



Identifying and Recruiting Patients

Want to be a Pioneer?

We are seeking individuals to be part of a Patient Advisory Council.

What is a Patient Advisory Council?

A group of 8-10 people including patients, care givers and family members who meet monthly to promote improved relationships between patients, families and staff, to provide a way for patients and families to review or create office policies and programs, and to communicate with staff how the practice is working for you.

A Patient Advisory Council candidate would be expected to: commit to a one year term; attend 75% of meetings; be able to listen to different opinions and share different points of view; respect the ideas of others; speak comfortably in a group; get along with many different kinds of people; and work as part of a team.

Make a Difference

Join our team and help us improve our healthcare system for patients, family members and caregivers.

If you would like to be on the Patient Advisory Council, please ask the receptionist for an application or speak to anyone of our staff for more details..

The way healthcare should be.



SMMC PRIMECARE INTERNAL MEDICINE HAS BEEN CHOSEN AS A MAINE PATIENT CENTERED MEDICAL HOME PILOT, AND WE WANT YOUR OPINIONS!



A "medical home" is not a building but a primary care physician and a team of health professionals who serve as a focal point for coordinating a patient's care.

The medical home model integrates and centralizes all aspects of care, from technology to test results, to enhance the healthcare experience for patients and families. It also reduces costs by improving access to high quality primary care; making it easier for patients to pursue healthy lifestyles instead of seeing a doctor only when they're sick.

...continued on back

 **Southern Maine
Medical Center**
MaineHealth

PrimeCare Physicians

WANT TO BE A PIONEER?

*We are seeking individuals to be
part of a Patient Advisory Council.*

WHAT IS A PATIENT ADVISORY COUNCIL?

A group of 8-10 people including patients, care givers and family members who meet monthly to promote improved relationships between patients, families and staff, to provide a way for patients and families to review or create office policies and programs, and to communicate with staff how the practice is working for you.

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MAKE A DIFFERENCE

Join our team and help us improve our healthcare system for patients, family members and caregivers.

If you would like to be on the Patient Advisory Council, please ask the receptionist for an application or call Practice Manager Jane Foley at 282-3349.

The way healthcare should be.

You are invited! Partner with us in your care.

Dear _____,

At MaineGeneral, we **partner with our patients and families** to improve your care. **Listening to our patients and families and problem solving together leads to better care, which is why we're here.**

I believe you have the qualities needed to work with us to make a difference as part of our Patient-Family Leadership Team.

If you are interested, it would be a pleasure to talk with you. Please contact:

Betty Girard, MGMC Patient Family Advisory Council coordinator
377-1408 or **betty.girard@mainegeneral.org**

Sincerely,

Balancing partnerships at work – join us!



You're invited!

We hope you will consider joining Belgrade Health Center's Patient Advisory Committee (PAC). This is a group of patients, family members, and health center staff who work together to improve the patient experience at the health center. Some of the projects we have been working on include patient satisfaction surveys and exploring how to enhance communication with our patients.

Our PAC meets the last Wednesday of each month from 5:30-7 p.m. We are inviting individuals who are excited to work with us to provide the best care possible to our patients.

To learn more about our Patient Advisory Committee, or to join our committee, please call our practice manager Wendi at 495-3323 or at Wendi.Wainer@Healthreach.org.



Patient & Family Advisors

Providence Medical Group values your point of view and wants to work with you.

In order to make sure we are doing our job the best we can, we are inviting patients like you to become Patient & Family Advisors.

What are Patient & Family Advisors?

Patient & Family Advisors work with Providence Medical Group (PMG) to share their insights, thoughts, and opinions about what works well and what needs improvement. Advisors can be PMG patients or family members of PMG patients. They give us fresh insights on what it's like to receive services from our healthcare system. Patient & Family Advisors can bring not only their own ideas and thoughts, but they also talk with other people they know and bring their ideas and thoughts as well. Advisors represent the patient and family voice, and together with doctors, administrators and staff help to improve the health care experience.

What does a Patient & Family Advisor Do?

