Today’s Agenda

- Welcome and Introductions
- Moffitt Cancer Center: Patient and Family Advisory Program: Cultivating and Sustaining Partnerships
- Questions
- Resource Overview
- Closing
ReadyTalk Webinar Platform Overview
FHA Team Introductions

• Allison Sandera
  Project Manager, FHA
  allisons@fha.org

• Sari Siegel, Ph.D., CPHQ
  FHA Consultant, Senior Study Director, Westat
  sarisiegel@westat.com
First Annual FHA PFE Summit Highlights

Powerful Partnerships: Improving Quality and Outcomes – July 21, 2017

Speakers:
• Beverley Johnson, President and CEO, Institute for Patient- and Family-Centered Care (IPFCC)
• Thomas Workman, PhD, Principal Researcher, American Institutes for Research (AIR)
• Julia Lanham, Patient Advocate, Carolinas Health System
• Sari Siegel, PhD, Senior Study Director, Westat

Panelists:
• H. Lee Moffitt Cancer Center & Research Institute
• Health Central Hospital
• Memorial Health System

Access the agenda and slide presentations here
Patient and Family Advisory Program: Cultivating and Sustaining Partnerships
Kim Amtmann-Buettner, Manager Patient Advisory & Executive Patient Program
Christine Healy, LCSW, Oncology Social Worker
Moffitt Cancer Center

• Third busiest cancer center in U.S.
• Patient visits per year:
  – 350,000 outpatient visits
  – 19,000 new patients
  – 9,600 surgical cases
  – 9,300 admissions
• The only Florida-based National Center Institute Comprehensive Cancer Center.
Patient & Family Advisory Program

The Beginning
Creation of PFAC - 2005

Growth
Recruiting Advisors

Discovery
Peer Visitors
Social Work

Infinity
Partnerships
Support
Commitment
Advisor Overall Involvement

Committee Activity 2014-2017

Utilization of Advisors' Time FY 17

- Input: 39%
- Committees: 34%
- Events/Marketing: 13%
- Training: 14%
Recruitment

- Staff /Faculty
- Volunteer Department
- Advisors/Peer Visitors
- Digital Signs
- Website
- Social Media
- Events
- PARTNERS
Recruitment Process

Initial
• Telephone conversation to discuss program and interests

Interview
• 2 staff members interview individual regarding program, personal experiences and motivation

Onboarding
• Moffitt Volunteer application and general process
• PFAP Training
  • Orientation for PFAP
  • Patient and Family Orientation
  • Coffee Connection (for peer visitors)
Characteristics of a Potential Patient/Family Advisor

• Shares insight and information about their experiences in ways that allows others with different perspectives to learn from them.
• Sees beyond their own personal experiences.
• Respects the perspectives of others.
• Interacts well with others.
• Articulates ideas clearly.
• Asks questions.
• Listens well and respects the opinions of others.
• Works in partnership with others.
Self Selection

Natural
• Overwhelmed with volunteer requirements
• Overwhelmed with emotions evoked during interview
• Realizing they won’t be able to promote self-interests

Encouraged
• In denial about readiness to interact in cancer setting
• Poor listening skills
• Inappropriate or displaced anger
• Recognizing they have a personal agenda
<table>
<thead>
<tr>
<th>Statistics of Advisors Introduced to the Program (7/1/15 – 6/30/16)</th>
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<tbody>
<tr>
<td>Individuals Referred to the Program and Contacted (phone or e-mail)</td>
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<tr>
<td>Advisors Interviewed for Program</td>
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<tr>
<td>New Advisors to Program</td>
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<tr>
<td>Advisors who left Program (PFAC term limits, health, work, etc.)</td>
</tr>
<tr>
<td>Total number of Advisors who participated in PFAP during FY16</td>
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Advisor Training

• LCSW provides 2 hour orientation
  – Understanding role as a committee member
  – Working on committees in a clinical setting
  – Mindful delivery of message/input

