BOARD COMMUNITY RELATIONS COMMITTEE MEETING

Wednesday, June 4, 2014
3:30 p.m. (Light snacks for Committee members & invited guests)
4:00 p.m. Meeting

GRAND AVENUE CORPORATE OFFICES
BOARD CONFERENCE ROOM
456 E. GRAND AVENUE, ESCONDIDO, CA 92025

CALL TO ORDER

Public Comments
5 minutes allowed per speaker with a cumulative total of 15 minutes per group.
For further details & policy, see Request for Public Comment notices available in meeting room.

Information Item(s)

1. * Approval: Minutes – Wednesday, April 2, 2014 (ADD A-Pp-7-17) 
3. Review: Family Advocacy Council and How it Might Encourage Community Involvement in Board Meetings by Tina Pope, Manager, Service Excellence (ADD C-Pp-26-60)

ADJOURNMENT

Board Community Relations Committee Members

<table>
<thead>
<tr>
<th>Jerry Kaufman, PTMA, Chair</th>
<th>Ted Kleiter</th>
<th>Jeff Griffith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael H. Covert, FACHE</td>
<td>Sue Herndon, Palomar Health Foundation Board Member</td>
<td>Alternate: Aeron Wickes, M.D.</td>
</tr>
</tbody>
</table>

NOTE: If you have a disability, please notify us by calling 858.675.5376 72 hours prior to the event so that we may provide reasonable accommodations

* Asterisks indicate anticipated action. Action is not limited to those designated items.
**Minutes**

**Community Relations Committee – Wednesday, April 2, 2014**

TO: Board Community Relations Committee

MEETING DATE: Wednesday, June 4, 2014

FROM: Tammy Chung, Secretary

By: David Tam, Chief Marketing Officer

BACKGROUND: The minutes of the Board Community Relations Committee meeting held on Wednesday, April 2, 2014, are respectfully submitted for approval (Addendum A).

BUDGET IMPACT: N/A

STAFF RECOMMENDATION: Staff recommends approval of the Wednesday, April 2, 2014, Board Community Relations Committee minutes.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
Initiatives Update

TO: Board Community Relations Committee

MEETING DATE: Wednesday, June 4, 2014

FROM: Elly Garner, Government Relations

BACKGROUND: Update on High Interest Bills in the State Legislature, SEIU-UHW Initiative Concepts, Negotiations, CHA/SEIU Agreement and Remaining November Healthcare Initiatives

BUDGET IMPACT: None

STAFF RECOMMENDATION:

Informational

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
Family Advocacy Council

TO: Board Community Relations Committee

MEETING DATE: Wednesday, June 4, 2014

FROM: Tina Pope, Manager, Service Excellence

BACKGROUND: Family Advocacy Council and how it might encourage community involvement in Board meetings

BUDGET IMPACT: None

STAFF RECOMMENDATION: Informational

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
HealthSource Magazine Digital Format Update

TO: Board Community Relations Committee

MEETING DATE: Wednesday, June 4, 2014

FROM: Janet Gennoe Klitzner, Director
Marketing & HealthSource

BACKGROUND: The HealthSource magazine is now available in digital format.

BUDGET IMPACT: None

STAFF RECOMMENDATION:

Informational

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
ADDENDUM A
# Board Community Relations Committee Meeting

## Attendance Roster & Meeting Minutes

**Calendar Year 2014**

### Meeting Dates:

<table>
<thead>
<tr>
<th>Members</th>
<th>1/8/14</th>
<th>2/5/14 Cancelled</th>
<th>3/5/14</th>
<th>4/2/14</th>
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<tbody>
<tr>
<td>Jerry Kaufman, PT MA – Chair</td>
<td>P</td>
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<td>Director Ted Kleiter</td>
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<td>1st Alternate - Aeron Wickes, MD</td>
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### Staff Attendees

| Staff Attendees | | | | |
|-----------------|--------|--------|--------|
| David Tam, MD | P | P | P |
| Nancy Roy | P | | | |
| Kay Stuckhardt | P | | | |

### Invited Guests

<table>
<thead>
<tr>
<th>Invited Guests</th>
<th>See Text of Minutes for Names of Guest Presenters</th>
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<tbody>
<tr>
<td>Tammy Chung – Board Committee Assistant</td>
<td>P</td>
</tr>
</tbody>
</table>
# BOARD COMMUNITY RELATIONS COMMITTEE – MEETING MINUTES – WEDNESDAY, APRIL 2, 2014