Opportunities include one or more of the following:


Patient & Family Advisory Council member: Meet monthly with other patients and leadership to discuss important programs and policies in our clinics.
Patient Education Reviewer: Work with our Patient Education team to help review materials and programs.
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.
Participate on Committees: Bring the patient and family perspective to committee meetings with leadership and staff.
On-line Advisor: Be available by email to respond to questions that ask about what is important to you on a particular topic.
New Employee Orientation Trainer: Assist in presenting to new employees on Patient and Family Centered Care.

How can I Participate?

Complete the application and send it back as soon as possible, using the return envelope enclosed. Once your application is received, we will contact you and set up a time to meet in person. We are eager to get to know you and learn from your health care experiences.

Patient and Family Advisor Card – For providers and staff to hand out to potential advisory candidates.

Front Side:

<p>We Want to Work With You!</p> 	<p>Patient and Family Advisors Wanted! Our goal at Oregon Medical Group is to bring the patient and family perspective into everything we do.</p> <p>We are currently seeking individuals that are interested in partnering with us to improve the experience of care at Oregon Medical Group by sharing their ideas, feedback and participation.</p> <p>If you would like more information on how to become a Patient and Family Advisor, please visit our website at www.oregonmedicalgroup.com. Under the Patient Information section, there is a link to Patient and Family Advisors, where you can read more about the program and submit an online interest form.</p> <p>You may also complete the back side of this card and leave it at your clinic with one of our staff, and we will contact you within a week.</p>
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Back Side:

<p><u>Patient Advisory Council Interest Card</u></p> <p>Name: _____ Date: _____</p> <p>Phone#: _____</p> <p>Email Address (optional): _____</p> <p>Best time to contact you: _____</p> <p>Topics of interest/additional information about yourself:</p> <p>Please leave completed card with a representative at the front desk.</p>



Patient and Family Advisory Council Overview

We are currently working to recruit Patient & Family Advisors to bring the patient and family perspective into everything we do at Oregon Medical Group. We are seeking individuals that are willing to partner with us to improve the experience of care at OMG by sharing their ideas, feedback and participation.

Advisors will serve as a “voice” for patients and families of patients who receive care at Oregon Medical Group. Advisors will work side-by-side with clinicians and administrators to:

- Discuss needs and concerns
- Work with staff to make changes that affect patients and families
- Participate in the design of patient care areas
- Assist in the planning of new patient-related programs
- Serve as a resource on various issues, services and policies

As a patient or family advisor, you would be partnering with other patients and family members, health care providers and staff to raise issues, communicate patient and family concerns and help with problem solving, with the goal of improving our services. When patient and family volunteers work together with OMG staff, the health care experience can be improved for everyone. If you are looking for ways to draw on your personal experiences at OMG and contribute to the greater good by helping to improve the quality of care at Oregon Medical Group, this program will provide an excellent opportunity to help meet your needs and use your interests and talents.

There are a variety of opportunities for involvement. Please read through the ‘Frequently Asked Questions’ information, and fill out the attached interest form if you would like to be contacted by one of our staff.

If you have any additional questions, please contact Amy Woodcock at (541) 242-4415, or email at patientadvisorq&a@oregonmed.net.

Patient & Family Advisors Needed!

I value your point of view and your partnership. I'd like you to consider becoming a Patient/Family Advisor. Advisors volunteer to help us review and develop policies, programs, education materials and forms. They also provide input on quality and safety efforts and facility planning. Patient advisors help us design better processes of care.

Would you be interested in volunteering to be on a Patient Family Advisory Council? Please contact Jill Dubisar at 541-526-6660 to get more information about this unique opportunity.

Sincerely,



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 Cascade Medical Clinic patient and/or family member
- Make commitment for 1 year at minimum
- Willingness to attend information session to learn more in mid-November
- Ability to attend regularly scheduled monthly meetings beginning in December 2010



The
voices of
CareOregon's
members
matter.

*Better Health,
Better Care,
Better Together*



CareOregon's Member Advisory Council (MAC) is here to give CareOregon members a voice.



CareOregon has a Member Advisory Council called the MAC, which is made up of CareOregon members like you, who are concerned about health care issues.

