



Diversity of the Patient Family Partnership Council or Resident Family Council – A Diversity Recruitment Guide

Developed by the Planetree International Patient and Family Partnership Council*



Jill Adolphe (Canada)

“To me, it is very important to really feel represented. To have a voice like mine, from Latin America, in our group, it makes me feel confident that Planetree is working on an approach that can be applied globally, at any setting, no matter the race, the social level, religion or any other guidance of the stakeholder. This is more than equity and diversity; this is respect and accountability for the global health system.”

– Isabela Castro, Member of Planetree International PFPC



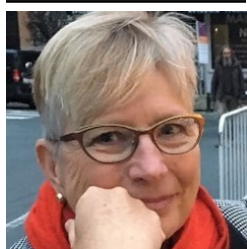
Isabela Castro
(Brazil)

Introduction

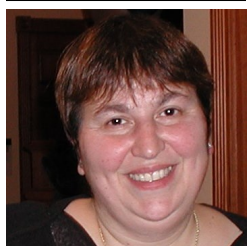
Patients/Residents and Family play a vital role in ongoing organizational improvement efforts. One approach for embedding these vital voices into improvement work is through a Patient Family Partnership Council (PFPC). These councils bring incredible insight into the patient/resident/family caregiver experience and needs, and they also understand how important the cultural background is to each individual.

A PFPC is comprised of individuals who represent the community and who have experienced the healthcare system. Members represent the voices of patients/residents and families. They partner with management and healthcare professionals so that they can make appropriate decisions on a variety of issues that affect the daily care of the individuals they represent. The input from patients/residents and family immeasurably enriches that decision process. Patients/residents and family members understand what - and why - various actions are important. Think, for example, of actions related to hygiene, safety, nutrition, recreation, and cultural activities. The input from the patients/residents and family is instrumental in creating an inviting and nurturing environment for the patients/residents.

The following guidelines draw on the experiences of patient and family partners who have served on many different PFPCs. Here, we share strategies we have seen be effective, and provide you with insights into how you can recruit patients/residents and family members to get actively involved with the healthcare organization’s PFPC. Knowing firsthand the impact of these partnerships, we encourage you to make this a high-priority action to make this a high-priority action.



Brigitte Desjardins
(Canada)



Lisa Freeman (USA)



Joel Hirschhorn
(USA)

Beyond eliciting this input from your PFPC, it is also essential to examine what perspectives may NOT be represented and to take steps to diversify the PFPC to ensure inclusion and representation of voices that reflect the community served. The information below is provided as a resource of different ways to approach the recruitment of diverse members for your PFPC in your community. In our experience, *more* members does not necessarily translate into *more effective* PFPCs, particularly if most of the members share a similar background or perspective. The most effective PFPC are intentional about creating structures and processes to enable involvement from diverse perspectives, including those often the hardest to reach.

This guide will provide you with different approaches to:

- ⇒ Assessing the Current Composition of your PFPC
- ⇒ Finding the Right People Who Will be Engaged
- ⇒ Engaging a more Diverse Patient Population



Jon Hoch, Sr. (USA)

Assessing the Current Composition of your PFPC

PFPC members often do not appropriately reflect the organization’s local population. How do you identify the diversity of your PFPC to better represent the actual population served?

- Learn about the diversity in your region through census data or other government resources about the local population.
- A community assessment can be done by an organization to learn about the local population served.
- Review the diversity of the patients by
 - Assessing at the populations from an ED/Clinic perspective (What populations are most utilizing your services?)
 - Reviewing the census to see the breakdown of the population (deeper dive.)
 - Asking your marketing department for resources.
 - Assessing who is in your network for outreach such as 100 Black Men, NCAAP and churches to seek out formal leaders for suggestions.
- Consider the challenges of potential younger patients/families. They may have small children and flexibility may be needed to have them attend consistently.
- Request an HR snapshot of staff demographic data.
- Consider the silent patients and families. Patients with autism have a higher rate of hospital visits, they are often physically challenged, and they have a fear about health care. Also consider the Dementia/Alzheimer patient population. These populations are overlooked.
- Use your admission data to assess your diversity.
- Establish connections with local government. Find out if your community conducted a local needs assessment for health care services.



Lisa Keitel (USA)

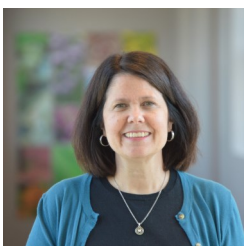
“I have found it rewarding and empowering to share my and my family’s experiences with health care advisory and safety councils, knowing full well this represents just one family’s story. Making a safe space to hear the stories and experiences of ALL patients and families is key for a health care organization’s compassionate and competent care of their diverse populations.” – Lisa Keitel, Member of Planetree International PFPC



Katie Lawhead
(USA)



Arun Murugesan
(Saudi Arabia)



Lori Shanahan
(USA)



Engaging the Right People

It is important when you are starting a PFPC or adding new members to an existing PFPC to find the “right” members. How can you determine the most potentially engaged members?

- Use an application for potential PFPC members. This will help define what you are looking for in a new member. Also, think about how the application can be structured to promote inclusion.
- Include the patient experience team that engages with patients in the hospital. They will likely be able to recommend some patients who may welcome an opportunity to participate in this type of work.
- When you have a patient focus group, use the opportunity at the end of the session to provide a very brief overview of the PFPC and have applications available for them to complete if they are interested.
- Consider reaching out to a Parent advisory council. They are a great source by word of mouth amongst the parents.
- Find a physician champion who can not only identify potential candidates but can also spread the word among physician peers about the opportunity for their patients to get involved.
- Develop a schedule for existing PFPC members to bring a coffee cart to staff in the health center on a rotating basis. In addition to coffee, tea and treats, make sure the cart is stocked with basic information about the council and copies of the application to encourage all staff to think about potential new members.



Shirlene Stafford-Reeves (USA)



Rob Victoria (The Netherlands)

Engaging A More Diverse Patient Population

- Consider a committee for diversity and inclusion and include their input for your PFPC.
- Consider coordinating more than one PFPC, such as, pediatric, Latina, behavioral health, oncology. Then a representative from each PFPC reports to the organizational level PFPC. Explain the “why” around the separate PFPC groups. Find out what works with other PFPCs to see how they may feel safe and what has worked well.
- Consider focus groups to capture the voice of different population groups. Focus groups allow those with common concerns to be empowered, vocal and share their unique concerns:
 - Language
 - Age
 - Diagnosis
 - Race
 - Culture
 - Less educated, low socio-economic patients.
- If your organization decides they want to use focus groups, consider hosting these sessions in the community where people live their lives (instead of at your facility). For example, go to a senior center, place of worship or community center rather than asking them to come to your organization.
- Focus groups can evolve into a PFAC. Some sites have started with a Latina focus group, and it developed into a Latina PFAC.



Lynn Vosburgh (USA)