<table>
<thead>
<tr>
<th>1. AGENDA ITEM</th>
<th>CONCLUSION/ACTION</th>
<th>FOLLOW UP/RESPONSIBLE PARTY</th>
<th>FINAL?</th>
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</thead>
<tbody>
<tr>
<td>• DISCUSSION</td>
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## CALL TO ORDER

- The meeting – held in the first floor conference room at 456 East Grand Avenue, Escondido, CA – was called to order at 4:00 p.m. by Chair Jerry Kaufman

## ESTABLISHMENT OF QUORUM

- See roster

## PUBLIC COMMENTS

- There were no public comments

## INFORMATION ITEMS

### 1. MINUTES – WEDNESDAY, MARCH 5, 2014

**MOTION:** By Sue Herndon, seconded by Director Griffith and carried to recommend approval of the Minutes from the Wednesday, March 5, 2014, meeting. All in favor, none opposed.  

- No discussion

### 2. LEGISLATIVE UPDATE

**Information Only**

Utilizing the presentation distributed at the Committee meeting, Elly Garner, Government Relations, presented a Legislative Update.

## ADJOURNMENT

The meeting was adjourned at 5 p.m.

## SIGNATURES:

<table>
<thead>
<tr>
<th>COMMITTEE CHAIR</th>
<th>JERRY KAUFMAN, PT MA</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEE SECRETARY</td>
<td>TAMMY CHUNG</td>
</tr>
</tbody>
</table>
Legislative Report

April 2, 2014

Elly Garner
PH High Interest Bills in the State Legislature

• AB 1805 (Skinner)
  – This bill reverses the 10% Medi-Cal reimbursement cuts authorized by AB 97 (2011); eliminating retroactive payments cuts ("clawback") for Medi-Cal reimbursements between July 2011-Sept. 2013.
  – This bill prevents the state from withholding $4 million from PH for the distinct-part skilled nursing facility “overpayments.”
PH High Interest Bills in the State Legislature

• SB 1269 (Beall)
  – This bill requires general acute care hospitals to apply for approval and/or a special permit from CDPH to provide observation services.
  – It limits observation status to 24 hours, rather than the CMS Regulation of 48 hours (2 Midnight Rule).
  – The bill also requires hospitals to file reports regarding observation revenue to OSHPD and establishes staffing ratios for observation and surgery centers.
Other Bills to Watch in the State Legislature

• AB 1522 (Gonzalez) – Employment: Paid Sick Days
• AB 1558 (R. Hernandez) - California Health Data Information
• AB 1952 (Pan) – Nonprofit Hospital Charity Care Penalty Fund
• AB 503 (Wieckowski & Bonta) – Community Benefit Mandate on Nonprofit Hospitals & Multispecialty Clinics
Statewide Propositions

• Two measures in June
  – Veterans Housing & Homeless Prevention Bond Act of 2013 (Prop 41)
  – Public Records, Open Meetings, State Reimbursement to Local Agencies. (Prop 42)

• Proposition-heavy ballot in November
  – Five measures qualified for the ballot
  – 33 measures have been issued title & summary
  – 24 measures have been filed for title & summary
Healthcare Propositions to Watch

- Medi-Cal Funding and Accountability Act of 2014. (CHA Sponsored)
- Hospitals Pricing Initiative. (SEIU-UHW Sponsored)
- Hospital Executive Compensation. (SEIU-UHW Sponsored)
- Drug & Alcohol Testing of Doctors. Medical Negligence Lawsuits. (Consumer Attorneys of California and California Watchdog Sponsored)
- Health Plan Rate Regulation. (Consumer Watchdog Sponsored)
Potential Propositions: Ads

https://www.youtube.com/watch?v=qr3bc5Qg3u8

http://www.stopinitiativeabuse.com/#video_top
ADDENDUM B
Initiatives Update

June 4, 2014

Elly Garner
PH High Interest Bills in the State Legislature

• AB 1805 (Skinner)
  – This bill reverses the 10% Medi-Cal reimbursement cuts authorized by AB 97 (2011); eliminating retroactive payments cuts ("clawback") for Medi-Cal reimbursements between July 2011-Sept. 2013.
  – This bill prevents the state from withholding $4million from PH for the distinct-part skilled nursing facility “overpayments.”
SEIU-UHW Initiative Concepts

• Hospitals Pricing Initiative.
  – Would cap not-for-profit hospital and health systems executives’ total compensation at the President’s salary ($450,000).