The MAC takes an active role in:

- ~ Improving the CareOregon member experience ~
- ~ Advising CareOregon on issues that are important to members ~
- ~ Building connections between members, providers and CareOregon staff ~



Every CareOregon member's opinion matters – no matter who you are, where you live, your age or medical condition

We want to hear from you.

Learn more about the MAC by going to our web site
at <http://pdx.be/CareOregonMAC>, by calling **503-416-5758**
or sending an e-mail to **mac@careoregon.org**

The voices of CareOregon's members matter. Is your voice being heard?

You're invited to CareOregon's Member Open House

Tuesday, January 25, 2011

11:30 a.m.—1:30 p.m. at CareOregon, 315 SW 5th Ave

**Lunch is provided. Space is limited. RSVP by January 17th.*

RSVP by sending an email to healthevent@careoregon.org, calling 503-416-5758 or filling in the attached card and returning it to CareOregon



Come learn about CareOregon's Member Advisory Council (MAC), how they are working for you, and how you can get involved.

CareOregon's MAC is made up of CareOregon members who are concerned about health care issues.

They would like to introduce you to their work and learn from you what you consider important in a health plan

Please complete, then fold the top third of the page down and the bottom third up so that the CareOregon address on the back of this page is visible. Please tape shut and mail back to us. (No postage required)

Name _____

Yes, I will attend the Open House on January 25th Yes _____ No _____

Email _____ Phone _____

CareOregon can contact me with information about the MAC and legislative issues that affect my health benefits: Yes _____ No _____

Signature: _____



CareOregon

www.careoregon.org

Patient & Family Advisors Needed!

I value your ideas and partnership. PeaceHealth Medical Group has volunteer opportunities for people like you to be involved in improving the patient experience.

I'd like you to consider becoming a Patient/Family Advisor. Advisors help us in many ways.

Some examples are:

- Review programs & policies
- Ensure education materials & forms are easily understood.
- Provide input on quality and safety efforts
- Help design better processes of care

Would you be interested in volunteering to be on a Patient Advisory Council? Please contact Sheila Miller at 541-222-6242 to get more information and to sign up for this opportunity.

Sincerely, _____



PeaceHealth
Medical Group

Qualities of an Advisor:

- Shares insight and experience in helpful ways
- Sees beyond his/her own personal experience
- Respects diversity and differing opinions
- Listens well
- Works together to find solutions
- Has passion for enhancing the health care 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
- For council membership: Ability to attend monthly meetings on the fourth Thursday of the month from 5:30 – 7:30 pm



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
- Ability to attend monthly meetings on the fourth Thursday of the month from 5:30 – 7:30 pm



Patient & Family Advisors Needed!

I'm a Patient Advisor for PeaceHealth Medical Group. As a Patient Advisor I work closely with healthcare professionals who value what I, as a patient, think about my healthcare experiences. I volunteer to help with reviewing programs, policies, education materials, forms and have the opportunity to provide input on quality and safety efforts at PeaceHealth Medical Group as well as facilities planning. I believe the work I do makes a positive difference to the overall patient experience.

We are always seeking other PeaceHealth Medical Group patients to join us as Patient Advisors. Would you like to learn more? You may contact me _____ at _____ or Sheila Miller at 222-6242 to get more information about this unique opportunity.



PeaceHealth
Medical Group

PROVIDENCE MEDICAL GROUP Patient & Family Advisor Application

Date: _____

Name: _____
Last
First
MI

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

What is the best way to contact you? (circle one) **Home** **Work** **Cell** **Email**

Please check all that apply below:

- ☐ I am a patient at a Providence Medical Group (PMG) clinic
 →If yes, from which PMG clinic location(s) do you receive services? _____
- ☐ I am the family member of a patient at a PMG clinic: _____
- ☐ I am a patient with a chronic health condition (e.g., diabetes, heart failure, asthma, depression, arthritis)
- ☐ I am involved in the care of someone who has a chronic health condition
- ☐ I am a patient/family member receiving preventative and/or occasional illness care

