**Potential Patient/Family**

**Advisory Board Agenda Topics**

* Storytelling – share stories of good and bad experiences with the health system, relationship with primary care
* Waiting room set up/aesthetics
* Perform a clinic walk through – tour the clinic from check in to check out, soliciting patient feedback along the way
* Magic wand exercise – ask the audience if they had a magic wand what they would change about… the clinic, healthcare, the hospital, etc.
* Norms, Delights, Surprises – Brainstorm what features are found at each of these levels as they apply to a clinic. Norms are the status quo (as an example, for a hotel, this may include a clean room and a door with a lock). Delights are higher end features commonly found (in the hotel example this could be a heated outdoor pool, free wi-fi, etc). Surprises are pleasurable features that are beyond status quo (if the hotel draws a bath for you knowing you had mentioned wanting one when you returned after your workday). In talking in the general sense, the clinic leadership can reflect on where they are failing to meet or where they are surpassing patients’ expectations
* Quality improvement bootcamps – brief learning sessions at the patient level on QI itself (what is a PCMH? How do you do QI? What are the pros/cons of an EMR?)
* Disease-related mini learning sessions – If your clinic does QI work on disease-specific projects (e.g. increasing the compliance with HbA1c checks), offer a 30 to 60 min patient level education session on diabetes
* Vetting of language on patient handouts
* Creating the powerpoint stream for a TV in the waiting room
* Feedback on QI projects – make sure to solicit feedback early, while the project is still malleable!
* Brainstorming of QI projects – consider allowing the PFAC to brainstorm their own QI projects or having them choose from a list of projects the staff/providers are interested in but have not yet begun work on

**Patient Advisory Committee Meeting Notes Template**

|  |  |  |
| --- | --- | --- |
| **Purpose: Patient Advisory Committee Meeting** In attendance:  | **Leaders:** [facilitator name] |  |
| **Minutes:** 90 minutes |  |
| **Date:**  | **Time:** 2pm-3:30pm | **Location:** AFW Lunch Room  |
| **Topic** | **Discussion** | **Recommendations/ Actions** | **Follow Up/ Date**  | **Owner** |
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| **Next Meeting** |  |  |  |  |

Patient and Family Advisor Confidentiality Contract

I willingly agree to be a patient and family advisor and to work on design teams and/or give information to the Name of Clinic or Hospital . My role is to:

* Talk about – and help others talk about – ideas so Name of Organization and other healthcare providers in our community can make healthcare better.
* Talk about what happened to me as a patient or a patient’s family member in ways to make healthcare better.
* Say what I think about changes to make things better for the patients and families getting care at Name of Clinic.
* Work together with staff and physicians in planning programs.
* Think beyond what happened to me to help others.

As a patient and family advisor, I will talk to others and will learn about this organization and others. This includes personal information about patients and their families and operational information about Name of Clinic programs, clinicians and staff. I promise and agree that:

1. I will protect the confidentiality, privacy, and security of all information that I learn as a patient and family advisor.
2. I will not talk, e-mail, or write down anything I learn about patients or Name of Clinic unless it is part of my role as an advisor. I will not talk about in a public place inside or outside of Name of Clinic about anything I learn in a meeting.
3. Even though names and medical details are not talked about, there may be enough information to figure out who a person is. I will not try to figure out who particular persons or events may be based on what I learn at any Name of Clinic meeting.
4. I will not use anything I learn as a patient and family advisor for any reason except helping Name of Clinic.
5. I am, and others in the meeting are, free to share their stories. I know that we do not have to say anything that we do not want to say. I know that some people I talk to do not have to follow federal and state laws that protect health information, and they may tell others, even if they are not supposed to.
6. My information and my ideas, alone or with other information and ideas, may be used by Name of Clinic. I give Name of Clinic the right to use such information and ideas.
7. I will tell someone who works at Name of Clinic if I do not, or someone else does not, follow this contract.

I have read and understand this contract. I know this contract does not end. I will do what I promised to stay a patient and family advisor to Name of Clinic.

|  |  |
| --- | --- |
|  Name (print) |  Affiliation / Title |
|  Signature |  Date |

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| --- | --- | --- | --- | --- | --- |
| **DOMAIN** | **Old Ways** | **First Steps** | **Making Headway** | **Picking up Speed** | **Strong Momentum** |
| **Respect and Diversity** | I see people dealing with each other only as labels and roles (client, mental patient, therapist, doctor).I sometimes feel devalued, demeaned, disregarded.  | I am beginning to see others beyond the labels – to recognize and tolerate different kinds of experience and expertise. | I make a conscious effort to respectfully ask questions of others. I have seen the group openly discuss labels and roles. | I see people sharing smiles, humor, and empathy, listening, understanding, and equally valuing each other regardless of each person’s status and position. Information and opinions are freely shared.  | I see people recognizing and sharing common life experiences, values, and common purpose. Our contributions are much less confined by formal roles. |
| **Structure for participation** | I observe that the discussion is dominated by a few people – everyone doesn’t seem to have the opportunity or feel safe to speak. | There is a structure to support everyone speaking and listening.  | Most people in the group speak and are heard.  | I feel that our dialogue is creative and includes everyone. | I observe that meetings are lively and members seem to be able to share what they are thinking – I feel that it’s ok to look ‘dumb’ and to disagree.  |
| **Trust** | I think that others’ intents are self-serving. I am afraid to say what I think. | I’m observing and assessing the safety of the group – such as people’s attitudes, non-verbal communication, whether I have peers here. | I’m experiencing dialogue in which I have the opportunity to hear the views of others. I don’t think the group punishes people who express contrary opinions. | I mostly trust the good intentions and motives of others in the group. I am coming to believe in the value of what we can learn from each other. | I realize that the best resolutions require everyone’s contribution/expertise. |

**Advisor-Staff Collaboration for Systems Change**

**(in committees, meetings, planning processes)**

DESCRIBE YOUR PERSONAL EXPERIENCE IN THIS GROUP, TODAY, BY MAKING AN X IN A BOX OR ON THE LINE BETWEEN BOXES