• Hospital Executive Compensation.
  – Would limit private hospitals’ charges (excluding children’s hospitals) to individual patents to 25% above actual cost.
Negotiations

- SEIU filed initiatives in November 2013
- Negotiations between CHA and SEIU began in early 2014
- On May 5, CHA and SEIU signed a final agreement
- Initiative signatures were not filed with the State AG
CHA/SEIU Agreement

• Some California Hospitals signed an MOU or Code of Conduct with SEIU to improve relations
• Created a $100M joint advocacy committee
• Contingent access for SEIU to hospital employees in 2017
Remaining November Healthcare Initiatives

• Medi-Cal Funding & Accountability Act of 2014.
• Drug & Alcohol Testing of Doctors. Medical Negligence Lawsuits.
• Health Plan Rate Regulation.
ADDENDUM C
Patient and Family Advisor Council

Community Relations Meeting
June 4th, 2014
Improving the Patient Experience and Engaging the Hearts and Minds of Staff


- Patient Experience improvement bundles/strategies moving from Pilot Units to District-wide implementation:
  - Executive leader rounding on staff and patients
  - Whiteboard utilization as an effective communication tool
  - Hourly rounding with purpose
  - Bedside handoff report including the patient and family
  - “Meaningful 5”
  - Physician communication bundle
  - RN/MD rounding
  - Patient and family involvement
    - Operational Initiative #2, Milestone 4 – Further the plan to engage the hearts and minds of the staff and medical staff in developing respectful partnerships with patients/families and each other (Patient/Family Advisor Role)
Evidence Based Best Practice

Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov
Steering Committee Members

- Barbara Warden – Patient Advisor
- Christie Brown – Patient Advisor
- Sheila Brown – Chief Administrative Officer, PHDC; EMT Sponsor
- Lorie Shoemaker – Chief Nurse Executive
- Tina Pope – Manager, Service Excellence
- Leslie Solomon – Director, Organizational Development
- Fran Waller – Director, Volunteer Services
- Marcy Adelman – Director, Clinical Resource Management
- Susan Linback – Director, Behavioral Health
- Dr. Jerry Kolins – Chief Medical Quality Officer
- Dr. Anna Gelberg – Medical Director
- Dr. David Cloyd – Medical Director
- Christi Perdomo – Organizational Development/RN
- John Ottaviano – Emergency Department/RN
- Margie Rodriguez – Guest Services Representative
Current Status

- PFAC Steering Committee initial work completed; Transforming to Council
- Patient Focus Groups at all three campuses completed
- 8 Patient and Family Advisors (PFAs) trained and onboarded
- Additional training scheduled for PFAs to learn how to tell their story and how to feel comfortable navigating healthcare issues
- Staff education continuing on use of PFAs
- Request for PFA on the Staff On Safety (SOS) Committee
- First PFAC meeting scheduled for June 17th, 2014
Patient and Family Education Materials

- ICU visitation guidelines – PMC
- Diabetes education materials – District
- Customer comment cards – District
- OR/PACU information brochure – District
- PFAC staff education materials:
  - PFAC member applications and training materials
The Patient Voice Meeting

Patient interview ob 6 18 13 v1.wmv

Patient cardio interview master 4 22 14.wmv
Patient Focus Groups Summary

- Dates and Locations:
  - Palomar Medical Center – 4/22/2014
  - Palomar Health Downtown Campus – 4/23/2014
  - Pomerado Hospital – 4/30/2014

- Total number of participants = 15
  - 8 patients
  - 7 family members

- Duration of each meeting = 1.5 hours
What does Patient & Family Centered Care feel like to you?

- Feels like you are at home
- Comforting words that let us know everything was taken care of and we would be all right
- Recognizing family members when seen in the hall
- Knowing me by name (patient and family member)
- Make me feel welcome
- Everyone receives the same respect and attention
- “Not quite sure what that means, but will it take attention away from the patient?”
- “If the doctor spends extra time with families, will he be able to get to the next patient?”
- Part of the decision making team
- Feeling empowered
- Family is part of the experience
  - Keep them informed and in the loop
What do you want caregivers to know?

- Familiarity
  - Know WHO I am
- Provide empathy, good bedside manner
- Have a calm and reassuring voice
- Be friendly
- Show me you see me as a person, not a job
- I need reassurances
- Hear me
  - “Sometimes I may know way more than you give me credit for. I know my disease.”
What would you like to see/hear from your caregivers?

- “I hear you are concerned about…”
- Make eye contact with me
- Don’t say you are busy
- Give me some hope that someone will be in shortly to help me
- Gentle touch and reassurances to calm fears
- Compassion
- Comforting words
What do you need from your physician?

