

Implementing a Patient Advisory Council in An Academic FHT

AFHTO 2014 Conference: “In Partnership with Patients: True Integration of Care”

Samantha Hartlen, Patient Advisory Council Member

Bekki Hammill, Registered Nurse

Kavita Mehta, Executive Director

Presenter Disclosure

Presenters:

- Samantha Hartlen, Patient Advisory Council Member
- Bekki Hammill, Registered Nurse
- Kavita Mehta, Executive Director

Relationships with commercial interests:

- Nil

Vision

A leading academic family health team that improves the health of our community.



South East Toronto

Family Health Team

Mission

- We provide comprehensive primary health care services to our community that are innovative, collaborative and interprofessional.
- We commit to excellence in training health care professionals of the future.

Our Catchment Area



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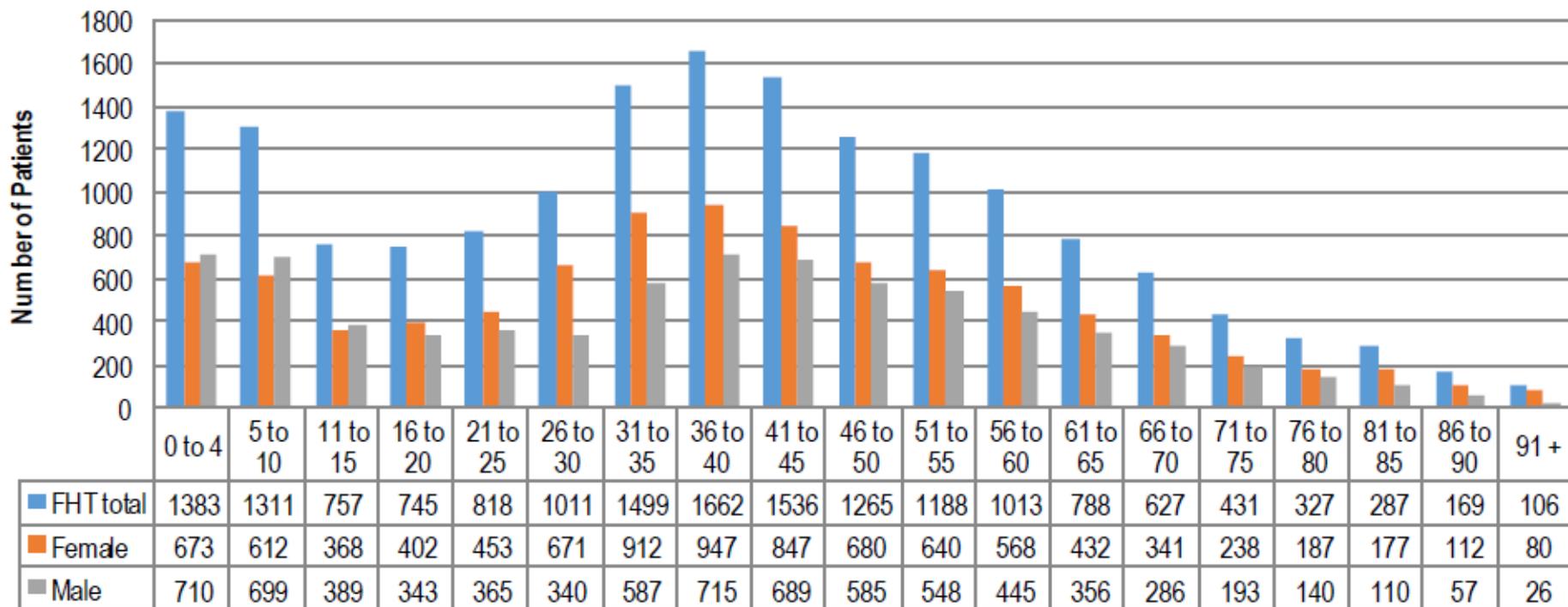
Our Team

