will abide by and not deviate from the EMMC mission statement. Eastern Maine Medical Center strives to provide excellent compassionate primary and specialty healthcare services and cooperates with others to promote the well being of the people of Maine. Our mission is to care for patients, families, communities, and one another.

The Husson Internal Medicine Patient Advisory Group will promote the concepts and core expectation of the Patient-Centered Medical Home, which will guide those responsible for providing primary care services. The Patient Advisory Group seeks to accomplish this by educating staff on patient/family issues and educating patient/families on healthcare issues. The resulting partnership will ultimately lead to increased patient/family and office staff satisfaction.

C. Husson Internal Medicine Patient Advisory Group (PAG) By-Laws
Primary Care Patient Advisory Group Membership-The EMMC/Husson Internal Medicine primary care patient advisory group consists of 16 members: 8 adult patient members, 6 diverse members from Husson Internal Medicine primary care staff and the office supervisor and the lead physician who will serve as ex officio. The Committee leadership will consist of two Co-Chairs – a Primary Care employee along with a patient representative. The Patient Advisory Workgroup will appoint both positions. Members are nominated after a thorough application process by the Patient Advisory Workgroup and appointed by the Husson Internal Medicine Primary Care Leadership Team. For all selections, diversity in culture, race, background, age, gender, family makeup, socioeconomic and Husson Internal Medicine Primary Care experience will be taken into consideration. A Patient Advisory Group whose members represent the patients of our primary care practice will be the ongoing goal.

Badges will be issued with the title Patient Advisory Group Member and will be worn whenever a member of the Patient Advisory Group meets for a committee meeting.

Patient Advisory Group Member Term
There will be a minimum one-year term served by all Patient Advisory Group members, not to exceed 3 consecutive terms with exception of the Primary Care Leadership Team.
IV Procedure

**Patient Advisory Group Meetings**
Meetings will be held monthly. Additional meetings may be required as deemed appropriate.
The group will not meet in August or December. Each meeting will be 2 hours in length.
A light refreshment will be served prior to the meeting.

**Attendance**
Members who have three consecutive unscheduled absences or a total of five unscheduled absences during a calendar year will be evaluated by the Primary Care Leadership Team for continuation of their membership status and asked to be relieved of their duties as a committee member. Exceptions can be made by the co-chairs for emergencies, inclement weather, unexpected personal or family illness, etc.
A co-chair should be notified of the member’s absence 72 hours in advance of a scheduled meeting or as soon as possible.
In the case of the cancellation of a meeting, the staff co-chair after consulting with the patient co-chair will contact the secretary; the secretary will then be responsible to notify the all members.
Should a business meeting be cancelled, all Patient Advisory Group members will be notified, in a timely manner, by the secretary or the co-chairs.

**Resignation and Removal**
A member of the committee may resign at any time by submitting a written letter to one of the co-chairs. A member may be removed from the committee if the member fails to abide by and adhere to the By-laws and guidelines set forth.

**Confidentiality Statement**
To maintain appropriate and confidential handling of information, Patient Advisory Group members are reminded that, out of respect to individuals and hospital policy, discussing any information deemed personal or confidential will not be done OUTSIDE the patient advisory role.
All HIPAA (Health Insurance Portability and Accountability Act of 1996) standards and guidelines that apply to the Council will be adhered to at all times.
A confidentiality statement and HIPAA release will be signed at the beginning of the first meeting for all new and joining patient members.

**Meeting Minutes**
Minutes will be kept by the secretary (or designee) of Patient Advisory Group and will be distributed in a timely matter to all members. These minutes may be distributed via e-mail/mail, if the member gives his/her consent.

**Agenda**
The agenda will be established by the Patient Advisory Group Co-Chairs in consultation
IV Procedure
with the Husson Internal Medicine Primary Care Leadership Team prior to each business
meeting. Agenda items may be added by any member with prior notification of the co-
chairs. Agenda items will be evaluated and prioritized by the co-chairs.

