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._
The way healthcare should be.

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 and making it easier for patients to pursue healthy lifestyles instead of seeing a doctor only when they're sick.

...continued on back
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:**

**We Want to Work With You!**

Patient and Family Advisors Wanted!
Our goal at Oregon Medical Group is to bring the patient and family perspective into everything we do.

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.

If you would like more information on how to become a Patient and Family Advisor, please visit our website at [www.oregonmedicalgroup.com](http://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.

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.

**Back Side:**

**Patient Advisory Council Interest Card**

Name: _____________________________ Date: __________

Phone#: ______________________________

Email Address (optional): __________________________

Best time to contact you: __________________________

Topics of interest/additional information about yourself:

Please leave completed card with a representative at the front desk.
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 Woodcook 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.

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,
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 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
- 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.
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:

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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
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
___ Westmoreland Family Medicine
___ Adult Medicine – Country Club Road
___ Crescent Family Medicine & Pediatrics
___ OMG ENT
___ OMG Orthopedics
___ Center for Women’s Health
___ Southtowne Family Medicine
___ West Eugene Medical Clinic
___ Valley Children’s Clinic
___ Gateway Clinic (Derm, GI)
___ OMG General and Vascular Surgery
___ OMG Neurology

I (or my family) receive services from:
___ Pediatrics
___ Specialty Department
___ Adult/Family Medicine
___ 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.
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 – Souhtowne 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.
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: ____________________________

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

Clinic locations where you receive services? [Check all that apply]
- Main Clinic on Willamette
- Barger Medical Building
- Santa Clara Clinic
- Junction City
- South Eugene Clinic
- RiverBend Pavilion
- Hilyard Street Clinic (across from SHMC)
- 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
- ☒ 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:_________________________________________________________________________________
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Participation Log:

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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.