- 22 Family Physicians (part-time)
- 24 Family Medicine Residents
- 3.0 FTE Nurse Practitioners
- 5.0 FTE Registered Nurses
- 2.5 FTE Social Workers
- 2.0 FTE Registered Dietitians
- 1.0 Care Navigator
- 1.0 Physician Assistant
- 1.0 FTE Mental Health/Addictions Counsellor
- 1.0 FTE Clinical Pharmacist
- 1.0 FTE Chiropodist
- 0.5 Clinical Psychologist
- 1.0 FTE Executive Director
- 1.0 FTE Programs Manager
- 1.0 FTE Finance Officer/
Administrative Assistant
- 1.0 FTE Human Resources
Manager
- 1.0 FTE Site Administrator
- 18.5 FTE Clinical Support Team
Members
- Psychiatry sessionals – adult and
child psychiatrists
- Internal medicine sessionals

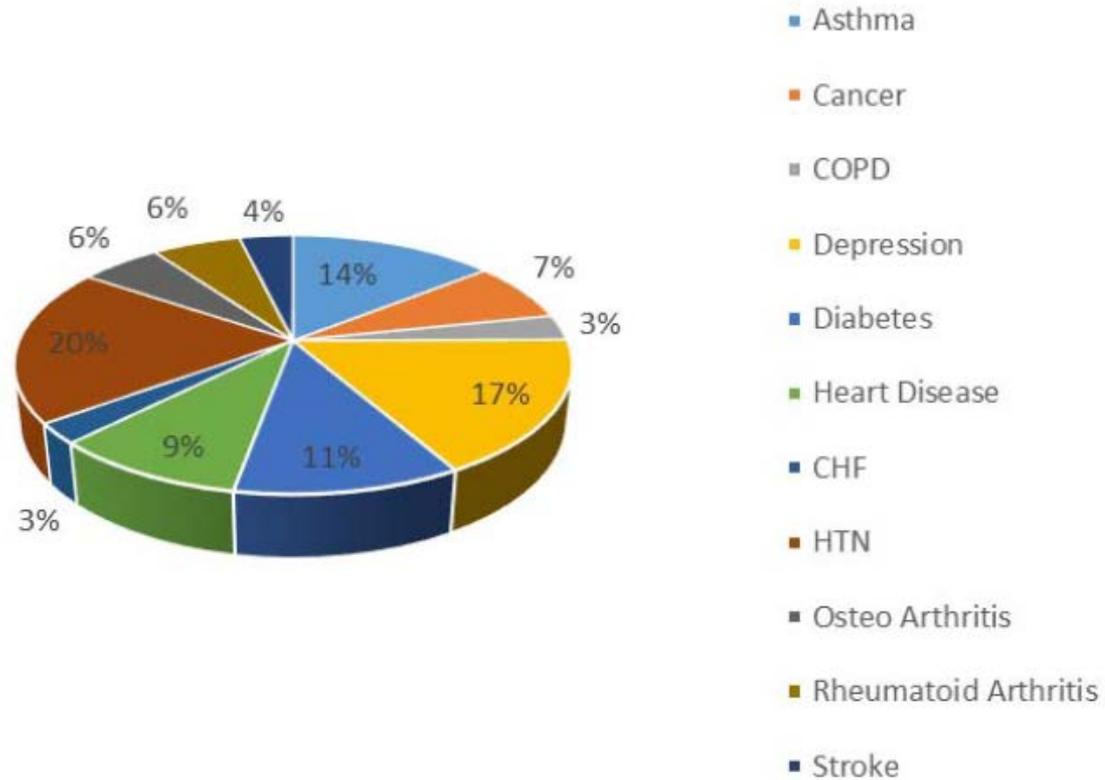
Also host organization for the East Toronto Health Link so have staff that are hired to support Link work

Our Practice Profile

Age Distribution



Chronic Conditions FHT Total



What 'Patient-Centred' Should Mean: Confessions of an Extremist

The needs of the patient come first

- William J Mayo

Nothing about me without me

- Diane Plamping, UK Health organizational sociologist

Every patient is the only patient

- Harvard Community Health Plan Hospital

Don Berwick, Health Affairs 2009



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Patient and Family-Centred Care

‘Patient-centeredness’ is a dimension of health care quality in its own right, not just because of its connection with other desired aims, like safety and effectiveness. Its proper incorporation into new health care designs will involve some radical, unfamiliar, and disruptive shifts in control and power, out of the hands of those who give care and into the hands of those who receive.

