


How to Jump Start a New Family Advisory Committee or Breathe Life into a Struggling One:

A Toolkit for Success




Denise Erickson
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07/31/07



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Overview

- CHW Family Advisory Committee
- 5 Key Ingredients for Success
- Lessons Learned

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A Little History

- Family Center Care Committee
1989 - 2001
- Majority of hospital staff/limited parent input
- Unstructured – no foundation, clear vision or effective facilitation
- No link to administration
- Strained group dynamics
- Few outcomes

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Family Advisory Committee

- 2002 planning
- 2003 new committee started
- Name changed to reflect role
- Majority of parents – 11 of 20
- Co-chairs – parent and staff
- Link to CHW Administration

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Family Advisory Committee

- Formal policy
- Budget
- Stipends for parents
- Measurable goals that make a difference
- Department requests



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Benefits for Families

- Opportunity to affect meaningful change
- Learn new skills



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Benefits to Hospital

- Bring new perspectives
- Out of the box ideas
- Limitless creativity
- Save money
- Increase family satisfaction



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Five Ingredients for Success



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#1. Administrative Buy-In

- Go slow to go fast!
- Identify a champion ~ staff liaison!
- Talk about value families bring
- JACHO, Patient Satisfaction, QI Initiatives, Opportunity to save \$\$\$
- Tie FAC mission/goals to hospital mission/goals



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Children's Hospital of Wisconsin

Leadership Practices



Everything we do shows our passion for children!

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Strives to Exceed Customer Expectations

- Designs systems/processes that fulfill customer expectations and needs
- Collaborates with customers for effective prioritization and decision-making

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Administrative Buy-In

- Develop a policy with administrative approval
- Secure funding for stipends, meetings, etc.
- Develop a committee reporting structure
- Report successes
- Continue to keep committee visible

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"The single most important factor for ensuring the successful involvement of families in policy and program activities is commitment to the idea. This point cannot be overstated.

Without a deeply held belief that families have unique expertise and knowledge and that their participation is essential to improving services, true collaboration will not occur."

Essential Allies: Families As Advisors



#2 Measurable Goals

"Shoot for the moon, even if you miss, you'll land amongst the stars."

- Strategic goals for hospital
- Patient satisfaction results
- Parent priorities
- Early successes
- Realistic ~ stretch
- Develop a workplan



CHW Strategic Goals

Children's Hospital WI Strategic Initiative I. 2005-2009

Establish a customer driven health care system that addresses the total health needs of children.

Strategy 2: Partner with families to enhance our programs and services to ensure a customer focus and cultural competence.

Objectives:

1. **Continue to achieve Family Advisory Committee goals**
 - Interview, assign, and orient parents to the FAC and other hospital committees
 - Involve parents in space planning

FAC Goal #1

Advance family-centered services and support through CHW policies, practices and procedures.

- Redesign of patient family resource guides
- Partnered with Quality on family satisfaction survey cover letter and clinical patient reviews
- Provided input on hospital expansion
- Develop "Top Ten Things To Do" bookmark

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FAC Goal #2

Enhance communication and education between CHW, MCW and parents to assure parent involvement in planning

- Standardize communication between Ambulatory Services and families
 - Developed clinic call-back time guidelines
 - Reviewed communication between clinics and families
- Provide input to Pediatric Nurse conference including a session "Successful Parent Partnerships"



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Departmental Requests

- | | |
|-------------------------------|--------------------------------------|
| ▪ Medical Records | ▪ Hospital expansion project |
| ▪ Valet parking | ▪ Family presence policy for traumas |
| ▪ Design of patient room | ▪ Families in semi-private rooms |
| ▪ Hospital Website | ▪ Hand washing audit standards |
| ▪ Room Service | |
| ▪ Care coordination standards | |

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#3 Committed Parents and Staff



- Variety of models
- Majority of parents
- 20 members
 - 11 Parents
 - 9 Staff
 - Diversity is important
- Partnership of equals



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*The **partnership** between parents and professionals is based on the realization that everyone's role is important, that what we do **together** is greater than what any one of us can do separately!*



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Partnerships

- Trust
- Humor
- Respect
- Honesty
- Diversity
- Teamwork
- Balancing Act
- No one does it alone!