- Explain what is happening to me and why – take the time to explain procedures and outcomes
- Personal connection makes all the difference
- Compassion
  - Be sensitive
- Listen to me
- Be interactive with me and my family
  - Answer our questions
What makes you feel safe?

- Just having the nurses there
- The nurses sharing their stories; felt like family
- When caregivers know what they are doing
- When staff immediately know what to do and how to do it
- Efficiency and comfort of staff
- Verbal assurances
- Professional but friendly
- Respecting me as a person, not an item
- Constant updates between staff and physicians
- Sharing positive things about the other caregivers
"If it wasn't for the one nurse paying attention to that monitor I wouldn't be here today."

"The staff couldn't have been nicer."

"Everyone has been outstanding."

"The doctors were compassionate and caring. My doctor hugs me when we meet. That has never happened to me before."

"From the time of having the heart attack to getting out of the Cath Lab was 90 minutes!"

"The care for my sister has been outstanding. The doctors wait to answer questions if you have them."

"The nurses have been great too!"

"The staff here is awesome! So many went above and beyond."

"Great communication from all staff."

"I really appreciated being able to stay the night with my loved one."
“Introducing a trainee ‘intern’ during a critical situation was scary for me. I’m facing a life threatening event and I’m the Guinea Pig for the trainee?”

Disturbed during the night – could not get rest
Noisy outside the room – people talking
Pain control – “The nurses were upset with me because I didn’t answer their questions correctly. I was reprimanded.”
‘What was good was great, what was bad was horrible.”
Caregiver was rude and/or insensitive
“The worst part was the lack of communication.”
“If you’d just listen to me, you might actually do a better job of taking care of me.”
“I knew they were busy because I pushed the button and no one ever came.”
Next Steps

- Review results with Patient and Family Advisor Steering Committee
- Share with leadership, including the Board Quality Review Committee
- Share with Medical Staff Leadership
- Use as a tool to educate and share the “Patient Voice” by engaging the hearts and minds of staff
- Patient and Family Advisor Council will use to assist in development of their Charter
Some options

- Share patient stories at the district Board meetings, BQRC, and/or Community Relations on a monthly/quarterly basis
  - Letters, grateful patient videos, patient testimonials
- The PFAC Chair can share monthly/quarterly report at Board meetings
- Board members can assist with PFAC recruitment
- District Board member attend the PFAC meeting on a quarterly basis to ask for input
- District Board member rounds with SE Manager
  - Staff and patient input
- Other thoughts, ideas?
Is being a patient and family advisor right for you?

Being a patient and family advisor may be a good match with your skills and experiences if you can:

- Speak up and share suggestions and potential solutions to help improve hospital care for others
- Talk about your experiences as a patient or family member – but also think beyond your own personal experiences
- Talk about both positive and negative care experiences and share your thoughts on what went well and how things could have been done differently
- Work with people who may be different than you
- Listen to and think about what others say, even when you disagree
- Bring a positive attitude to discussions
- Keep any information you may hear as an advisor private and confidential

For more information about being a patient and family advisor:

To get more information about becoming an advisor at Palomar Health or to find out how to apply:

Call: Tina Pope at 760.7392324
Email: Tina.Pope@PalomarHealth.org
www.PalomarHealth.org

Join us! Together we can work to make our hospital the best it can be!
What is a patient and family advisor?

A patient and family advisor is someone who:

■ Wants to help improve the quality of our hospital's care for all patients and family members
■ Gives feedback to the hospital based on his or her own experiences as a patient or family member
■ Helps us plan changes to improve how we take care of patients
■ Works with the hospital for either short- or long-term commitments, depending on the project
■ Volunteers his or her time typically (usually at least 1 hour and not more than 4 hours per month)

Patient and family advisors provide a voice that represents all patients and families of patients who receive care at Palomar Health.

They partner with hospital doctors, nurses and administrators to help improve the quality of our hospital’s care for all patients and family members.

Why should you become a patient and family advisor?

When you or your family member was in the hospital, did you think there were things we could have done better?

Do you have ideas about how to make sure other patients and families get the best care possible?

At Palomar Health, patient and family advisors give us feedback and ideas to help us improve the quality and safety of care we provide.

Who can be a patient and family advisor?

You can be an advisor if you or a family member received care at Palomar Health in the last 5 years.

You do not need any special qualifications to be an advisor.

What's most important is your experience as a patient or family member. We will provide you with any other training you need.

What do patient and family advisors do?