• Active listening, boundaries, confidentiality

• Compassion fatigue

• Cultivating their individual skill set
Patient and Family Advisor Program Orientation

1. Introductions & Program Information
   - Patient and Family Centered Care Philosophy
   - History of the Patient & Family Advisory Program at Moffitt
   - Importance of Participating in the PFAP Meetings
     - Ongoing education
     - Mutual Support
     - Sharing of experiences
     - Learning about new initiatives, opportunities and challenges

2. Understanding Your Role as a Peer Visitor
   - How do you view your role?
   - Importance of introducing yourself and your role
     - NOD (Name, Occupation, Duties)
   - Understanding Personality Styles
     - Doer’s – like to fix things and run errands
     - Listener’s – like to sit and talk and are comfortable in a quiet setting
     - Allowing for a range of emotions – not too “positive or negative”
   - Addressing Challenging Situations
     - Finding a patient who is by themselves and softly crying
     - Meeting a patient who does not make eye contact
     - Disengaging from a conversation with a patient
     - Dealing with angry patients and families
     - Interacting with Patient Advocates at Moffitt

3. Understanding Your Role as a Committee Member
   - Partnering and Collaborating
     - Listen
     - Personal experience/objective experience – understanding the difference
     - Collective patient/family member voice
     - Using your connections/communications with other patients
     - Mindful of your delivery
       - How are you sharing your message/input?
     - Share committee experience with program staff
     - Additional tips in program guidebook

4. Active Listening
   - Understanding the importance of body language
     - Making eye contact
     - Using “nods of the head” and “uh-huhs”
     - Sitting for a few minutes-quality
     - Using your listening skills to determine the needs of this patient or family member
       - Summarizing what the person has said
       - Reflecting back feelings. “You sound a bit sad to me.”
       - If there is silence don’t rush to fill it. Wait twice as long as feels comfortable
       - Disengaging from a conversation
     - Self-Knowledge
       - Be aware of your prejudices
       - Understand your own triggers
       - Practice “Cautious Objectivity”

5. Understanding Boundaries
   - What is confidentiality?
     - What is seen, heard and written here – remains here.
     - How to handle meeting a patient outside of the hospital
     - Sharing your story VS. giving advice
     - Refrain from sharing your personal information; telephone numbers
     - Facebook, twitter, Instagram
   - Refrain from discussion of religion unless patient initiates it
   - Respect Spiritual/Faith base practices and not insinuating your own beliefs into the conversation
   - Remaining in touch with our own issues, BUT keeping them separate
   - When is it appropriate to refer to social work, pastoral care and other Moffitt professionals?
     - High Risk Criteria Assessment

6. Caring for Ourselves
   - Compassion fatigue
   - Developing habits and rituals to wind down after your shift
   - Making use of your support team (fellow advisors, coordinator & social worker)

7. Overview of Opportunities Available (Time Commitment - Flexible)
   - Unit Based Peer Visitors
   - Clinic Based Peer Visitors
   - Peer to Peer Visitors
   - Patient Hospitality Peer Visitors

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Table of Contents

Moffitt Mission, Vision and Values 2
Program Contact Information 2

Overview and History 3
Core Concepts 3
Benefits of Serving as an Advisor 4

Moffitt Promise 5

Orientation 6

Patient and Family Advisory Program Opportunities 7

Peer Visitors 8
Role 8
Inpatient Floor/unit 8
Inpatient Floor BMT 8
Useful Tips 9
Available Support 9

Requirements: 11
Quarterly Meeting 11
Coffee Connection 11
Name Badge 11
Recording Volunteer Hours 11

Resource Contact List 12

Checklist for Effective Collaboration 15

Serving on a Committee or Special Project 16

Patient and Family Advisory Council 17
Mission Statement 17
Goals and Objectives 17
Roles and Responsibilities 18
Meeting Attendance 18
Committees 18

Jargon 101 20
Ongoing Training/Support

• Monthly Meeting / R&R (reflect & recharge)
  – Meetings include “business” and presentations
    • Input from advisors
  – R&R include opportunity to reflect and provide support
    • Offer optional meditation

• Informal drop-in checks / chats

• Education offered through Moffitt
Team Approach

• Recognizing strengths and interests of advisors/peer visitors.