—Don Berwick



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In The Beginning...

- Creation of 5 working groups that came out of our 2011-2014 Strategic Plan
- One of these Working Groups was our *Optimizing the Patient Experience Working Group*
- This group focused on developing feedback mechanisms and creating opportunities to encourage patients to provide input into the organization and not just their individual care
- With this mandate, the team looked at further opportunities to engage patients directly and thought about starting up a Community Engagement Panel

- Initially there were strict guidelines regarding committee members suitability and eligibility
- Specific terms of reference were developed but the focus applied too much structure, removed the heart of the group and volunteer aspect
- Multiple iterations were discussed before settling on what the PAC looks like today
- We quickly realized later that what we thought was our “target population” for the committee was misguided – we really wanted patients that we have infrequent contact with
- Re-branded to “Patient Advisory Committee”

Recruitment

- “PAC” became more organic and flexible
- We took advantage of our second year patient survey to recruit interested volunteers
- Blurb on back of annual survey for patients to indicate their interest in participating
- 150 demonstrated interest on survey
- All interested parties contacted via email and 5 responded
- Originally we were looking for 5-9 members to meet 3x annually



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Call for Community Advisory Council Members

South East Toronto Family Health Team is committed to providing patient centered care in our community. One way we are doing that is through the implementation of a patient advisory committee.

SETFHT will be assembling a Community Advisory Council (CAC). What is a CAC? It is a committee made up of patients of SETFHT who give their time to provide feedback to us to make us a better leading academic family health team.

How do we do this? We will require a committee from you, as we want to meet approximately three times a year to hear your ideas, opinions, and experiences, we need your input

Where we the Committee meet? Our advisory committee will meet at our location (TBA) with a facilitator at a time that is convenient for ALL members.

This is an exciting opportunity for your voice to be heard and assist in making SETFHT a better team in order to improve the health of our community

If you are interested in acting as a representative for your community, please fill out the following information by: _____ (date) and either submit the form to info@setfht.on.ca or drop off at either Clinic Locations.

Surname:	First Name:
Age:	Sex:
Phone numbers:	Evening Availability:
Length of Time as a patient at SETFHT:	

As we value all of our patients, and their feedback, we will only be contacting a few individuals. We thank you for your interest in becoming a CAC representative, and in the South East Toronto Family Health Team

THANK YOU

Administrative Office: 833 Coxwell Avenue, Lower Level, Toronto, Ontario M4C 3E8 • T: 416.423.8800 • F: 416.423.8803

Clinic: 840 Coxwell Avenue, Suite 105, Toronto, Ontario M4C 5T2 • T: 416.469.6464 • F: 416.469.6164

Clinic: 1871 Danforth Avenue, Toronto, ON M4J 1J3 T: 416.699.7775 F: 416.699.7766

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Toronto

Health Team

- The Working Group decided a few key factors were critical in deciding who would be part of the Patient Advisory Council:
 1. An expression of interest by replying to an email request from SETFHT;
 2. No more than nine (9) participants for the inaugural group; and
 3. The desire to be part of a council that would be discussing potential impact across the organization (not just about their experience).
- With these criteria, an initial five (5) members volunteered and embarked on a year long agenda to create an imbedded Patient Advisory Council (PAC) for SETFHT

DRAFT
Patient Advisory Council
Terms of Reference

Vision

Families and patients are partners with their health care providers and are engaged in all aspects of their health care.