SKILLS & INTERESTS If you wish to provide more information, please use the space below to describe any special training, interests, hobbies or experiences you feel could be valuable to your work as a Patient & Family Advisor with Providence Medical Group

Please put an 'X' in the Day(s) and Time(s) you are available to meet for an interview:

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
Evenings					

If you have questions please call, Angela Mitchell, 503-893-6613 or email angela.mitchell@providence.org

**Please return your completed application to: Providence Medical Group – Education
 Attention: Angela Mitchell
 PO BOX 4488
 Portland, OR 97208-9937**



Oregon Medical Group Patient/Family Advisor Interest Form

I am interested in volunteering my time to share my experiences and ideas. Please contact me so my voice/experience can make a positive difference.

Name: _____

Phone number: _____

Best time to call (morning/afternoon/evening): _____

Email address: _____

If referred by a doctor/care team member to be involved in the patient/family advisory program, please provide their name: _____

I am: ('X' all that apply)

____ A patient that receives care at OMG

____ A family member of a patient that receives care at OMG

Clinic locations where you or your family member receive services:

____ Garden Way Medical Clinic

____ Southtowne Family Medicine

____ Westmoreland Family Medicine

____ West Eugene Medical Clinic

____ Adult Medicine – Country Club Road

____ Valley Children's Clinic

____ Crescent Family Medicine & Pediatrics

____ Gateway Clinic (Derm, GI)

____ OMG ENT

____ OMG Orthopedics

____ OMG General and Vascular Surgery

____ Center for Women's Health

____ OMG Neurology

I (or my family) receive services from:

____ Pediatrics

____ Adult/Family Medicine

____ Specialty Department

____ Other

Please indicate the ways in which you would like to participate as a Patient/Family Advisor: (select all that apply)

____ **Focus Groups:** Provide feedback in a group format with other patients/family members. Usually a one-time or intermittent commitment with a changing group of advisors.

____ **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 making improvements to specific physician and specialist services.

____ **E-Advisors:** Be part of an e-mail group where you will be asked to fill out surveys and review materials online.

(Continued on back)

What is your time availability in getting involved as a Patient and Family Advisor, and when could you begin? (weekly, monthly, only on weekends, evenings, mornings, etc.)

Please provide a few examples of what has gone well during your (or your family's) care experiences at OMG (communications, medical procedures, support services, lab, etc...)

Please provide a few examples of what you feel could have been better during your care experiences at OMG (communications, medical procedures, support services, lab, etc...)

If there is one thing that you could change about your care experience at OMG, what would it be?

Any additional feedback or topics of interest:

Thank you for your time and interest in improving the overall care at Oregon Medical Group!
Please send your completed form to:

**Oregon Medical Group – Southtowne Medical Clinic
Attention: Amy Woodcook
1835 Pearl Street
Eugene, OR 97401**



Application for CareOregon's Member Advisory Council (MAC)

Name: _____

Address: _____ Email: _____

City: _____ Zip code: _____ Phone: _____

CareOregon Primary Care Provider or Clinic: _____

How long have you or your dependent been a Medicaid recipient? _____

How long have you or your dependent been a CareOregon member? _____

Have you ever served on a citizen advisory board or similar group? If so, which one and what was that experience like? (you can use back of form if you need more room) _____

Please explain why you would like to serve on the Member Advisory Council: (you can use back of form if you need more room) _____

Our goal is to have a Member Advisory Council that is as representative of the entire CareOregon membership as possible. The following information is helpful, but is optional -

Birthdate: Month _____ Day _____ Year _____ Gender: _____

Racial/Ethnic Background: _____

Thank you for your interest in the MAC and taking the time to fill out the application. If you have questions, please contact one of our MAC support staff: Melissa Sircy at 503-416-1479 or sircym@careoregon.org. After your application is received, we will call you to discuss the MAC.



PeaceHealth Medical Group
PeaceHealth

Patient/Family Advisor Sign-up Form

Would you be a partner with us to deliver excellent medicine and compassionate care every time in every encounter? To reach this goal, we need your ideas, feedback and participation as together we improve the experience of care for our patients and families. We are seeking individuals for a variety of opportunities – both short term and ongoing.