• Learning the unique characteristics of each unit/clinic and determining their specific needs.

• Partnerships with nurse managers, nurses, social workers in carving out the role of the advisor in each setting.

• Education of all staff on the advisors’ role.
  - Committee members or as Peer Visitors
Introducing David Dauman

David is a Peer Visitor with the Patient and Family Advisory Program who is volunteering on 3W and 4W. David's role is to establish a relationship with each patient/family he visits. As a Peer Visitor, he connects on a level that only an individual can who has shared experiences navigating the cancer and BMT journey.

If you have any questions about this program, please call Kim Buettner at x1390.

My Story

My name is David Dauman. I am a 54-year old Multiple Myeloma patient.

I was diagnosed with MGUS in 2012 and quickly moved to Stage 2 Multiple Myeloma in 2013. After seven months of induction therapy, I qualified for a trial at Moffitt that paired an autologous and an allogeneic stem cell transplant with Velcade.

My auto transplant was done in March 2014 on mostly an out-patient basis (I had a fever on day 20 and was admitted for a few days). My unrelated donor allo transplant was in December. I was on the third floor for about 25 days.

It took almost nine months after the second transplant for me to achieve complete response. I have been in strict complete response now for about 15 months.

I started volunteering about five months ago with the Patient & Family Advisory Program. I hope that my experiences with transplantation can offer support to current patients whom are going through the experience now.

I am married with a seven-year old son and a five-year old daughter. The experiences each of us had (and still navigate) are nuggets I hope to share with the brave patients and the caregivers that I have the honor of meeting during my rounds.

When I am not volunteering, I run a consulting company, marvel at the development of my kids, enjoy cooking, reading, coaching soccer, following the Tampa Bay Lightning and beginning my training for the next Moffitt Capitol Ride (a bike ride to Tallahassee to raise funds and awareness for Moffitt and cancer research at large). I just started this training and have a lot of work ahead of me.
Introducing the Team

Patient and Family Advisory Program

Peer Visitor

The Patient and Family Advisory Program is based on the principles of patient- and family-centered care. Its goals are to strengthen collaboration among patients, family members, and health care practitioners at both the clinical and administrative levels and to enhance Moffitt’s ability to deliver the highest standard of safe, comprehensive, and compassionate health care.

Peer visitors establish a unique relationship with the patients and families they visit and relate to experiences with the cancer journey. Peer visitors are HIPAA compliant and oriented/trained by a licensed clinical social worker. They adhere to confidentiality, respect boundary issues, and do not give medical advice.

Role of Peer Visitor

1. Peer visitors establish a relationship with each patient and family member they visit and connect on a level that only an individual can who has shared the experiences navigating the cancer journey.

2. Listens well and is sensitive to patients who want a visitor and to those who do not.

3. If the patient desires company, peer visitor determines if the patient wants to talk or just sit quietly.

4. Familiarizes patients and family members about patient support services that are available to them within the cancer center. Provides brochures/handouts for Moffitt related services (Support groups, nutrition, arts in medicine, integrative medicine, etc.)

5. If appropriate, encourages the patient and family to create a list of questions for the doctor, nurse, and other medical staff.

6. If peer visitor determines that patient or family member needs assistance with other Moffitt resources (social work, pastoral care, patient relations), will speak with primary nurse or other individual as identified by Manager Patient Care.

Time Commitment

Peer visitor hours will vary slightly based on the individual and floor needs, however, recommended time commitment is one to four-hour day per week.

