# Patient and Family Advisory Council Handbook

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NORFOLK GENERAL HOSPITAL

May 1, 2017

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## Message from the Interim President and Chief Executive Officer

Welcome and thank you for joining Norfolk General Hospital's Patient and Family Advisory Council.

We value your commitment and appreciate your willingness to volunteer as an advisor partner who will help us transform local health care.

By collaborating with patients and families, we continuously learn from patients' experiences of care, what we've done well and where we can improve.

Through this engagement, it is anticipated that it will help improve the understanding of the patient experience and improve upon it'.

On behalf of the staff, physicians, and volunteers at West Haldimand General Hospital, thank you for choosing to be a NGH Patient Family Advisor - we look forward to working with you!

Sincerely,

Kim Mullins
Interim President & CEO
Norfolk General Hospital

## About Norfolk General Hospital

### Vision *"To be an inspiring model of what an exceptional healthcare experience should be"*

### Mission *"Our mission is relieve Illness and suffering, and help people live healthier lives"*

### Values

**Compassion**
Compassionate care is a commitment we make o patients and their families. We understand that the art of care is just as important as whatever technical expertise we bring to our jobs and that compassion is something that we as staff members are called to give of ourselves every day.

**Excellence**
We must not only meet, but also exceed the needs and expectations of our patients. Excellence means that we will not only provide highly skilled patient care, but also that we understand the human dynamics involved in providing care and services. Excellence means a commitment to maintaining the best equipment and facilities that we can possibly afford. It means a commitment to assisting professionals in furthering their education and skills. It also recognizes that all staff members play key roles in ensuring that patients have the best experience possible in our hospital.

**Accountability**
We are accountable to each other, the people we serve, our community and the Ministry of Health and Long Term Care for our actions. We measure the outcomes of our actions and report them. We are stewards of the resources entrusted to us to deliver safe, effective and efficient health care.

**Respect**
This value encompasses how we treat our patients and their families, and how we relate to each other. We value the rights of our patients and their families to be treated with dignity and have their individual values and decisions appreciated. We recognize the value and unique contributions of staff members, physicians, volunteers, and supporters. We listen to each other and work together with dignity and consideration.

**Empowerment**
We are committed to sharing information with staff members so that everyone can understand and make decisions that positively influence the hospital's direction and performance. Patients and families are empowered through having all the information they need to make informed decisions, and to have the right to make their own choices and the ability to act on them.

**Collaboration**
We will foster collaborative relationships with our partners, sharing values and goals, building trust, respecting each other's skills and expertise, maximizing utilization of resources, and fostering communication to ensure an integrated response to patient and community health needs.

## Patient and Family-Centred Care

What is patient and family-centred care and why is it important? The Institute For Patient And Family-Centered Care (IPFCC) in Bethesda Maryland explains:

- Patient and family-centred care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.
- Patient and family-centred practitioners recognize the vital role that families play in ensuring the health and well-being of patients and family members.
- Patient and family-centred care is an approach to health care that shapes policies, programs, facility design, and staff day-to-day interactions. It leads to better health outcomes and wiser allocation of resources, and greater patient and family satisfaction.

## Core Concepts of Patient and Family-Centred Care

**Dignity and Respect**

Patient and family perspectives and choices are heard and honoured. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into care planning and decision-making.

**Communication and Information**

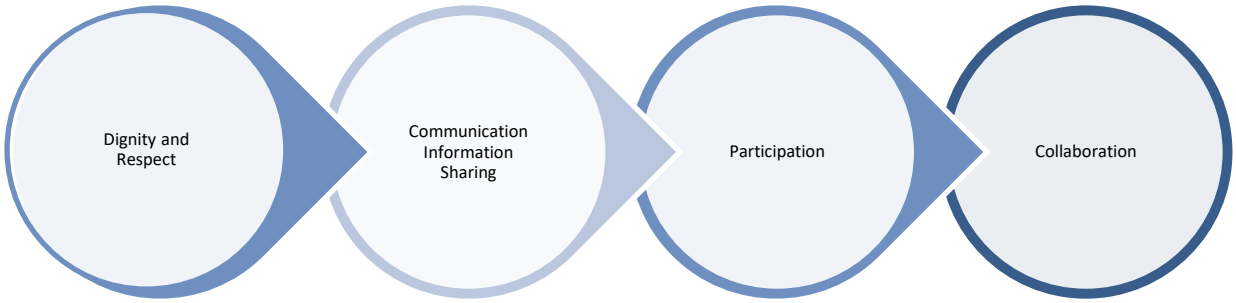
Sharing Health care providers share complete and unbiased information with patients and families in a way that is clear, complete, timely, accurate and useful in helping patients and families effectively participate in care and decision-making. Patients and families also share all necessary and relevant information with members of their care team.

