



STAFF LIAISON TO PATIENT AND FAMILY ADVISORY COUNCILS AND OTHER COLLABORATIVE ENDEAVORS

Staff liaison: Any role that enables consumers to have direct input and influence on the policies, programs, and practices that affect the care and services that individuals and families receive.

- ▼ Key attitudes and qualities for the staff liaison to a Patient and Family Advisory Council.

Patience, perseverance, flexibility, listening skills, openness to new ideas and ways of working, willingness to learn, willingness to educate and to be educated, ability to work positively and proactively, ability to see strengths in all people and in all situations and to build on these strengths, and a sense of humor.

- ▼ Get to know the culture of the organization and its staff.

- Learn how decisions are made.
- Identify and get to know the formal and informal leaders of the organization.
- Look for supporters of patient- and family-centered care.
- Be alert for strategic opportunities to introduce patient- and family-centered concepts or to integrate them in new or ongoing initiatives.

- ▼ Lay the groundwork with all possible individuals who might be involved in patient- and family-centered initiatives.

- Meet with individuals and groups — use these meetings to learn about the people in the organization and the organization itself. These meetings are also an opportunity to educate about patient- and family-centered care.
- Seek support from key individuals or groups such as hospital administration, managers, family support groups, and other patient groups. Challenge them to bring forward their ideas and take action.
- Identify individuals on the staff who might “champion” the ideals of patient- and family-centered care — provide them with support and encouragement.

- Educate, formally and informally, about the principles and benefits of patient- and family-centered care, advisory councils, and other collaborative endeavors. Be candid and constructive about the challenges as well.
 - Help staff develop a patient- and family-centered definition of “family” — the family as self-defining — and make the distinction between families and visitors.
- ▼ Assist staff and faculty across all disciplines in understanding the roles of patients and families at meetings, or on committees and task forces.
- Develop clear guidelines for the participation of patients and families and what can be asked of them.
 - Help staff realize appropriate boundaries for patients, families, and staff.
 - Offer suggestions and assist staff, patients, and families in dealing with conflicts.
 - Be prepared to support staff who have been confronted by angry patients/families and are unprepared to deal with their angry feelings.
 - Challenge them to identify opportunities to include patients and families in policy and program planning, implementation, and evaluation.
- ▼ Seek opportunities to enhance staff’s ability to collaborate and their understanding of and commitment to patient- and family-centered care.
- ▼ Be available to staff who are resistant to patient/family participation in hospital activities, committees, or task forces.
- Find constructive ways for them to see this type of collaboration “in action.”
 - Create opportunities for them to interact with patients and families. Patients and families are often the best sales people for the concept.
 - Explore with staff ways for them to work with patients or families — continually encourage/remind staff to invite patients and families to participate in hospital activities.
- ▼ Identify opportunities for patient/family/professional collaboration — must be meaningful, not token participation.
- Encourage staff to always have more than one patient or family member attend meetings, task forces, or other endeavors.
- ▼ Assist with development of a Patient or Family Advisory Council.
- Provide guidance for determining structure, size, meeting frequency, operating procedures, and bylaws.
 - Clearly define the role of a council, its place in the organization, and the reporting relationships.
 - Determine senior hospital leadership’s expectations for council activities and reports.

- Consider developing a patient and family workgroup as a precursor to a more formal council.
 - The workgroup is a quick way to get patient and family participation in hospital activities.
 - The informal structure of a workgroup may be less threatening to staff.
 - The workgroup can be facilitated by someone internal or external to the organization. The latter provides an opportunity for staff, patients, and families to become comfortable over time with new ways of working together.
 - The workgroup is a place where staff, patients, and families can learn and practice new collaborative skills and a place to gain confidence in the collaborative process.
 - The workgroup provides an opportunity for natural leaders to emerge.
 - The workgroup can provide invaluable information to staff until a permanent council and/or a variety of other collaborative endeavors are established.

▼ Develop strategies for recruiting patient and family members.

- Identify patients, families, staff, and community organizations that can recommend potential members.
- Seek patients and families who reflect the diversity of those served by the hospital — racial, cultural, religious, socioeconomic, age, educational background, and a variety of family structures.
- Seek patients and families who represent a variety of clinical experiences such as type of illness, facilities, and programs utilized.
- Participate in the process to select council members, helping staff, patients, and families discuss applicants and what they bring to the council.

▼ Ensure that an orientation is given to new council and/or new staff members.
The orientation should include:

- The role of the council;
- The roles and responsibilities of members;
- The roles and responsibilities of officers;
- Meeting attendance expectations for members;
- The roles and responsibilities of staff on the council;
- How to be an effective council member;
- How to present issues effectively; and
- How to be most effective in collaborating with hospital staff and faculty.

- ▼ Encourage patients and families to actively “own” the council.
 - Patient or family chair or co-chairs lead meetings.
 - Patient or family chair or co-chairs establish meeting agendas.
 - Council members take responsibility for minutes with support of hospital staff.
 - Council members recruit new members — identifying appropriate potential members, involving them in a variety of activities, and developing their skills and interest in council membership.
 - Assist other staff in understanding the importance of patient/family members “owning the council.”

- ▼ Track accomplishments.
 - Celebrate successes.
 - Publicize information about council activities and other activities that involve patients and families.
 - Identify situations where patient/family input made a difference.
 - Consider broad dissemination of Patient and Family Advisory Council or workgroup meeting minutes to staff, faculty, and families who are interested in serving as advisors but not currently on the council.

- ▼ Sustain positive momentum.
 - Be alert to group dynamics and council productivity.
 - Provide guidance or support to ensure that the council:
 - is engaged in meaningful work;
 - works in a constructive manner;
 - fosters collaborative relationships between staff, patients, and families;
 - remains representative of the population served; and
 - functions in a manner that promotes investment by patients and families in ownership of the council.

Developed by Marlene Fondrick and Beverley H. Johnson, Institute for Family-Centered Care, Bethesda, MD, 1998.