Yes, I would like to volunteer by sharing my experiences, time and ideas. Please contact me so my voice/experience can make a positive difference.

Name: _____ Date: _____

Phone Number: _____ Best time to call: _____

Mailing Address: _____
City Zip

County you live in: _____ May we contact you? Yes

Clinic locations where you receive services? [Check all that apply]

- | | | |
|---|--|---|
| <input type="checkbox"/> Main Clinic on Willamette | <input type="checkbox"/> Barger Medical Building | <input type="checkbox"/> Santa Clara Clinic |
| <input type="checkbox"/> Junction City | <input type="checkbox"/> South Eugene Clinic | <input type="checkbox"/> RiverBend Pavilion |
| <input type="checkbox"/> Hilyard Street Clinic (across from SHMC) | <input type="checkbox"/> Other: _____ | |

I (or my family) receive services from: ☐ Pediatrics ☐ Adult/Family Medicine
☐ Specialty Dept. _____ ☐ Behavioral Health ☐ Other _____

Do you have Internet access from home? ☐ Yes ☐ No

Email address: _____ May we contact you? ☐ Yes

☐ I am a patient with a chronic health condition (e.g. diabetes, congestive heart failure, asthma, depression, arthritis).

☐ I am involved in the care of someone who has a chronic health condition.

☐ I am a patient/family member receiving preventative and/or occasional illness care

☐ I was referred by: _____

Please indicate the ways in which you would like to participate as a Patient/Family Advisor:

___ Phone Interview: Share your opinion and respond to survey questions over the telephone.

___ Focus Group: Provide feedback in a group format with other patients/family members.

___ Participate on Committees: Bring the patient/family perspective to committee meetings.

___ Story Sharing: Share your health care experiences with care providers and other patients.

___ Be a partner in making improvements to specific physician and specialist services

X Be a member of a Patient Advisory Council

Please return this form to:

Sheila Miller, Administration
3377 RiverBend Drive
Springfield, OR 97477
(541) 222-6242



SMMC PrimeCare Internal Medicine
Patient Advisory Council Member Application

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

.....

Why would you like to serve as a member of the patient advisory council?

If you are or have been on a committee please list the committees:

What special interest do you have in healthcare?

What meeting times would work best for you?

Daytime:_____ Specific Times:_____

Evening:_____ Specific Times:_____

Monday_____ Tuesday_____ Wednesday_____ Thursday_____

Patient Advisory Council Candidate would be expected to::

- 1 Year Term.
- Attend 75% of meetings.
- Able to listen to different opinions and share different points of view.
- Respect the ideas of others.
- Speak comfortably in a group.
- Get along well with many different kinds of people.
- Work as part of a team..

Suggested Topics the Patient Advisory Council will help with:

- Patient Safety and Prevention of Medical Errors
- Reviewing Patient Satisfaction Survey Results
- Development of ways to measure Patient and Family Satisfaction.
- Reviewing and updating the use of computers for patient care and education.

Applications will be reviewed and interviews will be set up with potential candidates.

If you have any questions please contact Jane Foley, Practice Manager at 207-282-3349.





MaineGeneral Patient-Family Advisor Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Cell Phone: (____) _____

Fax Number: (____) _____ Email Address: _____

MG Location: _____

**Will you allow your contact information to be shared with other committee/
advisory members?** ☐ Yes ☐ No

I am: ☐ A patient ☐ A family member of a patient

Please list times when you are able to attend meetings: (check all that apply)

☐ Daytime ☐ Evening ☐ Weekend

I can commit to:

☐ 1 Year ☐ 2 Years ☐ Other _____

Program/ Department and Services involved in your care:

Your care was primarily:

- ☐ Inpatient
- ☐ Outpatient
- ☐ Both inpatient and outpatient
- ☐ Emergency care
- ☐ Other Programs, departments, or services:(explain)

Why would you like to serve as an advisor?

If you have served as an advisor, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience:

What are some specific things that health care professionals have done or said that was most helpful to you and your family?

What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

What would make it easier for you to attend PFAC meetings?