Purpose

The purpose of South East Toronto Family Health Team's (SETFHT) Patient Advisory Council (PAC) is to improve patient care experiences at SETFHT. The council serves in an advisory capacity, making recommendations on matters that impact the experience of patients and families at SETFHT. The CAC brings together individuals with a variety of experiences with SETFHT:

- To provide feedback on, and ideas for, initiatives and programs that enhance, and embrace the model of patient-centred care;
- To be a collaborative, positive and rational force for the enhancement of high-quality centred care at SETFHT; and
- To advance patient engagement and patient-centred care principles and practice;

Accountability

The Patient Advisory Council reports to the Board of Directors of SETFHT.

Membership

Members of the PAC must be a patient and/or caregiver of SETFHT and cannot be a family any of the physicians or employees of SETFHT.

Membership Selection

Candidates must complete an application form to apply for general membership on the C application will be reviewed by the Chair to determine fit. The candidate's information will be shared with the PAC membership and, if accepted, they will be confirmed by the Chair.

Terms

Each member will commit to a term of at least one year – 50% of the members will serve term and 50% will serve a two year term which will be decided on a voluntary basis. Members continue to stay on the PAC after their term is complete should there be room to do so. C for new members at the end of each calendar year, with the intent to have no more than members at one time.

Rules of the Road:

Behaviours

- Have FUN!
- Ensure equal "air time"
- Listen then speak – do not interrupt
- Ask questions to seek clarification and to ensure sufficient dialogue
- Turn phones off or to vibrate/ok to glance at
- Invite different viewpoints
- Do not use acronyms
- Demonstrate mutual respect - no personal attacks
- Start and end meetings on time

Principles

- Recognize own assumptions and help other to surface theirs
- Give voice to the "undiscussables"
- Agree to have a "parking lot" for some items, discussion, etc.
- Maintain confidentiality when requested
- Be open to innovation/seek best practices everywhere
- Share personal experiences only in ways that others can learn from them
- Always strive to be the best, improve outcomes and reduce pain and suffering

Council Purpose

- Be ambassadors and champions for SETFHT in the community
• Try effort to fostering and delivering a higher quality patient care delivery model

Chair/Co-Chair

The initial Chair of the CAC will be SETFHT's Director of Interprofessional Practice and Quality Improvement with the intent to appoint a co-chair in the 2015 calendar year that is a representative member from PAC.

The role of the co-chairs is to manage the meeting in a way that encourages open, honest and respectful dialogue among the members; to ensure that the purpose of the PAC is fulfilled through the PAC meetings; to collaborate with staff members to organize the agenda for each meeting; and, to represent the PAC as required.

Meeting Frequency

The PAC shall meet quarterly at the call of the co-chairs. A proposed meeting schedule will be presented at the last meeting of the calendar year for the next year. Meetings will alternate between the 840 Coxwell Avenue and 1871 Danforth Avenue sites and a light dinner will be served if it falls over the dinner hour.

If a PAC member is absent for more than three consecutive meetings they will be contacted by the Chair or designate to determine their commitment to continue or intent to resign.

Recorder/Minutes/Agenda

Recording and distribution of meeting minutes is the responsibility of the SETFHT PAC Chair. Minutes shall be distributed within 10 working days after each meeting. The agenda for upcoming meetings will be distributed preferably at least seven business days before each meeting.

Communication and Reporting

The Co-Chairs of the PAC may be invited to attend a meeting of the Board. Otherwise, PAC activities shall be reported through the SETFHT PAC Chair to the Executive Director of SETFHT for report to the Board of Directors.

Quorum

The Co-Chairs will determine if there is a sufficient attendance to conduct the meeting.

Decision Making

Consensus decision making is preferred and voting can be conducted to determine level of consensus.

Our PAC Members

Ed is a long standing member of East York. He has four sons and a long and decorated career in the field of banking. He likes to travel, garden and is an active volunteer.

In his own words...

Likes having the opportunity to give back to his community.

Sarah is an avid outdoors person and loves to camp, canoe and spend time with her family in nature. She has a fine arts background so enjoys writing, painting and other creative endeavours.