If you are an advisor for our hospital, you can help us in the following ways:

■ Share your story. Advisors help by talking about their health care experiences with clinicians, staff and other patients.
■ Participate in discussion groups. Advisors tell us what it’s like to be a patient at our hospital and what we can do to improve.
■ Review or help create educational or informational materials. Advisors help review or create materials like forms, health information handouts and discharge instructions. Advisors help us make these materials easier for all patients and family members to understand and use.
■ Work on short-term projects. We sometimes ask advisors to partner with us in making improvements — for example, helping to plan and design a family resource room.
■ Serve on a patient and family advisory council. An advisory council discusses and plans changes to improve hospital quality and safety. Members include patients, family members and hospital staff.
Do you have ideas to help improve our hospital?

Become a patient and family advisor.

Dear ,

I would like to invite you to find out more about becoming a patient and family advisor at Palomar Health.

I think you may have great ideas about how we can improve the health care experience for patients and families.

I hope you are interested in learning more about serving as a patient and family advisor. Please see the back of this card for more information.

Sincerely,

PalomarHealth.org
Patient and family advisors help us by:

■ Sharing stories about their hospital experience in training sessions for nurses, doctors and other hospital staff.

■ Helping to create materials and plans for improving health care quality and safety for all patients.

■ Providing input on how to improve our policies and care practices.

■ Giving feedback about their hospital stay.

■ Letting us know what went well and what we can do better.

We are grateful to the patients and families who become advisors.

Join us!
Guide to Patient and Family Engagement

What skills do advisors need?

Advisors need to:

■ Listen and share their opinions respectfully.

■ Think about ways to improve health care.

■ Work well with others.

You do not need any special qualifications to be an advisor. We will provide any training that you need.

For more information about becoming an advisor, please contact:

Tina Pope
Manager, Service Excellence
760.739.2324
Tina.Pope@PalomarHealth.org
www.PalomarHealth.org

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For more information about becoming an advisor, please contact:

Tina Pope
Manager, Service Excellence
760.739.2324
Tina.Pope@PalomarHealth.org
www.PalomarHealth.org
Patient and Family Advisor Application Form

Name (First and Last): __________________________________________________________________________________

Street Address: ________________________________________________________________________________________

City: _____________________________________________ State: __________ ZIP Code: _________________________

Home phone: _______________ Cell phone: _______________ Email address: _________________________________

Preferred contact (circle one):    Home phone    Cell phone    Email

The following questions will help us get to know you better.

1. Are you a…
   □ Patient
   □ Family member of a patient

2. When was your care experience at this hospital? (Check all that apply.)
   □ 2013 to current year
   □ 2012
   □ 2011
   □ 2010
   □ 2009 or before

3. What language(s) do you speak? ______________________________________________________________

4. Which unit(s) provided care for you or your family member:

5. We recognize that our patient and family advisors have busy lives. How much time are you able to
   commit to being a patient and family advisor? (Check one)
   □ Less than 1 hour per month
   □ 3 to 4 hours per month
   □ 1 to 2 hours per month
   □ More than 4 hours per month

PalomarHealth.org
6. Are you available to serve as an advisor for at least 1 to 2 years? (You can still be an advisor if you answer “no.”)

☐ Yes
☐ No

7. How do you want to help? I want to: (Check all of your interest areas)

☐ Serve as a member of the patient and family advisory council. Potential advisory council members should be ready to commit to serving on the council for at least 1 to 2 years. The advisory council meets once a month for 1 ½ to 2 hours.

☐ Help develop or review informational materials for patients and family members.

☐ Help improve patient safety and the prevention of medical errors.

☐ Help improve the patient and family role in care decisionmaking.

☐ Help improve the hospital facilities (for example, patient care areas, or family resource room).

☐ Help educate or train hospital staff and clinicians.

☐ Review procedures and provide input to improve the hospital admission process.

☐ Provide input as we implement bedside shift report, where nurses who are going off duty share information with nurses coming on duty at the patient’s bedside.

☐ Review procedures and provide input to improve transitions in care (for example, between hospital units or discharge from hospital to home).

☐ Other issues (please describe): _____________

☐ ________________________________

☐ ________________________________

☐ ________________________________

☐ ________________________________

Guide to Patient and Family Engagement
Please tell us about yourself.

8. Why do you want to become a patient and family advisor?

9. Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.

10. Please describe any specific things that doctors or hospital staff did or said while you or your family member were in the hospital that were helpful to you or your family.

11. Please describe any specific things that doctors and hospital staff could have done differently to be more helpful while you or your family member were in the hospital.

12. Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

Please return this form to: Tina Pope at Tina.Pope@PalomarHealth.org.
Working With Patient and Family Advisors

The benefits of working with patient and family advisors

Bringing the perspectives of patients and families directly into the planning, delivery and evaluation of care is a critical part of improving safety and quality.

Patient and family advisors:

- **Offer insights** that illustrate what we do well and highlight where changes may be needed
- **Help us develop priorities** and make improvements based on patient- and family-identified needs rather than on our own professional assumptions
- **Bring a fresh perspective** and help us come up with solutions that clinicians and staff have not yet thought about

Patient and family advisors are critical allies for quality and safety.

Working with advisors helps build a shared agreement around safety and quality priorities. This shared agreement fosters partnerships in care, enhances the care experience and improves outcomes.

Working with advisors is part of patient- and family-centered care

Patient- and family-centered care emphasizes collaboration with patients and families at all levels. The core concepts of patient- and family-centered care are:

- **Dignity and respect.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Participation.** Patients and families are encouraged and supported to participate in care and decision making at the level they choose.
- **Information sharing.** Patients and families receive timely, complete and accurate information to effectively participate in care and decision making. Clinicians and hospital staff communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.
- **Collaboration.** Patients, families, clinicians, hospital staff and health care leaders collaborate in policy and program development, implementation and evaluation, facility design, professional education and the delivery of care.
Ways to get started working with patient and family advisors

There are countless ways that you can partner with patient and family advisors. Getting started often involves small steps, such as working with advisors on one specific issue or project. Below are examples of ways to begin working with patient and family advisors.

- **Invite two or three patient and family members to a team meeting to discuss their hospital stay.** Ask them to share what went well, what could have gone better and what ideas they have for change and improvement.

- **Ask patients and families to give feedback on educational or informational materials,** such as patient and family handbooks, instructions for home care after a hospital stay, or care transition instructions.

- **Invite patients and families to present at staff orientations and in-service programs to share their perspectives of care and how illness or hospitalization affects patients and families.**

- **Explore your hospital and unit through the eyes of patients and their families by doing a walkabout with patients and families** to explore how your unit welcomes patients and families and encourages their participation in care and decision making. These findings will give a different context for your staff discussions. Begin at the first point of entry into the hospital (e.g., the parking lot) and continue to and throughout the inpatient unit. Ask patients and families to give their perspectives on the admitting area, patient rooms, treatment rooms, the family lounge and other areas visible to patients and families.

"Patient and family advisors have knowledge we don’t have…. It is so humbling to realize that patients and families know more about [the hospital] than you do."

— Pat Sodomka, Former Vice President for Patient and Family Centered Care, Georgia Health Sciences Health System (formerly MCGHealth), Augusta, GA

This document adapted from resources from the Institute for Patient- and Family-Centered Care, Bethesda, MD.
Working With Patient and Family Advisors on Short-Term Projects

Are you (or is your unit) planning to work on a short-term project to improve quality and safety? Partnering with patient and family advisors on these projects can provide valuable insight and help make your efforts more successful.

Examples of how advisors can participate in short-term projects

Patient and family advisors can provide direct input on what is most important to them about their care. In this way, they can help you implement meaningful and effective quality and safety improvements.

Advisors can contribute by:

- **Participating in discussion groups.** You can gather patient and family advisors together for a meeting to get feedback on a specific process or resource for patients and families.

- **Revising or helping create educational or informational materials for patients and families.** Patient and family advisors can work with you to help create or revise forms, letters, handouts, instructions and other materials.

- **Serving on a committee or workgroup.** Hospital or unit committees and workgroups can invite patient and family advisors to participate for a short time period (e.g., one or two meetings) to get feedback and ideas on a specific topic.

How are advisors selected for a project?

The staff liaison for patient and family advisors coordinates advisor participation.

The staff liaison has a database of all patient and family advisors that helps identify which advisors are best suited for your project based on their available time, areas of interest, and experience.

The checklist on the next page lists important steps in the process of working with patient and family advisors.

For more information about working with patient and family advisors, please contact:

Tina Pope
Manager, Service Excellence
760.739.2324
Tina.Pope@PalomarHealth.org

If you are interested in requesting the involvement of patient and family advisors, please fill out the Request for Patient and Family Advisors form on pages 3–4.
Steps for working with patient and family advisors

Use the checklist below to ensure effective collaboration when working with patient and family advisors.