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Recruitment

- **Get the word out** – presentations, trainings, newsletter articles, word of mouth, community meetings. etc.
- Develop a committee overview
- Develop a committee application(s)
- Establish criteria and interview questions
- Conduct phone interviews with nominating committee
- Submit membership recommendations to management

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Orientation

- Institute for FCC materials = GREAT!
- Family & staff attend
- Orientation
 - Partnership discussion
 - Goals
 - Committee expectations
 - Confidentiality form
 - W-9 for stipends
- FAC binder



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#4 Strong Committee Facilitation

- Effective meetings essential
- Ground rules
- Agendas, minutes, handouts before meeting
- Parent story, name cards
- Frequent communication



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Facilitation Tips

- Be prepared
- Stay focused/flexible
- Guide group discussions
- Provide structure
- Use consensus
- Bring everyone into discussion



Facilitation Dynamics
Ingrid Bens www.goalqpc.com

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#5 Celebrate Success!

- Tell FAC how they are making a difference
- Celebrate large and small successes
- Gush profusely
- Track accomplishments
- Toot your horn
- What went well today?



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Ways to Celebrate

- Say "thank you" frequently
- Have families share stories
- "Champagne" toasts
- Appreciation certificates
- Year end gifts, i.e. pen, pin, cocoa
- Provide special holiday lunch
- Send parents to trainings if possible



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Lessons Learned

- Build a strong foundation – go slow to go fast!
- Develop on-going relationship with administration
- Have measurable goals & track accomplishments
- Start with small successes & build on those successes

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Lessons Learned, cont'd

- Have work done within subcommittees
- Be realistic about time
- Stipends important for families
- Strong facilitation and communication key
- Meet every six weeks
- Parent voices are powerful
- Have fun

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“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has”

Margaret Mead

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Contact Information

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Administrative Buy-In



“The single most important factor for ensuring the successful involvement of families in policy and program activities is commitment to the idea. This point cannot be overstated.

Without a deeply held belief that families have unique expertise and knowledge and that their participation is essential to improving services, true collaboration will not occur”

Essential Allies: Families as Advisors
Thomas, J & Jeppson, E.S.
Institute for Family Centered Care

Our Leadership Practices

Everything We Do Shows Our Passion for Children
<ul style="list-style-type: none"> * Tells stories that reinforce children are the center of all we do. * Makes decisions based on the best interests of children. * Links each employee contribution to our mission of "healthier futures for children." * Spreads a compelling vision that generates enthusiasm and energy.
Respects and Values Everyone
<ul style="list-style-type: none"> * Creates an environment where differing views can be expressed and discussed in a positive manner. * Models, recognizes and reinforces appropriate behaviors. * Helps others understand the critical role they play in providing excellent service to all. * Ensures the protection of privacy and confidentiality.
Embraces Change that Improves Results
<ul style="list-style-type: none"> * Develops a spirit of innovation. * Creates excitement around the way it could be. * Identifies breakthrough ideas to move the organization forward. * Creates an environment to learn from mistakes. * Initiates change proactively.
Gives, Gets and Expects High Performance
<ul style="list-style-type: none"> * Consistently delivers beyond what is expected. * Creates ongoing development opportunities for employees. * Builds collaborative partnerships to achieve high performance. * Uses effective measurements to continually raise the bar on performance. * Demonstrates prudent stewardship by assembling the right resources at the right time.
Strives to Exceed Customer Expectations
<ul style="list-style-type: none"> * Makes delighting children and families their goal. * Collaborates with customers for effective prioritization and decision-making. * Designs systems/processes that fulfill customer expectations and needs. * Is outwardly and personally accountable for the outcomes and service across the organization. * Acknowledges mistakes and engages in service recovery.



Children's Health System Administrative Policy and Procedure

This policy applies to the following entity(s):

- ☒ Children's Hospital of Wisconsin ☐ Children's Hospital of WI – Kenosha ☐ Children's Hospital of WI – Fox Valley
☐ Children's Medical Group ☐ Children's Health Education Center ☐ Seeger Health Resources ☐ Children's Hospital Foundation

SUBJECT: Family Advisory Committee formerly Family Centered Care Committee

POLICY

I. PURPOSE:

Children's Hospital of Wisconsin believes that children should have the best health care available. It also recognizes the family as the constant in the life of a child and an important factor in keeping children healthy.