Stipends are available should you need reimbursement for:

- Travel
- Childcare
- Other

Please check off any skills that you have that may be useful to your advisory work:

Communication:

- ☐ Public speaking
- ☐ Writing
- ☐ Active listening
- ☐ Expressing ideas
- ☐ Facilitating group discussion
- ☐ Negotiating
- ☐ Perceiving nonverbal messages
- ☐ Reporting/presenting information
- ☐ Interviewing
- ☐ Editing
- ☐ Computer skills

Research and Planning:

- ☐ Creating ideas
- ☐ Identifying problems
- ☐ Brainstorming
- ☐ Gathering information
- ☐ Setting/meeting goals
- ☐ Data collection/analysis

Human Relations:

- ☐ Providing support for others
- ☐ Motivating
- ☐ Mentoring
- ☐ Partnering
- ☐ Delegating
- ☐ Representing others
- ☐ Perceiving feelings, situations

Organization, Management and Leadership:

- ☐ Teaching
- ☐ Coaching
- ☐ Counseling
- ☐ Promoting change
- ☐ Selling ideas or products
- ☐ Decision making with others
- ☐ Managing conflict

I/We would be interested in helping with: (identify all of your interest areas)

- ☐ Developing/ Reviewing Patient/ Family Education Materials
- ☐ Develop and Updating the Practice Website
- ☐ Planning for Ambulatory Care
- ☐ Ensuring Patient Safety and the Prevention of Medical Errors
- ☐ Developing the Uses for Information Technology, including Electronic Medical Records, Patient Portals, and Electronic Personal Health Records (ePHR's)
- ☐ Reviewing patient and family satisfaction tools
- ☐ Developing/ reviewing educational materials
- ☐ Educating new employees and other staff about the experience of care and effective communication and support
- ☐ Participating in facility design planning
- ☐ Improving the coordination of care
- ☐ Long-term advisory council membership to have impact and influence on policies and practices that affect the care and the services patients receive
- ☐ Issues of special interest: (please describe)

Please return this form to: **Betty Girard**
Patient Advisory Coordinator
149 Main St Suite 2A
Winthrop, Maine 04364
207-377-1408
betty.girard@mainegeneral.org

Patient/Family Advisor Interview Questions

1. Please briefly introduce yourself and your family
2. What types of Providence Medical Group services have you used (clinic, urgent care, specialist, and/or support for a chronic condition or a family member's chronic condition)?
3. Have you ever had a positive experience with Providence Medical Group? An experience where you and your family felt respected or supported, where you had the information you needed and wanted, or where you and your family could participate in your health care decisions in ways that you wanted?
 - What did the doctors and staff do that gave you confidence, comfort, and was helpful to you?
4. Have you had an experience that was not so helpful?
 - Could this experience have been better?
 - How it could have been changed or improved?
 - How could doctors and/or staff handled the situation differently?
5. If you had a magic wand, and could change and improve health care for you and your family, what changes would you want to make?
6. Have you ever been in a group situation when someone had a different opinion than you?
 - What was the result?
 - Was there anything you did that was helpful?
7. Please share with us strengths you have that would be useful in working with a group?
8. Would you be interested in presenting your Providence Medical Group experiences to staff and other Patient Advisor members?



Oregon Medical Group Patient/Family Advisory Council Interview Questions

Name _____ Date of Interview _____

Give us a snap shot of your medical experiences at OMG (usually seen by PCP/specialist, frequency of visits, etc.).

What are some specific things that health care professionals did or said that was most helpful to you and your family?

What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

If you had a magic wand and could change and improve health care for you and your family, what changes would you want to make?

If you have served as an advisor, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience:

What interests you about becoming a Family Advisor?

**Would you be interested in presenting your medical experiences to staff?
Yes/No**

Tell us about your interests, skills and talents.

Would you be able to commit to at least a year-long term on the council, meeting at least once a month for about 1.5-2 hours per meeting?

Oregon Medical Group Patient/Family Advisory Council Interview Questions

Would you be interested in working on a variety of different projects and/or discussing issues that others may bring to the council?

Tell us about a time when you've been in a group situation and someone had a different opinion than you.

-Was there anything you did that was helpful?