**Before requesting input from patient and family advisors:**

- Prepare a brief written introduction on your project
- Provide a copy of any current materials or tools you want to revise
- Identify specific issues on which you would like input or feedback
- Identify questions you would like advisors to answer
- Specify the number of meetings and length of meetings you anticipate this project will require
- Provide the anticipated start and end dates for the project, along with anticipated meeting times
- Complete the Request for Patient and Family Advisors form (pages 3–4) and return it to the staff liaison, who will review your request, assist you in scheduling advisors to attend your meetings and send materials to advisors

**During meetings with patient and family advisors:**

- Actively listen to feedback and ideas from advisors
- Make sure that everyone in the group — staff and patient and family advisors — is encouraged to participate in the discussion
- Stay focused on the current project
- Identify a plan for follow up at the end of the meeting
- Provide email or other contact information to accept additional comments or feedback
- Develop and share ideas about how best to follow up once you have completed the project (e.g., a meeting, conference call, or progress report)
Request for patient and family advisors

Complete this form if you are interested in working with patient and family advisors.

Requestor’s name: Date:

Unit: Contact Information:

Provide a brief introduction (and context, if necessary) on your project:

What specific issues would you like patient and family advisor input or feedback on?

What specific questions would you like patient and family advisors to answer?

1.

2.

Is there anything else you would like potential advisors to know about your project?
Information about scheduling and time commitment:

- What is the anticipated start date for advisor participation?
- How long will advisor participation be needed?
- Will you hold meetings? If so, how many? If multiple meetings, how frequently will you meet?
- How long will the meetings run?
- What preferences do you have for meeting days and meeting times?
- What activities will advisors have to complete between meetings? How much time will these activities require?

If you are revising current materials, please attach a copy.

Please submit this form to:

Tina Pope
Manager, Service Excellence
555 E. Valley Parkway
Escondido, CA 92025
760.739.2324
Tina.Pope@PalomarHealth.org
Readiness to Partner With Patient and Family Advisors

As a clinician or staff member, I am ready to work with patient and family advisors when:

- I believe in the importance of patient and family participation in planning and decisionmaking at the program and policy level
- I believe that the perspectives and opinions of patient and family advisors, staff and clinicians are equally valid in planning and decisionmaking at the program and policy level
- I believe that patients and family members bring a perspective to a project that no one else can provide
- I believe that patients, family members, staff and clinicians can look beyond their own experiences and issues to come up with practical ideas and solutions
- I am willing to talk about my experiences with patient and family advisors and to share suggestions, ideas and potential solutions that will help improve hospital care
- I feel comfortable listening and respectfully responding to both positive and negative care experiences that patient and family advisors may share
- I enjoy working with people who are different from me
- I can listen to and think about what others say, even when I disagree
- I can bring a positive attitude to discussions about improving hospital care
- I consistently let colleagues know that I value the insights of patient and family advisors
- I am comfortable requesting that patient and family advisors be invited to participate in improvement initiatives in which I am involved
Tell Us About Your Experience

We like to hear from you! If you have an experience you would like to share with us, please contact us directly by emailing ContactUs@PalomarHealth.org or calling 760.740.6345.

Following your visit, you may receive a survey in the mail. We strive to exceed your expectations and value your feedback about your care. We look forward to receiving your response.

It is our privilege to care for you.
Cuéntenos Sobre Su Experiencia

¡Nos gusta saber de usted! Si tiene alguna experiencia que quisiera compartirnos, comuníquese con nosotros directamente al correo electrónico ContactUs@PalomarHealth.org o llámenos al 760.740.6345.

Después de su visita, usted puede recibir una revisión en el correo. Nos esforzamos por exceder sus expectativas y valorar su reacción sobre su cuidado. Tenemos ganas de recibir su respuesta.

Es nuestro privilegio poder atenderle.
Can I order hospital Room Service food for myself?
Yes. Visitors may order food from our Room Service menu.
  - There is a fee for each meal ordered.
  - Room Service food cannot be stored or heated in the ICU.
  - Information on how to order food is in the Patient Menu located in the each patient room.

Can visitors use bathroom in the room?
No. This restroom is for the patient. All visitors are to use the Visitor restrooms that are located in the Patient Lobby or on the third floor near the Garden Terrace Café.

Personal Items
All items of value should be kept at home and not in the patient’s room.
  - The staff at Palomar Health is not responsible for patient & visitor items.
  - A hospital safe is available to secure items.

Patient Privacy
There may be times that a doctor or nurse may ask you to leave the room. If you are asked to leave the room, the nurse will:
  - Tell you why.
  - Ask you to wait in the Patient Lobby area outside the ICU.
  - Tell you when you can return.