The Family Advisory Committee is a multidisciplinary committee consisting of hospital as well as family representatives that serve as an advisory resource to Children's Hospital of Wisconsin. The **mission of the FAC is to promote and support family-centered values throughout Children's Hospital of Wisconsin. The FAC strives to promote respectful, effective partnerships among families, professionals and the community that lead to increased understanding and cooperation between families and professionals and ultimately increased patient/family satisfaction.**

The Family Advisory Committee believes that family-centered care is an essential component in the design of a worldwide, premier center for pediatric medicine. This commitment to family-centered care means that the FAC, in collaboration with CHW, will:

- Support the integrity of the family focusing on the unique strengths and expertise of each family,
- Recognize the family as the constant in the child's life and that the healthcare system and the people who work in that system change over time,
- Respect the differences in values, beliefs, and cultural backgrounds, skills, knowledge and experiences of each family,
- Promote the philosophy that patients, families and health care providers are equal partners who work together to plan and make decisions regarding the provision of care,
- Support family-centered care as an organizational core competency requiring employees to demonstrate this behavior in their everyday activities, and
- Focus on quality improvement and increased patient satisfaction through a variety of partnerships between families, professionals and the community.

II. AUTHORITY:

The FAC is a hospital committee whose **membership is appointed by the Executive Vice President**. The Committee shall be an **advisory group to Hospital Administration** and will **submit annual reports summarizing issues and process improvement activities to the Quality Improvement Board**.

PROCEDURE

I. FAC FUNCTION:

The primary function of the FAC will be to develop and improve mechanisms for patients and families to provide input to administration, department leadership, clinics, etc., so that CHW services are reflective of the values inherent in the core competency of family-centered care. In addition, the FAC will actively promote family centered care across the continuum by developing and promoting partnerships between CHW, families and the community.

II. COMMITTEE MEMBERSHIP:

Committee membership shall be comprised of individuals who subscribe to the mission and goals of the FAC and shall consist of **no more than twenty (20) members**. This may be amended to enlarge or reduce the number of Committee members except that the number of members shall not be reduced to less than six (6).

The Committee leadership will consist of **two Co-Chairs – a CHW employee along with a parent representative. The Executive Vice President will appoint both positions.**

Family members, primary caretakers or CHW patients will make up at least 50% of the committee with an emphasis on individuals caring for children with special health care needs. CHW members could include representatives from Ambulatory, Family Services, Public Relations, Behavioral Services, the Special Needs Family Center, etc. Consultants from such departments as Quality Assurance, Security, Finance and Educational Services would participate on an as needed basis. The Executive Vice President will appoint Committee members.

Consistent effort shall be made to **reflect diversity in culture, gender, parenting and pediatric healthcare experiences** in the Committee membership.

III. TERMS OF OFFICE

Individuals will commit to serve **at least three years** on the Committee. Committee members will serve staggered terms so that no more than 50% of the Committee turns over in one year.

IV. RESIGNATION AND REMOVAL

A member of the Committee may resign at any time by submitting a written note to one of the Co-Chairs. **A member may be removed from the Committee if it is in the best interest of the FAC or if a member has 3 unexcused absences during any 12-month period.**

V. REGULAR MEETINGS

The Committee shall meet at least **six (6) times per year**. Meeting dates, time and location will be provided to all FAC members by mail or telephone.

VI. STIPENDS

Counsel members serving as a **"family or primary caregiver"** representative will **receive a stipend** for each meeting attended.

Executive Vice President

Family Advisory Committee Budget – 2006

<u>Item</u>	<u>Cost breakdown</u>	<u>Total Cost</u>
Meals	\$10 x 20 people x 8 meetings	\$1600
Thank you/holiday recognition	\$20 x 20 FAC reps	\$400
Committee/workgroup activities	To be determined	\$1000
Copying/postage	Minutes, reference materials	\$150
TOTAL		\$3,150

Family stipends (\$30 per 2/hour meeting x 11 family reps x 8 meetings = \$2640) will be paid for by a CHW Foundation grant to Families As Partners.

A sustainable committee requires funds specifically dedicated to the committee. The initial step in securing funding is preparation of a budget. Once the financial needs are outlined, identification of how those needs will be met is the next step.

Funding for the committee may come from a variety of sources. Some hospitals may allocate the resources immediately. Others may offer some in-kind support, but are unable to meet all of the committee's proposed financial needs. In this case outside funding will be necessary, which may require submission of a grant proposal to a hospital foundation or an outside organization. This may be as simple as submitting a written proposal or it may require the planning group to meet with others and present the proposal.