Please share with us strengths you have that would be useful in working with a group.

Prospective Patient and Family Advisor Qualities

- Share insights and experiences in productive ways
- Listens well
- Collaborates on solutions
- Sees beyond his/her own care experience
- Has passion for improving the health care experience for all
- Respects diversity and differing opinions



Patient/Family Advisor Face Sheet

Name: _____

- ☐ Sign-up Sheet Received ☐ Call Made _____
- ☐ Written materials sent out _____ ☐ No longer interested: _____
- ☐ Interview Sheet Completed
- Appropriate for: ☐ Focus Group ☐ Telephone Input ☐ Product Review ☐ Share Story ☐ Committee
- ☐ Referred to: _____
- ☐ Scheduled for Orientation: _____ ☐ Orientation Completed: _____
- If they have interest in team/group activities, please provide next Training date.
- ☐ Scheduled for Training Date: _____

NOTES: _____

Participation Log:

Event	Sponsor	Hours	Event	Sponsor	Hours

PATIENT/FAMILY ADVISOR INTERVIEW

Tell me a little about yourself-

Can you tell me about a care experience at PHMG that worked very well? What about it was especially important or meaningful?

Can you share an experience that didn't work so well? What could we have done to improve the experience?

Given the opportunities for involvement; you indicated an interest in _____

Can you help me understand why this activity?

What experience have you had working in groups working toward solving a problem?

Are there barriers such as transportation, timing of meetings, language or illness that need to be accommodated to allow your participation?

Staff Recommendation/Action:

Patient Partner Candidate Interview Questions

These questions may be useful in a conversation with a candidate for one of the Patient Partners for your PCR team. . If it would decrease any potential interference with the practice/patient relationship, staff from Aligning Forces Humboldt would be glad to act as your agent in the selection process.

Questions for Patient Partner candidate:

1. Why do you want to volunteer to be a Patient Partner?
2. Patient Partners generally either have chronic conditions or have been a caregiver for someone with chronic conditions. Does this apply to you?
3. Patient Partners play a crucial role in the PCR process in that they are able to address patient insights and viewpoints for the medical office teams in supportive and respectful ways. Sometimes this will include gentle constructive criticism or suggestions for previously established processes.
 - a) Are you comfortable respectfully sharing insights in a team of your medical providers?
 - b) Can you describe some ways in which you have used constructive criticism skills in the past?
4. Do you have experience participating in groups?
Please describe: (including size of a group i.e. 12-15? Experience in team leading?)
5. Do you have any previous volunteer experience and if so what?
6. Have you worked with a variety of people i.e. different educational levels, cultures? Do you feel comfortable working with in a group where a variety of opinions (some of which are conflicting) are shared?
7. While your personal opinion is of great value, your role on the team is to represent the needs of all patients. Do you feel you can do this?
8. Do you see any barriers or challenges in being a Patient Partner? (i.e. energy, time, transportation, availability, chronic condition limitations)? (Note briefly)
9. Do you have any transportation challenges? Will you be able to arrange transportation to in-office team, Patient Partner, and PCR meetings?
10. Confirm commitment to attending full experience (See “Patient Partner Role and Responsibilities Agreement”).



Script for staff calling people referred by others (ie. doctor, manager, etc.) for any Patient Advisor openings

I am calling from PHMG on behalf of _____ [name of person referring patient] .
My name is Sheila Miller. Is this a good time to talk with you?

If no, ask if there is a better time to call back. Record time and call patient back...at said time.

If yes: Your [doctor, manager of x, etc] wanted me to invite you to consider becoming a Patient Advisor with PHMG. Advisors are patients or family members who help us improve our services by sharing your input on designing better experiences of care. This can be at your own doctor's office or by reviewing education materials and forms. We have many ways people can be involved...from one hour for occasional events to provide ideas/input ...to becoming a regular monthly attendee at a Patient Advisory Council.

Would you like to learn more about getting involved?