In her own words...

As my entire family receives care at the SETFHT I was interested assisting in the betterment of the Health Team for others patients. I feel I bring a creative, practical and balanced point of view to committee discussions and decision.

John has a 4 yr old daughter and enjoys spending time with his family the most. They take regular trips to the local park and take his 2 dogs for long walks. He enjoys watching movies and various ethnic foods.

In his own words...

I joined the council out of a sense of appreciation for the care I have received. Until a few years ago I had generally good health. Some life circumstances changed and my stress level increased leading to a variety of ailments. With the help of the SETFHT I am getting my health back on track and enjoying life more. Participating on this council is small way of saying Thanks. I hope to bring a well rounded patient perspective to the committee given the fact that I have used many of the services offered.



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Samantha currently works as a student life professional at the University of Toronto. She has been in Canada for approximately 2 years. She loves musical theatre and is a Mirvish season ticket holder. She also loves to travel - and is lucky to do so quite frequently. She is also a runner and loves Indian food and steak.

In her own words...

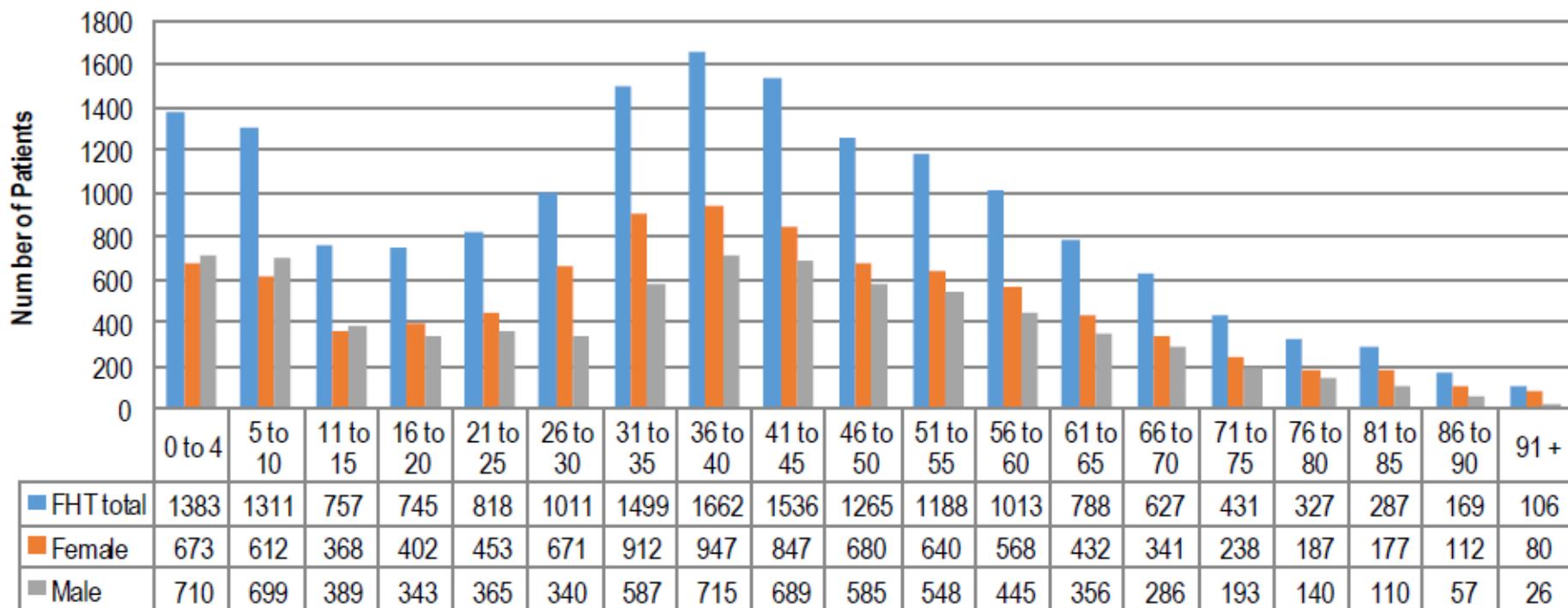
I'm really passionate about the incredible care I receive, and want to do my part to share my knowledge and previous experiences with the group to continue to improve upon the patient experience. I'm also interested to know what is going on at a higher level, and to see if I can provide strategic support. I think I bring an interesting perspective because I just went "through the system" trying to find a GP and know what issues some people are facing.

