



INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

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PREPARING FOR PATIENT AND FAMILY ADVISOR PARTICIPATION ON QUALITY IMPROVEMENT AND SAFETY INITIATIVES

There are many benefits to involving patient and family advisors on quality improvement and safety teams, initiatives, and ongoing committees. In order to realize these benefits, a core bundle of activities have been identified to maximize advisor participation, effectiveness, and value. Put a check mark next to each item that has been completed and ideas for how to address those items that are not completed in the notes column. This will ensure that your clinicians and staff as well as patient and family advisors are prepared for a successful partnership to improve quality and safety.

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Making Key Decisions about Advisor Participation		
	The executive sponsor and/or the Safety/QI champion of the project/committee have identified the importance and value of advisor participation.	
	The key leaders are prepared to communicate their support in words and actions with other members, staff, and clinicians for the involvement of advisors on the project team/committee.	
	The role of patient and family advisors has been defined for this particular project team/committee. Consider the following options: Full team member*, Ad hoc team member, Consultant/Reviewer, or Guest Speaker/Presenter *Recommended	
	The number of advisors needed for this project team/committee has been determined. Recruiting two or more advisors is advised.	
	The special skills and experience needed for advisors to effectively participate has been identified (e.g., patients with diabetes for a team to improve diabetes education materials or programs).	
	The time commitment and length of participation anticipated for advisors to serve on the project team/committee have been determined.	
	The meetings have been scheduled at times that make advisor participation possible.	
	If the time of existing project team/committee meetings cannot be changed, flexible ways for advisors to meaningfully participate have been identified and adopted (e.g., participation by conference call, Skype, webinar).	

	A staff member has been identified to serve as the main contact for the advisors throughout their participation (e.g., staff liaison for advisory program, member of project team/committee).	
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Preparing Clinicians and Staff for Advisor Participation		
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	Staff and clinicians who have not partnered with patient and family advisors previously are provided an opportunity to share concerns and issues prior to the advisors joining the group.	
	Issues or concerns raised about partnering with advisors are acknowledged and addressed by leaders and staff liaison to advisors. Information and support are provided to those whose concerns remain.	
	Staff and clinicians receive an orientation about their role in working with advisors in group settings.	
	When an advisor joins a group, they are introduced to the members, welcomed, and given the opportunity to share why they are joining and what their hopes and wishes are for their participation. If possible, a brief bio and picture of each advisor joining the group is provided to members.	

Recruiting and Preparing Advisors		
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	The role of an advisor is defined with an explanation as to why it is an important role for the organization. This information is communicated in ways meaningful to patients, families, and the community. (Some organizations create a Frequently Asked Questions document or a brochure about serving as an advisor.)	
	The organization has a written purpose/aim statement identified for the role advisors will play.	
	A variety of methods to recruit patients and family members to be advisors has been identified, developed, and implemented.	
	Easy to use referral mechanisms/forms have been created so staff and clinicians can refer potential advisors easily.	
	The overall number of advisors is planned to be sufficient enough to ensure that no one advisor is overused or expected to be involved in every project.	
	An application process and forms have been created to gather information from potential advisors. This includes a confidentiality form.	
	A selection process is planned and in place to ensure a good match between an advisor's interest and safety and quality improvement opportunities. Most organizations hold a discussion/interview with potential advisors.	

	For each project team/committee that requests advisors, there is a deliberate effort made to ensure that two or more advisors are selected to serve on the group.	
	Someone on the project team/committee has been identified as a mentor for the advisors.	
	Orientation on methodology is provided (e.g., quality improvement model) and any definitions of terms and tools that will be used are shared with and explained to advisors.	
	If this is an existing team/committee, any products, project summaries, or current topics that are under discussion are shared with advisors. Sharing minutes of recent meetings is helpful.	
	The advisor has an opportunity to meet the chair of the group prior to the first meeting.	
	The key contact or mentor for advisors conducts a debrief after the first few meetings with advisors to check-in and determine if they need additional support or have questions. This can be done on as needed basis as the advisors become more comfortable and active.	

Documenting the Impact of Advisors and Measuring Change		
	A list of advisors with the amount of hours served and their assignments is maintained. The estimated value of advisor time can be calculated using standard volunteer hour rates.	
	Quotes from both advisors and staff are collected that describe the learning and value of the partnership.	
	The impact that advisors had on improvements, revisions to materials or processes, and creation of materials or processes is documented through photos, videos, and summaries. Visuals are a powerful tool to capture the impact of advisor participation.	
	Measurement of key clinical outcomes related to any safety or quality project is tracked and shared with advisors, staff, clinicians, and leaders.	
	A mechanism to recognize the contributions of advisors is created and key leaders participate in some way (e.g., a yearly celebration is held, a thank you letter written and signed by the CEO). An annual report of advisor activities can be integrated into organizational reports to broaden the knowledge of these partnerships for safety and quality.	

Adapted from: Minniti & Abraham. (2013). *Essential Allies—Patient, Resident, and Family Advisors: A Guide for Staff Liaisons*. Bethesda, MD: IPFCC. This publication and accompanying flash drive with over 200 tools can be ordered at www.ipfcc.org/resources/bookstore.html.