- Yes....could I gather some information from you now, so that Shari Wright can contact you to tell you more about this unique chance to improve the quality and safety efforts at PHMG? **Go to Step 3**
- No, may I send you some information to review? If you wish you can contact me if after review of the information, you wish to participate? **Go to Step 4**
- No, No **Name of patient** , I really appreciate the time you have spent with me today.[Referring person] asked me to thank you for your time and to let you know we value your partnership with PHMG and the clinic as you seek to improve and maintain your health. Take care and have a great day! **End of contact Advise referring person, patient declined participation. Record their name and contact date, person contacting them, and disposition on master list...new tab - Not interested in participating**

Step 2: General FAQ's

What's involved:

- Varies depending on your interests and upcoming opportunities.
- Examples of short term work:
 - Patients have been coming to meetings to provide input about services being located at the new Medical Pavilion at RiverBend campus by the new hospital. This usually is a 1-3 hour one time commitment
 - Participating on a Diabetes Improvement team to improve care for diabetes patients across all our sites
 - Reviewing new forms or communications/education for patients
 - Coburg Road clinic is recruiting patients to serve as Patient Advisors to attend meetings on planning the move to the new clinic location (adult and family medicine).
- Examples of long term commitment:
 - Patient Advisory Council - Monthly meetings – 10 meetings per year...on the fourth Thursday of the month 5:30-7:30pm. We are now recruiting patients between the ages of 25-45.

- Working with a group of others patients, family members and PHMG staff to redesign communication

Pay:

There is no pay for participation. However, if there is a need to have costs of transportation, childcare, etc. covered we can make accommodations as needed.

Interested in Patient Advisory Council, What if I can't attend Thursday nights?

The advisory council meets on Thursday so at this time, you wouldn't be able to join that group. However, other opportunities exist for patients, families on specific department or clinical condition improvement groups.

Step 3:

- Fill out the patient sign-up form.
- Track all the information available into Master List...
- Hand sign-up form to Shari Wright for follow-up

Step 4 For patients who want to review information:

- Send the application [if unable to fill out over the phone] , letter, charter and pages from the Community Report and list of RiverBend Design Teams to interested applicants
- Add their basic information to Master list
- Follow-up with them if they have not responded in 3 weeks..



Script for people calling in for the Patient Advisory Council

Thank you for calling. I am Sheila Miller and can schedule you for a 90 minute informational session. Would you like to do that now?

Session Choices- Session Location-

What's involved:

- Monthly meetings – 10 meetings per year...on the fourth Thursday of the month 5:30-7:30pm.
- Working with a group of others patients, family members and PHMG staff to improve services we provide

We holding informational sessions to answer specific questions and help you determine if this something you want to do

Pay:

There is no pay for participation. However, if there is a need to have costs of transportation, childcare, etc. covered we can make accommodations as needed.

What if I can't attend Thursday nights?

The advisory council meets on Thursday so at this time, you wouldn't be able to join that group. However, other opportunities exist for patients, families on specific department or clinical condition improvement groups.

Would you like to sign up now - Fill out the Sign-up form over the phone, if possible.

Fill out the form

At least name, address and phone number

Bring the sign-up form to the orientation session....

Track all the information available...

Send the application [if unable to fill out over the phone] , schedule, letter, charter and pages from the Community Report.

Patients fill out a card in the waiting room indicating that they are interested in being members of the group. As slots open up on the PAG we would refer to those patients and use this call script to find out if they are still interested.

Pt's Name _____ Phone number _____

You have indicated in the past that you would be interested in becoming a part of our Patient Advisory group. I'd like to take a moment to let you know a little more information about this group if you are still interested.

The purpose of the Patient Advisory Group 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 group will consist of 16 members, 8 patient and 8 diverse members from Husson Internal Medicine primary care staff both office staff and clinical staff.

Our next meeting is scheduled for _____ from 5:30-7:30pm for. Consecutive meetings will be held every month on the 3rd Thursday of each month. 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 and a light refreshment will be served during to the meeting.

We would like for you to become a part of this group. Is this something you would be willing to commit to? Yes No

Is there an email address we could send confirmation to in regards to meetings, and any information that may be needed prior to the meetings?

e-mail _____

If no email address, can we mail information to you at home? Yes No

Thank you for your time.