Subcommittees
Subcommittees may be formed to complete tasks or meet a need. In the event that
subcommittees are formed or a member participates in a supportive role, this will be done
on a volunteer basis.

Patient Member Responsibilities
All patient members are responsible for:
- Attending Patient Advisory Group meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission, vision and values of the Patient Advisory Group
- Advocating the concepts and core expectations of the Patient-Centered Medical
  Home model.
- Adherence to the By-laws, guideline and ground rules set forth by the committee

Staff Members Responsibility
All staff members are responsible for:
- Attending Patient Advisory Group meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission, vision and values of the Patient Advisory Group Practicing
  as a role model for the values, concepts and core expectation of Patient-Centered
  Medical Home model.
- Educating and advocating concepts and core expectation of Patient-Centered
  Medical Home model to fellow employees and staff.
- Educating and advocating the work of the Patient Advisory Group to fellow
  employees and staff
- Encouraging the use of the Patient Advisory Group as a conduit of communication
  between the group and employees/staff
- Adherence to the By-laws, guideline and ground rules set forth by the committee
<table>
<thead>
<tr>
<th>Core Function Levels</th>
<th>Necessary Support</th>
<th>Key Patient Characteristics</th>
<th>Recommended Patient Role</th>
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<td>1.</td>
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<td>Advisor and Champion</td>
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<td>Educational and training opportunities.</td>
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<td>Creative roles for a patient/partner advocate on committees; solicit patient feedback, offer education and training opportunities.</td>
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<td>Self-awareness about personal role in managing health</td>
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<td>Receptivity to initiate better health care behaviors</td>
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<td>Ability to communicate with care team</td>
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<td>Offer peer-support resources when referrals to community-based chronic disease self-management programs (online/fax available)</td>
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<td>Offer peer-support resources when referrals to other peer-support resources and community-based chronic disease self-management programs (online/fax available)</td>
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<td>Good functional understanding of key topic areas</td>
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<td>Excellent communication skills</td>
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<td>4. Foster and support champion efforts</td>
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<td>Offer information and training on key focus areas</td>
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<td>Create roles for a patient/partner advocate on committees</td>
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<td>Provide access to personal health information</td>
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<td>Ability to seek out and absorb information on complex topics on their own</td>
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<td>Ability to make decision collaboratively, etc.</td>
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<td>Make decisions about specific disease states, etc.</td>
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<td>Examine resident outcomes and other resources; develop shared management programs</td>
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<td>The ability to maintain confidentiality</td>
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<td>Goal setting and communication to improve care referral to the team</td>
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<td>Good communication on team activities</td>
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<td>Ability to contribute and provide patient feedback around quality issues</td>
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<td>The ability to collaborate with diverse individuals in a group setting</td>
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<td>Good foundation of understanding of key topic areas</td>
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<td>3. Assist individuals to weigh in on patient experience (resulting in participation in quality improvement efforts)</td>
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<td>Excellent communication skills</td>
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<td>2. Support individuals to make more informed and better choices about their care</td>
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<td>The ability to make decisions collaboratively, etc.</td>
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<td>The ability to distinguish between valid and erroneous information sources</td>
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<td>The ability to communicate with care team</td>
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<td>Self-management of personal role in managing health</td>
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<td>1. Help individual patients better manage their own health</td>
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Patient & Family Centered Care

Angela Mitchell - Program Coordinator

Patient & Family Centered Care
What does the council do?

PfAC meeting

• Collaborate with PMG leadership at every meeting

Impact patient and family care

• Work on projects and programs that directly

Council meets once a month

• Minimum commitment: 2 year minimum

Medical Home Patient Orientation
• Recruiting – growing the program
  of council meetings

• Internet site for PFA’s – Communicating outside
  Meeting, SIG, more to come!

• PFA Presentations – PCHM Transformation
  Orientation, more to come!