Screening and Training for Advisors

All peer visitors are or have been cancer patients or family members. Before joining the program, they are required to go through a series of screening interviews, attend the Moffitt volunteer orientation and training, and be TB tested. In addition, to be part of the Patient and Family Advisory Program, peer visitors are required to attend a two-hour special training program, the Moffitt Patient and Family Orientation, as well as monthly on-going education and support.

Contact Information

Kim Antmann-Boettcher, Manager, Patient Advisory and Executive Patient Program 813-745-1390
Christine Healy, LCSW, Clinical Social Worker, 813-745-7269
“Training” for staff

A Guide for Staff

• Assist staff with working with advisors on committees
• Provides background of program
• Process for requesting advisors
• Tips for working with advisors
Ongoing Challenges

- Recruitment and screening.
- Staff buy-in.
- Handling delicate situations (progressive illness or death).
- Helping advisors to recognize when they are becoming stressed.
- They are unpaid and need lots and lots and lots and lots of support, kudos, hugs and thanks.
Benefits

• Fills a unique void for patients and family members seeking peer support.

• Channels altruistic inclinations of survivors.

• Encourages personal healing for peer visitors.

• Provides patient and family perspective in clinical areas.

• Promotes atmosphere of support.

• Can lead to new initiatives.
Start Out Small ... Put Your Toe in the Water
Contact

• Kim Amtmann-Buettner
  – 813-745-1390
  – Kim.Buettner@Moffitt.org

• Christine Healy, LCSW
  – 813-745-7269
  – Christine.Healy@Moffitt.org

PatientAdvisors@Moffitt.org
Questions?
FHA PFE LEARNING COLLABORATIVE
Getting Started with Advisors: Resource Overview
Steal shamelessly, implement wisely
Recruitment | Interviewing | Training | Partnering
AMA: Patient and Family Advisor Recruitment Guide and Onboarding Toolkit

IMPROVING HEALTH OUTCOMES: BLOOD PRESSURE (IHO: BP) PATIENT AND FAMILY ADVISOR RECRUITMENT GUIDE AND ONBOARDING TOOLKIT

VERSION 1.0
BJC Health Care
Patient and Family Advisory Council:
Getting Started Tool Kit

Created by Meghan West and Laurie Brown Skunks Team
Guide to Patient and Family Engagement in Hospital Quality and Safety

Research shows that when patients are engaged in their health care, it can lead to measurable improvements in safety and quality. To promote stronger engagement, the Agency for Healthcare Research and Quality (AHRQ) developed a guide to help patients, families, and health professionals work together as partners to promote improvements in care.

The Guide to Patient and Family Engagement in Hospital Quality and Safety focuses on four primary strategies for promoting patient/family engagement in hospital safety and quality of care:

- Encourage patients and family members to participate as advisors.
- Promote better communication among patients, family members, and health care professionals from the point of admission.
- Implement safe continuity of care by keeping the patient and family informed through nurse bedside change-of-shift reports.
- Engage patients and families in discharge planning throughout the hospital stay.
• **Step 1:** Identify opportunities for patient and family engagement efforts at your hospital

• **Step 2:** Get commitment from and the support of hospital leadership

• **Step 3:** Form a multidisciplinary team that includes patients and families to plan implementation of the *Guide* strategies

• **Step 4:** Implement and evaluate the *Guide* strategies

Materials you developed?

• Do you have any interview questions/recruitment processes you would be willing to share with other PFE LC members?
  – If so, please post to Freedcamp!
  – Or send to Allison (allison@fha.org) and we will post it on Freedcamp so everyone can access it.
What is Freedcamp?