Sonia loves to travel to experience different cultures. Enjoying all types of foods and sampling new foods...Food is her passion!

In her own words...

The Patient Advisory Council seemed like an interesting group where I can exercise my interest in the well being of people and live a healthy lifestyle. My general business management experience and working in the food and health food industries along with working with healthy products will allow me to add value to this committee.

Age Distribution



Our small but mighty team of 5 PAC members represent our full demographics of patients

Activities of the PAC

Advance Care Planning Strategy – East Toronto Health Link

- When discussing communication, the group identified some subject matter that would be helpful to them, especially when it came to getting this material from the team.

Notable comments:

- *“I think talking about Advanced Care Planning to young people is a great idea. I think my parents would have a tough time making decisions about ending my life, because I’m young”*
- *“...Well my family knows what to do, but I never thought about telling my doctor I have a plan. I mean what if the kids just can’t do it, maybe I should talk to her (my doctor)”*
- PAC felt very strongly that this is not just a plan or topic for seniors and that everyone should be having this conversation which led ETHEL to relook at their marketing materials and posters

Patient Survey

- Provided full annual survey results to committee members in meeting and asked what jumps out at them
- Reviewed question by question and was able to gage raw reactions as the survey was not provided in advance
- Started conversation about access to their own data/info/medical records

Notable comments:

- *“I don’t mind you asking questions about my experiences, but I think you should also ask if I’m happy here. I might not get an appointment with my provider, but I am happy.”*
- *“Sometimes people answer questions based on how they are feeling that particular day, so its great that you ask ‘How Important’ those questions are.”*

Social Media and Communications

- Presented with topic of email and online presence
- All members very interested in better use of use communication from clinic
- Agreed that if there was more of an online presence (i.e.. Posts showing of their Facebook newsfeed) they would utilize it as another source of info and they would feel more included and a part of clinic
- Pushed Social Media onto the agenda for FHT
- Blitz for admin staff to collect email consents from pts
- Facebook site launched July 1, 2014

Notable comment:

- *“I wish you had more signs about your website. I’m never here long enough to read anything on the walls”*

Strategic Planning Focus Group

- Participated with the consulting group as a focus group for SETFHT's strategic planning refresh in June 2014
- Targeted questions were asked in 3 areas:
 - What is your patient story?
 - What do you like:
 - What are your hopes/wishes for the future?
- We actually held another focus group in late August with other patients to get a more fulsome picture – many of those individuals now interested in joining PAC

Notable comments:

- *“I had complications after surgery – called the office in extreme pain – stayed on the phone with me -- they were ready to call 911 for me – ready and willing to help”*
- *“If you need to see someone, can always see someone that day or the very next morning – accessibility”*
- *“The telephone answering system could*



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What our Patients Tell Us

Access

- If you need to see someone, can always see someone that day or the very next morning – accessibility
- The waiting room -- I'm in there for 30 seconds before I get called

The Team

- I've definitely seen a NP more than I see the GP – I like to be able to have done that – I like to know the team members by name – able to access and build relationships with
- Multiple health practitioners can access my file – don't have to tell whole history again and again
- I only see my family doc 1/3 of the time – seen many of the people here – mostly young people – NP – it is the teamwork of this place that is some impressive
- Have other services available right here – dietitian, addictions, senior care, care navigator, centralized
- Care navigator – really liked it

Links to TEGH

- There is great communication between hospital and my family doctor – report sent right away – my GP asks me about all of the other doc visits I have had – very helpful
- Close connection to TEGH – They will call and get me straight into ER in an emergency – someone waiting for you

Teaching FHT

- Docs here teach – she has interns – asked us would you mind having them look at you – I like that! – glad to be a part of that
- Residents are sometime more thorough than my family doctor – they take the time with you – very keen

Groups

- Mind over mood groups -- there are many groups that are free!