• Story Sharing – New Manager and Supervisor
  more to come!

• Patient Education Review – Diabetic’s poster,

• Internet site for PFA – PFA bios and program

PFA Progress
What can a PFA do?

- More to come!
- Patient Education Review
- Short Term Projects
- Story Sharing
- Online Advisors
- Participate on Sub-Committees
- Advisory Council
- Participate in the Patient and Family
Recommendations

- Can see ‘big picture’
- Understand perspectives of others
- Able to listen to and hear the
- Group – insights and information about their experience in ways
- Able to share their story in front of a
- Collaborative nature
- PMG patient (or family member of)
Questions?
Patient & Family Advisor
Role Description

Definition of a Patient & Family Advisor

Any role that enables patients and families to have direct input and influence on the policies, programs, and practices that affect the care and services individuals and families receive.

Purpose

The patient and their family are at the center of the health care delivery system at Providence Medical Group. Therefore, involvement of Patient & Family Advisors will enhance communication and improve patient satisfaction in a collaborative effort.

Role

The Patient & Family Advisor offers input into patient care and organization processes and advocates Patient & Family needs from a broad perspective.

The Patient & Family Advisor may participate in activities such as:

- **On-line Advisor:** Be available by email to respond to questions that ask about what might be important to you on a particular topic.
- **Participate on Committees:** Bring the Patient & Family perspective to committee meetings.
- **Story Sharing:** Share your health care experiences with care providers and other patients.
- **Short Term Projects:** Be a partner in projects working to make improvements in specific provider and clinic services.
- **Patient Education Review:** Review patient education handouts, class materials, and other patient communication materials.
- **Other designated committees or projects related to patient care.**

What you can expect

- The Patient & Family Advisor can expect to have processes/terminology explained as needed, and de-briefing after each meeting, if requested.
- The Patient & Family Advisor will be given the name and contact information for the organization contact.
- The Patient & Family Advisor will be listened to and respected for their insight and suggestions.
- The Patient & Family Advisor can expect a safe environment to discuss concerns.
- The Patient & Family Advisor may be invited to attend educational sessions.

Standards

- The Patient & Family Advisor will maintain confidentiality of patient and organizational sensitive information.
• The Patient & Family Advisor will attend PFAC meetings or provide input in other ways. Participation is voluntary and may be withdrawn at anytime with notice. A minimum of a two-year commitment is desired.
• The Patient & Family Advisor will complete the PFA orientation, complete HIPPA training, and sign a confidentiality statement.

Responsibilities of Patient & Family Advisors:

• To promote a better understanding of the principles of Patient & Family-centered health care among patients and the community.
• To assist in promoting positive relationships between Providence Medical Group and members of the community.
• To channel information, needs and concerns to the Providence Medical Group administration and staff.
• To be active consultants with regard to decisions and plans that affect Providence Medical Group patients and families.
• Committee members can recommend potential Patient & Family Advisors who can be Providence Medical Group patients or a family member of one or more patients.
Title: Patient Advisory Coordinator
Position: 72049
Date: 8/2010
Revised:
Department: Winthrop Family Medicine
FLSA Status: Non - Exempt
Reports to: Practice Administrator
Template/Wt: DPC/Professional
Exp Code: 700200
Class Code: 07 – Just Cause
Direct Report: none

Position Summary

Under supervision of the Practice Administrator, the Patient Advisory Coordinator (PAC) coordinates the Patient Advisory Council to provide a direct channel of communication between the physician practices, the Medical Center, visitors and community partners, and patients and their families.

The PAC is responsible for promoting a safe and comfortable environment for our patients, employees and visitors by assuring compliance with safety policies, training, and accountability.

Behaving in a professional, customer-focused, service-oriented manner; displaying and promoting respect, care and dignity for all internal and external customers; facilitating a team-oriented, positive attitude, striving continuously for service excellence.