**Participation**

Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

**Collaboration**

Patients, families and health care providers collaborate in policy and program development, in professional education, in research and evaluation, and in the delivery of care.




1 reprinted with permission from IPFCC http://www.ipfcc.org/pdf/CoreConcepts.pdf

## Patient and Family Advisory Councils Defined

Patient and Family Advisory Councils play a role in helping hospitals to become more patient and family-centred. Councils serve as a regular meeting forum for patients and families to partner with hospital staff members and leaders to shape decisions and influence change. Patient and Family Advisors share their unique experiences, tell their stories and use their informed perspectives to advise on issues and decisions. This ultimately impacts the delivery of health care and the quality of the experience for the next patient or family member.

## The Role of a Patient and Family Advisor

Patient and Family advisors are individuals who have received care (ideally within the past 2 year) at Norfolk General Hospital or are the family members or loved ones (immediate family, extended family, and close friends) of the person who received the care. They are part of a formal council, committee or working group that shares these experiences and insights in order to ensure the voice of the patient and family is brought into the decision making process.

The goal is to improve care and service delivery and ultimately the patient experience at

Norfolk General Hospital

## Roles and Responsibilities:

The key roles and responsibilities of Patient and Family advisors are to:

- Contribute ideas and suggestions that will enhance patient and public involvement in health service planning and decision-making so that the patient community has a voice in the delivery of health care services
- Participate as a regular and active member of the committee and/or working group to which they have been invited
- Tell their story and share their point of view, and be able to objectively listen to and appreciate the views of others
- Provide input into patient care and organizational processes, and advocate for patient and family needs from a broad perspective
- Show commitment to improving care for all patients and family members at Norfolk General Hospital by ensuring that the patient is the focal point of all discussions
- Promote improved collaboration and relationships between patients, families and staff
- Review recommendations referred to the council
- Participate in the development of new programs, services and facilities

## Expectations in the Role of Patient and Family Advisor:

**The Patient and Family Advisors can expect to:**

- Attend monthly meetings and ad-hoc meetings as required (estimated time commitment of 3-4 hours per month)
- Read meeting materials in advance of the meeting and come to the meeting prepared to contribute and discuss agenda items
- Have internal processes and terminology explained to them as needed for clarification and understanding
- Be listened to and respected for their insight and suggestions
- Be assigned a staff coordinator to address any question or concerns related to the involvement on the Patient and Family Advisory Council
- Attend an orientation session to understand their role as advisor

**Norfolk General Hospital expects Patient and Family Advisors to:**

- Respect the collaborative process and understand that the **final decision-making** related to care delivery and process improvements is the responsibility of the administration of Norfolk General Hospital
- Maintain confidentiality of patient and organizational sensitive material
- Be positive and supportive of the Norfolk General Hospital's mission which is, Our mission is to relieve Illness and suffering, and help people live healthier lives.

**Characteristics of a Successful Advisor:**

- Respectful of others and their perspectives
- Comfortable speaking in a group and interacting with others
- Good listener
- Ability to use their personal experience constructively
- Ability to see beyond their own experience
- Ability to see the big picture
- Demonstrates a non-judgmental and positive attitude
- Ability to work collaboratively with other families and healthcare providers
- Desire to expand their knowledge and skills
- Desire to participate in bringing about meaningful change
- Ability to maintain confidentiality of patient and organizational information

**Preparing For Meetings**

Meetings will take place on a regular basis (usually monthly) and will be co-chaired by an NGH staff member and a PFAC member. Terms of reference for the meeting will outline the council's membership, voting criteria, frequency etc. Prior to each meeting, you will receive a number of documents including a meeting agenda, minutes from the previous meeting and any briefing notes that will outline any initiatives coming to council that require advisor feedback. These elements to the meeting are described below. It is expected that patient and family advisors will review these materials in advance of the meeting and come prepared to discuss and contribute in a meaningful way.

**Elements to the meeting:**

*Agenda* - an agenda will be prepared and circulated in advance of the meeting (typically one week). This document states the meeting details such as where and when the meeting will take place. It also outlines the topics that will be discussed during the meeting. Council members have the opportunity to add discussion items to the agenda as they see fit.

*Minutes* – are notes that summarize the discussion that took place during the meeting. Council members will review the minutes prior to the next meeting and will be expected to approve the minutes to ensure that they accurately reflect the discussion. A note taker will make any revisions to the final document as required.

