

Reconnecting Patient and Family Advisors Remotely

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Background

Patient-centered care involves partnering with patients and their families at all levels of their care, from access, to point-of-care decision making, to institutional priorities that impact the patient experience. This partnership creates a safer, more efficient, and satisfying experience for everyone involved.

In 2014, MD Anderson established the Patient and Family Advisor Council (PFAC). The Advisor's feedback had such a positive impact that committees and teams across the institution were asking for more advisor involvement. To meet the need, the PFAC expanded its membership in January 2016 and is now known as the Patient and Family Advisor Program (PFAP). The Program now boasts over 75 patients and caregivers who give their time to partner with us to create a better MD Anderson.

The Patient and Family Advisor Program is dedicated to including the voice of patients and caregivers at MD Anderson to enhance patient safety, satisfaction, and quality of care.

The Department of Patient Experience Administration coordinates advisor participation through committees as well as various projects including: focus groups, simulations, patient story events, and online surveys. Advisors suggest ideas, provide the patient/caregiver perspective, and contribute feedback. They have given feedback on facility design, policy updates including patient visitation, and patient care projects.

PFAP by the Numbers



Fig. 1 Outlines the engagement and contributions of the Patient and Family Advisor Program for fiscal year 2020. Opportunities and hours of service were impacted due to Coronavirus pandemic and precautions.

Objectives

In late 2019, a novel coronavirus disease (COVID-19), caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus, first emerged in Wuhan, China (1). The COVID-19 pandemic has since rapidly and aggressively spread across the world (2).

To combat virus transmission and slow spread, our organization implemented telecommuting for non-essential workers and activities. The COVID-19 pandemic quickly challenged the leadership of the Patient and Family Advisor Program to put processes in place to make the transition from in-person to online.

While on the surface the move from on-site engagement to virtual engagement may seem as simple as logging into a Zoom meeting, there are many more required steps both strategically and operationally that needed to be addressed:

1. Identify and understand the strategic and operational development of remote programming - and steps of moving from on-site to online engagement of PFA members at the institution.

2. Identify and understand human behavior factors that need to be addressed or included in a successful online program.

3. Identify and understand new operational process and issues that need to be developed and addressed with virtual work processes [ie: emergency plans when a participant codes on the screen]

Methods

A review of existing literature and a small taskforce including advisors and institutional leaders of the PFAP were the main drivers to achieving success in our new virtual environment.

• **Enacted the PrePARE model (3)**

To ensure effective meetings in the online setting, a lot of time and effort are put forth in the details of pre-planning, planning, accomplishing, and gauging response and engagement. Interventions including coaching and mentoring with patient/caregiver storytellers, prep meetings with presenters, and dry-runs of meeting with PFAP Co-Chairs have allowed our group to stay on-time and on-task.

• **Developed online educational guide**

Understanding the needs and learning styles of our advisors, a step-by-step guide with screens shots was developed for them to utilize and easily reference. A refresher of online tools is integrated into each virtual meeting or opportunity to reinforce learning.

Methods cont.

• **Assignment of clear meeting roles and responsibilities**

While our onsite meetings tended to flow organically, more care and attention was necessary for online. To lead the meeting we assign a facilitator role, to manage technical aspects there is a logistics role, and to account for advisor disposition we have a safety role. All roles working together harmoniously has led to focused meetings with minimal disruptions.

• **Utilization and encouragement of virtual tools**

With the transition to online, gone were the opportunities for hallway chats and coffee break catch-ups. Engagement and personal connections needed to be rethought. We utilized virtual tools to continue building relationship and furthering our mission. Implementation of tools including chat to keep the conversation going, breakout rooms to replicate our small round table discussions, and video to see familiar smiling faces were instrumental. Having these pieces in place has fostered advisor satisfaction and commitment to each other and the program.

Conclusions

Since transitioning the on-site Patient and Family Advisor Program to online, we have found many positive effects.

• **Over 30% increase in attendance at monthly meetings.**

Advisors share that logging-in to a Zoom call is much easier for them to commit to and engage in. They save time and gas money by not having to drive through traffic after work to our Texas Medical Center for meetings.

• **\$1,500 financial savings per month by organization.**

The costs associated with in-person participation such as space and food expenses for the monthly meetings and parking vouchers for institutional committees have almost been eliminated. Saving in these areas have allowed our group to be good stewards of resources during lean times.

• **Evaluation scores and remarks are equal or better.**

While our PFAP members miss the connection of on-site involvement, they have expressed great appreciation and satisfaction with the necessary virtual program. Advisors have adapted quickly to technology and have utilized tools to find new ways to bond including dinner chat prior to meetings, virtual ice-breakers, and small breakout room conversations.

Impact

Highlighted below are a few examples of the direct impacts PFAP has made to enhancing the patient experience while being virtual.

Rebound and Recovery

Advisors have been integral team members with the many aspects related to our institution's rebound and recovery to the Coronavirus pandemic. PFAP members also have provided valuable insights to enhance the use of telemedicine to care for patients in these socially distant times.

MyChart Bedside

Patient and Family Advisors worked with internal Epic leaders to launch Bedside; an extension of MyChart. Bedside optimizes a patient's hospital time with easier access to information, education, and communication tools.

Patient Safety

At the recommendation of the PFAP, indicator lights have been implemented for escalators in our ambulatory clinic building for patients and visitors to safely and easily see where to step on and step off.

Health Information

In an effort to provide patients timely access to health information, the Patient and Family Advisors partnered with clinical leadership to openly share clinic notes immediately and release ambulatory results within 1-5 days.



References

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