Essential Functions and Primary Responsibilities

1. Initial and on-going development and coordination of the practice/s patient advisory council/s and its day to day activities including the recruitment and orientation of Council members and the Council bylaws
2. Promoting and strengthening both “culture” and operations around patient and family centered care in the primary care setting. Ensures positive operational change within the operations of the physician practice as recommended by the patients and families within the Patient Advisory Council, and thru the general feedback of patient experience.
3. Collaborating with community partners and leaders to adhere to and promote the vision and goals of both the Patient Centered Medical Home and Accountable Care Organization models of care delivery and coordination.
4. Securing and training of volunteers for the Winthrop Commerce Center to promote customer service for all MGH services on-site.
5. Serves as a resource for Supervisors and Managers to facilitate communication and resolution of potential patient dissatisfaction at an early stage.
6. Completes timely and accurate documentation of all interactions with patients and members of the Patient Advisory Council, including but not limited to, patient complaints, such as meeting minutes, agenda’s, and within the EMR and other programs as required.
7. Partners with leadership to help design and implement on-going patient satisfaction measurement tools.
8. Assists Practice Administrator and other managers in providing analysis and data from patient satisfaction results, and general patient and family feedback.
9. Screens patient satisfaction survey responses and initiates follow-up with patient when indicated and uses patient experiences to facilitate improvement within the system.
10. Attends meetings and presentations as appropriate and provides assistance to departments and administration in accessing and understanding patient satisfaction survey data.
11. Assists in accomplishing practice vision and goals in relation to patient/family centered care by fostering and maintaining a good working relationship with internal and external partners.
12. Promotes understanding and adherence by both staff and patients to Patient Rights and Responsibility.
13. Maintains professional growth and development through participation in educational programs, current literature, inservice meetings and workshops.
14. Assists Practice Administrator in seeking financial resources for sustaining the council and its activities.
15. Performs other related duties as assigned or requested.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this job. They do not necessarily include all responsibilities and duties usually associated with the job title.
Position Description
Position Title: Patient Advisory Coordinator
Department: Winthrop Family Medicine

Qualifications/Competencies

Licenses- Please list required licenses below.

Valid Driver’s license.

_____________________________________

_____________________________________

_____________________________________

☐ None Required

Certifications- Please list required or preferred certifications below and indicate whether required or preferred.

_____________________________________

_____________________________________

_____________________________________

_____________________________________

X None Required

Education
The position strongly prefers the following education level, or a level of knowledge usually acquired through completion of:

☐ High school diploma or general education diploma (GED)
☐ Technical training beyond high school
X Associate’s degree
☐ Bachelor’s degree, specify __________________________
☐ Master’s degree, specify __________________________
☐ Doctorate, specify __________________________
Position Description
Position Title: Patient Advisory Coordinator
Department: Winthrop Family Medicine

Experience
- Up to 1 year
- 1 year but less than 3 years
- 3 years but less than 5 years, in customer service, healthcare experience strongly preferred.
- 5 years but less than 8 years
- 8 years or more

Other Special Skills Required
- Computer literacy
- Other (Specify): Possess communication skills that demonstrate the ability to collaborate and negotiate throughout the healthcare delivery system, on behalf of the patient and family perspective and experience. Demonstrate the ability to communicate with tact, diplomacy and empathy. Demonstrate the analytical and problem solving skills to resolve and/or mitigate potential patient/customer services issues. Strong customer service recovery skills to ensure patient/customer satisfaction. Medical terminology and knowledge of healthcare systems strongly recommended.

Age-specific Competencies - Patient Care Providers Only
The incumbent in this position must be able to demonstrate knowledge and skills necessary to provide care appropriate to the ages of the patients served.

Ages of patients served include (check all that apply):
- Newborn
- Infant
- Child
- Adolescent
- Adult
- Geriatric

Physical Requirements and Required Safety Equipment - see attached checklist

Working Conditions (please list)
- Normal office environment
- Clinical or patient care setting
- Other (please list)