Freedcamp is a resource sharing and collaboration website that FHA is utilizing for our PFE Learning Collaborative. Resources available include:

• Events listing
• Discussion board
• Peer resource sharing
• Articles
• Evidence based resources (guides, toolkits, etc.)
Getting started with the FHA PFE Resource and Collaboration Site on Freedcamp

You may see more than one project listed if you are already registered with Freedcamp for another project. Please select the ‘FHA PFE Learning Collaborative’ project.
Questions?
Upcoming Events

- **Sept. 7** – HRET HIIN Sepsis Virtual Event
- **Sept. 11** – HRET Informational Session for SNAP Sepsis
- **Sept. 12** – Chasing Zero Infections Webinar on Preventing Sepsis
- **Sept. 14** – HRET HIIN Reduce Readmissions Fishbowl
- **Sept. 18** – Readmissions Stakeholder Summit | Westin Lake Mary
- **Sept. 22** – FHA PFE Learning Collaborative Webinar
- **Sept. 26** – TCAB Cohort 2 Nursing Unit Launch Meeting | Harry P. Leu Gardens, Orlando
- **Sept. 27** – TCAB Cohort 1 Mid-point Meeting | Orlando, FL
- **Sept. 28** – Sepsis Workshop | Orlando, FL
- **Nov. 7-8** – TeamSTEPPS Master Trainer Course | Vero Beach, FL (Sept. 28 Pre-meeting Informational Webinar)
- **Nov. 16** – Chasing Zero Infections Meeting | Davie, FL

Check your **MTC HIIN Upcoming Events** Weekly Email for details and registration
What is Transforming Care at the Bedside?

• TCAB is an international quality improvement and innovation initiative to engage the bedside staff in improving patient outcomes and nurse vitality on a nursing unit
• FHA HIIN TCAB led by national expert Betsy Lee RN
• TCAB focuses on improving the effectiveness of the entire bedside care team to improve quality, patient safety and engage the patient and family in their care
• TCAB Collaborative is **free** to FHA HIIN hospitals, and provides one-on-one coaching, monthly webinars and 2 meetings

**TCAB Nursing Unit Launch Meeting** is Sept 26 in Orlando
For more information or to join TCAB, contact Sally Forsberg RN at **sally@fha.org** or call 407-841-6230
Updated TCAB Model

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<thead>
<tr>
<th>TCAB PILLARS</th>
<th>EFFECTIVE CHANGE</th>
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<tbody>
<tr>
<td>SAFE &amp; RELIABLE CARE</td>
<td>Institute Hourly Rounding</td>
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<tr>
<td>VITALITY AND TEAMWORK</td>
<td>Adopt bedside report</td>
</tr>
<tr>
<td>PATIENT-CENTERED CARE</td>
<td>Organize transitions to other health care facilities</td>
</tr>
<tr>
<td>VALUE-ADDED CARE PROCESSES</td>
<td>Utilize Lean Six Sigma discipline</td>
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</tbody>
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**TCAB LEADERSHIP**

- **COMMUNICATE SYSTEM LEVEL AIMS FOR IMPROVEMENT**
- **ALIGN SYSTEM MEASURES, STRATEGY, PROJECTS,**
- **CHANNEL LEADERSHIP TO SYSTEM-LEVEL IMPROVEMENT**
- **GET THE RIGHT TEAM ON THE BUS**
- **ENGAGE PHYSICIANS & LEADERS**
- **BUILD CAPABILITY TO IMPROVE**

**Transformational Leadership at all Levels of the Organization**

- **SAFE & RELIABLE CARE**
  - Falls with injury on the unit are reduced to zero.
- **VITALITY AND TEAMWORK**
  - Increase vitality and reduce voluntary turnover by 50%
- **PATIENT-CENTERED CARE**
  - 95% of patients satisfied with Nurse Communication
- **VALUE-ADDED CARE PROCESSES**
  - Increase nursing direct patient care time at the bedside to 60%
Register today at:

www.FHAAnnualMeeting.com
• Eligibility for Nursing CEU requires submission of an evaluation survey for each participant requesting continuing education:
  https://www.surveymonkey.com/r/PFE082517
• Share this link with all of your participants if viewing today’s webinar as a group *(Survey closes Sept. 4)*
• Be sure to include your contact information and Florida nursing license number
• FHA will report 1.0 credit hour to CE Broker and a certificate will be sent via e-mail *(Please allow at least 2 weeks after the survey closes)*