Stipends for Families Policy

9-29-03

Attendees: Dr. Miller, Lenore Frohmader and Mary Jean Green

Workgroup Goal: To develop a policy about the payment of stipends to families who participate on CHW committees, short-term projects, etc. that ensures appropriate recognition of the time and expertise contributed by family members and is consistent through out CHW.

Recommendations:

Short-term: Based the specific expectations of the family in terms of time and expertise and on the judgment of the members of Families As Partners (FAP), parents would be paid **\$30 per meeting attended that is 2 hours or less and is a standing CHW committee.**

Families would be paid a stipend for each **primary committee meeting attended**, but not for subcommittee meetings due to prohibitive cost of this at this point in time. However, occasionally a committee will have a standing subcommittee that meets on a regular basis, and if a parent were asked to attend this meeting on a regular basis, he/she could receive the \$30/meeting stipend.

For activities where family members are asked to participate on a short-term taskforce, focus group, or where they are invited to provide feedback on a specific topic and the time involved is greater than 2 hours, then he/she would receive (1) **\$50 check or a gift certificate** of the same value to recognize their contributions of time and expertise.

Gift certificates were recognized as being preferred to cash because the hope is that the family member would be able to use the gift certificate to buy themselves something special, go out to dinner, etc. However, some families may prefer a cash stipend.

At this point in the development of FAP, the funds from the CHW foundation would be utilized to support the payment of these stipends. However, FAP would encourage departments that make a request for parent participation to fund this relatively small expenditure out of their department's budget or recognition dollars in the future. **The long-term goal is that departments will realize the value of parent input and include funds to support this in their annual department budgets.**

Parents would be given the option to decline a stipend.

It was also suggested that a **year-end "thank you" party** be held to recognize the contributions of all families. This could include a dinner, gift, recognition certificates, etc.

Long-term goal: The long-term objective is that families would receive a stipend for *all* activities, including subcommittees meetings, where they have been asked to provide parent input and that there would be a general CHW fund to support this.

Family Advisory Committee members needed

The Children's Hospital of Wisconsin Family Advisory Committee is recruiting for four open parent positions and two staff positions. While parents and staff do not need any specific experience or background to serve on this committee, they should have the following qualities:

- A positive approach and ability to share and see different points of view.
- Good listening skills.
- Enthusiasm about the hospital's mission of excellent inpatient care, education and child advocacy.
- Ability to share both positive and negative experiences in a constructive way.
- Willingness to communicate and work with families and staff whose backgrounds, experiences and styles may be different than their own.

Share this information with parents you believe meet the above criteria. The committee is particularly interested in recruiting parents of diverse ethnic backgrounds with a variety of hospital experiences.

Committee members can expect to participate in two-hour meetings every six weeks and in subcommittee meetings that may require an additional one to two hours per month.

During 2006, the Family Advisory Committee:

- Worked with the Division of Quality to provide parent

input on the patient satisfaction survey and several Clinical Program Performance Reports for the Council on Quality.

- Partnered with Public Relations on the development of a bookmark listing nearby activities for families, along with a resource directory listing area parks, shopping centers, places to watch a movie, rent a car, buy flowers, grocery shop and more.
- Helped develop the From Our Families' Eyes leadership presentations.
- Surveyed area providers to identify drop-in child care within five miles of CHW.

The committee also has provided feedback on the hospital expansion project, bed placement, the development of the 8 East patient care area, guidelines on semi-private rooms, outpatient communication strategies and the medical records request form.

An overview of the committee and parent and staff application forms can be found on the Q Drive under Family Advisory Committee/2007 Recruitment. Please submit applications to The Daniel M. Soref Family Resource Center, MS 939, by Friday, Dec. 15.

For more information, contact Mary Jean Green at (414) 266-6716 or mjgreen@chw.org. □

Display honored veterans from 2001 to present

Throughout November, Children's Hospital and Health System staff and volunteers who have served or are serving in the military were honored in a display at Children's Corporate Center.