*Briefing Note* – is a tool that is used by staff members throughout the hospital to bring items and ideas forward to the advisory council. This document will summarize any relevant background information, the issue at hand and also specify how they would like to engage with the council (i.e. endorsement, consultation, feedback, input, other).

**Preparing for the Initial Meeting – Telling Your Story**

At the first council meeting, patient and family advisors are often asked to share their stories. These personal stories serve as powerful tools for bringing about constructive change in the health care system. Sharing stories is an important way for them to tell others a little bit more about themselves and provide the opportunity to learn from their experiences. Each advisor has a story to tell that is uniquely based on their personal experiences throughout their health care journey. Listening carefully to these stories allows us to gather insights about each other and better understand where we have come from and where we would like to go. These stories can have a lasting and powerful effect that will shape the future delivery of health care at Norfolk General Hospital.

*reprinted with permission from IPFCC http://www.ipfcc.org/advance/Sharing_Your_Story.pdf

Consider the following questions prior to agreeing to share your story and participating on council:

- Am I willing to share? The entire story? Or aspects?
- What do I feel is too private to share?
- What will my story teach those who are listening? What is the intended impact?
- Have I had negative experiences that are still bothering me and will be difficult to share in a constructive manner?

Remember to:

- Think carefully about the message you want your audience to remember. Speak from your heart—be authentic, respectful, and constructive
- Balance positive experiences with improvement opportunities
- Use your own style and be honest
- Expect questions from the audience—anticipate the topics and prepare for them
- Remember that your experiences can be turned into constructive learning opportunities
- Expect that some people who hear your story may be deeply moved. Also remember that you may feel emotional when you tell your story.

Remember that your experiences can be turned into constructive learning opportunities

**Preparing for Subsequent Meetings**

To be an active and effective member of a meeting, you can:

- Be well prepared - go through the agenda in advance and review items.
- For each agenda item, ask yourself: “How can I contribute to the discussion? What could be some possible concerns?” “What is relevant to bring to this discussion?”
- Be involved
- Be a good listener
- Support your follow patient and family advisors

**Debate versus Dialogue3**

Many think dialogue is just talking back and forth but it’s more than that.

Dialogue is the art of a good conversation. Not to be confused with debate, dialogue is the peaceful way of working out a problem. Debate means stating your point of view without taking time to consider other options, or getting your point across while trying to make others back down.

3 Content adapted from http://www.publicconversations.org/docs/resources/DebateDialogue.pdf

Dialogue is the process of putting two or more different opinions together to create a unified idea.

| DEBATE | DIALOGUE |
|---|---|
| Assumes that there is a right answer and someone has it | **Assumes that many people have pieces of the answer and that together they can craft a solution** |
| Defending assumptions as truth | **Revealing assumptions for re-evaluation** |
| Combative: participants attempt to prove the other side wrong | **Collaborative, participants work together toward common understanding** |
| Defending one’s own views against those of others | **Reflecting on and re-evaluating one’s own views** |
| Listens to find flaws and makes counterarguments | **Listens to understanding, find meaning and agreement** |
| Searches for problems and weaknesses | **Searches for strengths and value in others’ ideas** |
| Countering of the other position without consideration of feelings or relationships – often belittles or depreciates the other person | **Genuine concern for the other person and seeks to not alienate or offend** |
| About winning | **About discovering new options** |

**Application Process**

Upon reading this handbook, if this opportunity sounds like the right fit for you, please complete an application and return it via any of the following options:

1. Complete the online form found on Norfolk General Hospital's Website

http://www.ngh.on.ca/images/hospital/about/Patient%20Experience%20Advisor%20Application%20-%20October%202014.pdf

Print the completed application and return it by:

mail to:
Norfolk General Hospital Attention:
Jessica Sarafinchin
365 West Street
Simcoe, Ontario
N3Y 1T7

**Or**: fax to (519)-428-2946

Prospective patient and family advisors will be contacted and a formal interview will be scheduled. Please note – the Sault Area Hospital does not guarantee that ALL applicants will be contacted for an interview however; applications will be held in a resource pool for future consultation.

**References**

1. Change Foundation http://www.changefoundation.ca/library/patientfamily-advisory-councilsontario-hospitals-work-play/

2. Institute for Patient and Family Centred Care www.ipfcc.org

3. http://www.publicconversations.org/docs/resources/DebateDialogue.pdf

## Additional Questions or Comments

**Do you have any additional questions or comments?**

**If so, please direct them to: Coordinator, Patient and Family Advisory Council**

**via email at jsarafinchin@ngh.on.ca or at 519-426-0130 ext. 4474**