**PARTNERING WITH PATIENTS AND FAMILIES IN PRIMARY CARE IMPROVEMENT AND REDESIGN: A WORKSHEET TO SUPPORT PROGRESS**

| **Action Steps** | **Progress** | **Date** |
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| 1. Appoint a Practice Leader as an Executive Sponsor for advancing the practice of patient- and family-centered care and developing meaningful, sustained partnerships with patients and families. |  |  |
| 1. Designate a Staff Liaison to coordinate and support work with patient and family advisors for the Medical Home and other initiatives to redesign primary care and other ambulatory care. |  |  |
| 1. Identify at least two patient and family advisors to serve on the clinical transformation team. |  |  |
| 1. Implement a process for key leaders and the clinical transformation team to learn about patient- and family-centered care and partnerships with patients and families in primary care and other ambulatory care. Participate in webinars, attend seminars and conferences, create a journal club to review and discuss articles, and visit websites such as: [www.ipfcc.org](http://www.ipfcc.org), [www.pcpcc.org](http://www.pcpcc.org), and [www.healthcarecommunities.org](http://www.healthcarecommunities.org). |  |  |
| 1. Assess the extent to which patient- and family-centered core concepts and strategies are currently implemented within your primary care or other ambulatory care practice (A brief initial assessment tool, “Partnering with Patients and Families: An Ambulatory Practice Self-Assessment” is available at [www.ipfcc.org](http://www.ipfcc.org) and at [www.pcpcc.org](http://www.pcpcc.org).) |  |  |
| 1. Identify initial roles for patient and family advisors who will assist in developing the Medical Home and redesigning primary care and other ambulatory care. The following are possibilities: 2. Serve on an advisory council of patients and families who receive care at the ambulatory practice with selected staff and clinical leaders. 3. Serve as members of the clinical transformation team. 4. Serve as members of task forces and work groups related to facility design, waiting room activities, registration procedures, clinic flow, documentation systems, ePHRs, patient safety, and other quality improvement endeavors. 5. Participate on site visit teams to other programs. 6. Participate in brainstorming sessions before developing educational materials and throughout the development process. 7. Assist in adapting patient information materials to meet the literacy and language needs of patients served by the practice. 8. Serve on teams to plan, conduct, and evaluate ambulatory group visits. 9. Lead or co-lead educational and support programs. 10. Serve in volunteer or staff positions such as clinic greeter, peer mentor/coach, or peer liaison. 11. Participate in identifying and building relationships with community programs and resources. 12. Join staff when they meet with funders and community groups. 13. Present at staff orientation and inservice programs. 14. Offer professionals-in-training or staff the opportunity to spend a day with them to observe how patients and families manage their care in their daily life. 15. Conduct follow-up phone calls with other patients and/or families after clinic visits to gather their perspectives on how they experience care. 16. Facilitate or co-facilitate quarterly or semi-annual coffee hours for other patients, families, staff, and physicians to explore ideas for improving care. 17. Participate in creating or revising a patient/family satisfaction survey and developing strategies to respond to concerns and problems reported. 18. Facilitate or co-facilitate focus groups of other patients and families as specific issues arise. 19. Participate in planning, conducting, and disseminating research and evaluation. |  |  |
| 1. Determine the qualities and skills of advisors who will serve in the roles described above. The following are possibilities:    1. The ability to share personal experiences in ways that others can learn from them.    2. The ability to see the ”big” picture.    3. Interested in more than one agenda issue.    4. Demonstrated commitment to partnership and collaboration.    5. The ability to listen and hear other points of view.    6. The ability to connect with people.    7. Interest in improving health care.    8. A sense of humor.    9. Representative of the patients, families, and members served by the ambulatory practice. |  |  |
| 1. Develop a patient and family advisor recruitment and selection plan, informational materials for recruitment, and an application form. 2. Develop an application form and other recruitment materials (use or adapt the “Patient and Family Advisors in Ambulatory Care: Sample Application Form” available at [www.ipfcc.org](http://www.ipfcc.org) and [www.pcpcc.org](http://www.pcpcc.org)). 3. Develop informational materials for recruiting patient and family advisors.    * Mission, goals, and priorities of the ambulatory practice.    * Description, priorities, and goals of council, committee, or project.    * Expectations for patient and family advisor participation.    * Meeting times, frequency, and duration.    * Expectations for communication between meetings.    * Time commitment beyond meeting times.    * Reimbursement or compensation offered.    * Benefits of participation (i.e., what are the expected outcomes of their involvement).    * Training and support to be provided.   c. Consider the following approaches for recruitment:   * Asking staff and clinicians for suggestions. * Post signs/brochures on bulletin boards in reception areas, corridors, and lobbies about the opportunity to be an advisor. * Ask patients/families during a clinic visit when appropriate. * Place notices in the clinic’s or health system’s publications, websites, information kiosks, and TV systems. * Contact support groups and community organizations such as Rotary, Kiwanis, fire departments, and religious organizations. * Ask current patient and family advisors for the clinic, affiliated hospital, or health system. * Call or send a mailing to patients and families served by the practice. * Post information on Twitter and Facebook.   d. Plan the selection process, especially who will interview patient and family advisors and the criteria for selection. |  |  |
| 1. Provide an orientation program for patient and family advisors and prepare them for serving on improvement and practice transformation initiatives. 2. The mission, goals, and priorities of the primary care or ambulatory practice. 3. Patient- and family-centered care. 4. Overview of patient experience, quality, and safety issues and strategies. 5. Specific skills and knowledge needed to be an effective team member (e.g., quality improvement methodology for those serving on a quality improvement team). 6. HIPAA and the importance of privacy and confidentiality. 7. Communicating collaboratively:  * Expressing your perspective so others will listen * How to ask tough questions * What to do when you don’t agree * Listening to, and learning from, the perspectives of others. * Thinking beyond your own experience.  1. Who’s who in the organization or on the project team and how to contact team members. 2. How to prepare for a meeting: what to wear, what to do ahead of time, and what to bring. 3. How meetings are conducted: format, agenda, minutes, roles (e.g., secretary, timekeeper). 4. Training for any technologies that will be used (e.g., conference calls, web-based tools). |  |  |
| 1. Provide education and support for administrative leaders, clinicians, and staff for collaborating with patient and family advisors. Address such issues as: 2. How to encourage collaborative discussions. 3. The importance of listening. 4. Effective approaches to meeting facilitation. 5. Acting on advisors’ observations and recommendations when appropriate and providing information when not implemented. 6. Being open to questions and challenges. 7. Responding/explaining without being defensive. |  |  |
| 1. Plan and facilitate initial working meetings with patient and family advisors. |  |  |
| 1. On the basis of the self-assessment, partner with patient and family advisors to set priorities and develop an action plan for changes and improvements to advance the practice of patient- and family-centered care. |  |  |
| 1. Track changes and new initiatives. Document results. |  |  |
| 1. Evaluate processes, measure the outcomes and impact of collaborative endeavors, continue to advance patient- and family-centered practice, and celebrate and recognize success. |  |  |

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