What is a Patient Care Conference?
  - A time when members of the healthcare team meet to talk about the patient’s condition and plan of care.
  - A patient, family member, doctor, nurse, social worker or other healthcare team member can ask for a patient care conference at any time.
  - Please speak to the nurse if you would like to schedule a patient care conference.

Patient Information
  - Patient’s have the right to allow someone to have or not have information.
  - No picture taking unless the patient tells you may do so.
  - Patient information will:
    • Only be given after approval from the patient or designated person(s).
    • Not be given on the telephone.

Quiet Time
During the hours of 9 p.m. – 6 a.m., rooms are to remain quiet so that patients can rest and heal.
PATIENT LOBBY
Each floor in the hospital has a Patient Lobby area. In this area, you will find:

- A Restroom
- Comfortable Seating
- Tv's
- Wireless Internet
- Outdoor Terraces

To keep our lobby a clean and safe place for everyone to enjoy, we ask:

- All food is eaten in the Garden Terrace Café located on the third floor. Seating areas are open for use even when the Café is closed.
- If you are not feeling well, please come back when you are feeling better.
- Children under the age of 14 must be with an adult at all times.
- Visitors and guests should not sleep in the Lobby. Furniture may not be moved to make a bed and pillows, blankets, mattresses, cots and sleeping bags from home are not permitted. Please, no sleeping on the floor.
- Keep all of your belongings with you. Our Security Officers may remove and lock-up any unattended items.
- No smoking, alcohol, illegal drugs and weapons of any kind.

HOSPITAL DINING
Please enjoy our Garden Terrace Café on the third floor.
Café Hours: 6 a.m. – 7 p.m. and 11 p.m. – 1 a.m.
Vending machines are located on the first floor by the Emergency Department.

PARKING
- Visitors may park anywhere except for areas with reserved parking, fire lanes and loading zones.
- Marked handicap parking is available.
- Please be sure to lock your car. Palomar Health is not responsible for lost or stolen items.
- The main entrance area of the hospital may be used as a drop-off and pick-up area for guests.
If you need help with your vehicle, please contact Security by calling 881-2000 from any hospital phone.

Valet parking
- Located at the main entrance of the hospital
- Hours: 8 a.m. – 4 p.m. on weekdays
- Valet service is not available on Saturday and Sunday.
- If your car is still in Valet parking after 4 p.m., please call Security at 881-2000 from any hospital phone.
- Valet Parking Cost: $3 per day

How can I visit someone in the hospital?
- Enter the main lobby. (After 8 p.m., enter through the Emergency Room.)
- Go to the Guest Services desk in the main lobby located on the first floor.
- A hospital Volunteer will greet you and ask you to sign in.
- A visitor band will be given to you while you are in the hospital. Please be sure the band is visible so others can see it at all times.
- A Volunteer will tell direct you to the Patient Lobby.

INTENSIVE CARE UNIT (ICU)
How can I visit someone in the ICU?
The ICU is a monitored-area and you will need to sign-in once you arrive.
- Please stop at the Guest Services desk located in the Patient Lobby.
- A Guest Services Representative will assist you.

How many people can visit at one time?
- Only two guests will be able to visit at one time.
- Patients have the right to decide who can visit at any time.
- Shirts and shoes are required at all times.
- Please choose one family member to act as the main contact person. This person is the only visitor allowed in the room during the hours of 7 – 8:30 a.m. and 7 – 8:30 p.m.
- We ask other family members to take this time to rest and relax in the Patient Lobby or Garden Terrace Café.
- One family member is welcome to stay overnight. A sleeper couch is in each room.
- Please ask the nursing staff if you would like to have a pillow and blanket. If sleeping, you may remove your shoes.

Can I bring my children?
- Yes.
- All children under the age of 14 must be with an adult at all times.
- Children are not to be in the room alone with the patient.
- Only healthy, immunized children may visit.

Can I bring fresh flowers, balloons, and gifts?
- Mylar balloons and artificial plants and flowers are allowed.
- Latex balloons and fresh or live flowers and plants cannot be in the ICU.

Can I bring food into the ICU?
- Yes, but please talk with the nurse before bringing in food.
ADDENDUM D
The HealthSource is a Health News and Education Resource for Inland North County communities. To contact us with ideas or suggestions, or to be added to our mailing list, call us at 1.800.628.2880.

Click on any of the links below to view current and past issues of The HealthSource, or click here to sign up for future issues.
Do you have media questions about Palomar Health in North San Diego County? Contact Us for more information.