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 decisionmaking at the level they choose.
- **Information sharing.** Patients and families receive timely, complete, and accurate information to effectively participate in care and decisionmaking. 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 decisionmaking. 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.