Model of Care

- My doctor is the best doc I have ever had) – “consultant for my care”
- This is head and shoulders above anything else I have experienced

What our Wish for in the Future

- **Enhanced Access**
 - Getting through the telephone line
 - More use of email and social media (appointment reminders, access to own chart, book appointments)
 - Longer clinic hours on weekends (though happy it is open 7 days a week)
- **More Promotion of the Team**
 - Use TVs in clinic waiting rooms to advertise the team and services
 - Encourage physicians to promote team members
- **Groups**
 - More groups and later hours
- **Integration of “Holistic Health Providers”**
 - Acupuncture, homeopathy
- **Better Issue Resolution**
 - Speedier response for complaints

Where do we go from here?

- Once our new strategic plan has been adopted, our PAC will begin the process of self evaluation to determine some upcoming work that can include their input and provide some feedback on ongoing PAC membership
- As a final PAC work plan item, they have been asked to consider what the future for the group should look like, from membership, to terms, and how best to have a concrete link to the organization



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Perceived Barriers

Attitudinal Barriers

- Fear that patients' and families' suggestions will be unreasonable.
- Perception that there is a lack of evidence for patient- and family-centered practices .
- Belief that patient- and family-centered care is not necessary (“We are knowledgeable, caring professionals. We know what’s best for our patients. We are all patients.”)
- Belief that patient- and family-centered care is time-consuming and costly resources.
- Belief that their patients are too poor, too violent, too uneducated, too humble to be engaged or to engage.

Organizational Barriers

- Lack of guiding vision.
- Tendency to implement either a top-down approach to initiating partnerships with
- insufficient effort put in to building staff commitment, or the tendency to
- implement a grass-roots effort that lacks leadership, commitment and support.
- Organizational culture.
- Scarce fiscal resources and competing priorities.
- Inadequate organizational leadership.



Tips for Starting up a PAC

- Designate a staff liaison to recruit patient and family advisors, coordinate training, provide mentorship, and assure opportunities for meaningful participation in the institution or organization
- Ensure that the facilitator is NOT someone who would normally have regular contact with patients
- The members need to have their confidentiality ensured and one way to do this is by creating some separation between them and the health care providers
- Prepare less experienced patients and family members for participation in meetings and educational sessions, linking them with an experienced patient or family member whenever possible



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- Have clear outcomes right from the beginning, create a cycle of feedback for the committee members and start with an event to create flow for the appropriate utilization of the committee
- For example, we initiated a call for participation through the Patient Satisfaction Survey—then strategic planning— then big thinking opportunities
- This will get the members started to create some team dynamic before asking for their input on the Strategic Plan and then give the organization some valuable feedback on some concepts that may be of interest to the FHT

- Communication is key!
- Sending updates, including them in news releases, is critical to keeping the PAC engaged
- Also, communicating to our larger team as well as our patients and stakeholders that our organization has a team dedicated to providing feedback from the patient perspective is valuable

References to Start a PAC

- Patient- And Family-Centered Ambulatory Care: A Checklist - Institute for Family-Centered Care, 2007.
- Institute for Family-Centered Care has a number of resoruces on its website (<http://www.ipfcc.org/>) worth a read:
 - Selecting, Preparing, and Supporting Patient and Family Advisors.
 - Tips for How to be an Effective Patient or Family Advisor: A Beginning List.
 - Tips for Group Leaders and Facilitators on Involving Families on Committees and Task Forces.
 - Advancing the Practice of Patient- and Family-Centered Care: How to Get Started.



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Patient and Family-Centred Care

As health professionals, we are not the hosts of the care system but guests in our patients lives.

—Don Berwick



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Questions