From Nov. 22 to Dec. 1, the display on the second floor

recognized veterans who served from 2001 to present. Some of these individuals were stationed in Afghanistan, Columbia, Iraq, Kuwait, Qatar and USA. Honored veterans in this time period include:

Beki Astl, RN, 2002 - 2005
Jermaln Belcher, 2003 - 2004
Tony Castro, 2006 - 2007
Elizabeth Christiansen, 1985 - present
Shannon Guilbord, RN, BSN, 1997 - present
Jacob Haugh, 2004 - 2005
Chantal Hernandez
Dennis Kubena, 1972 - 2005
Scott Kwiatkowski, 1989 - present

Paul Newbauer, ST, 1978 - 2001
Vicky Reith, MS, APRN, BC, CEN, 1984 - present
William Seymour, PhD, 1992 - present
Kimberly Smith, RN, 1993 - present
Andrew Wahl, RRT, EMT-1, 2003 - 2004
Anne Warwick, MD, 1985 - present
Jerry Wehse, RN, 1987 - present
Harry Whelan, MD, 2005 - 2006 □

Newsbreak Article February 12, 2007

Family Advisory Committee welcomes new members

Five new parents and two new staff members joined the Children's Hospital of Wisconsin Family Advisory Committee at its first meeting for 2007.

In the spirit of parent/professional partnerships, FAC is co-chaired by parent Denise Erickson, along with staff member Mary Jean C. Green, program administrator for the Special Needs Family Center, located in the Daniel M. Soref Family Resource Center at main campus. The committee of 21 includes 11 parents and 10 CHW employees who serve in an advisory capacity to CHW. Michael Gutzeit, MD, vice president and chief medical officer, serves as the committee's link to administration and Fred Klingbell, MD, medical director of Rehabilitation and Fitness Medicine, provides a physician perspective on the committee.

In addition to Erickson, family representatives include:

- Alison Bell.
- Sonya Bradley.
- Joel Golsteyn.
- Patrick Kelly.
- Cindy Loppnow.
- Lori Lundquist.
- Bridgette Schiek.
- Brenda Sulok.
- Melissa Toeller.
- Kristen Wotruba-Kolb.

CHW staff representatives include those mentioned above as well as:

- Julie Brown, RN, 5 West.
- Sue Couture, Interpreter Services coordinator.
- Kelly Goetz, inpatient case manager.
- Deb Jablonski, RN, case manager, Special Needs Program.
- Carolyn Jewett, health unit coordinator, 7 West.
- Susan Marks, manager, Ear, Nose and Throat Clinic/Masters Family Speech and Hearing Center.
- Sue Widmann, director, Patient Access.

Maggie Butterfield, director, Patient Amenities and Family Services and Stephanie Lenzner, director, Clinical Data Management serve as ad hoc members to the committee.

The committee will continue to partner with Patient Care, Ambulatory Services, Educational Services and the Quality and Outcomes departments along with other departments to achieve its annual goals. In addition, FAC is available to provide feedback to CHW departments or staff on issues that impact patients and families. The committee provided feedback on 14 patient care issues in 2006.

If you are interested in learning more about FAC or would like committee feedback on a new policy, brochure, communication strategy or any other improvement initiative, contact Mary Jean Green at 414-266-6716. □

CHW Dance Marathon slated for March 10

Join us for the first annual Children's Hospital of Wisconsin Dance Marathon, from 9 a.m. Saturday, March 10, to 3 a.m. Sunday, March 11, at Wisconsin Lutheran College, 8800 W. Bluemound Road, Milwaukee.

The 18-hour dance marathon is relay-style, with teams of four to eight people. Students from The Medical College of Wisconsin, Marquette University, University of Wisconsin-Milwaukee, Wisconsin Lutheran College, Mount Mary College, Alverno College and Cardinal Stritch University have been invited to participate.

Admission is \$5 per person. Activities include music, dancing, basketball, football, video games, coloring station, face painting and more. You can dance, pledge or just watch. Invite others to be part of the fun by pledging their support.

To make a pledge, visit www.firstgiving.com/heatherbeasley. For more information on how to register your team, contact Heather Beasley at hbeasley@mcw.edu or (517) 745-0389, or Michelle Hill at mmhill@mcw.edu. □

Measurable Goals



“The reason most people never reach their goals is that they don’t define them, or ever seriously consider them as believable or achievable. Winners can tell you where they are going, what they plan to do along the way, and who will be sharing the adventure with them.”

Denis Watley

FAMILY ADVISORY COMMITTEE

2007 WORKPLAN

1/24/07

GOALS AND OBJECTIVES	ACTION STEPS	OUTCOME
GOAL #1: Advance family-centered-care services and support through CHW policies, practices and procedures.		
1.1 Increase staff awareness of the Family Advisory Committee and strategies to involve families in decision making.	Present to CHW administration, leadership, employees and the community through updates at VP meeting, annual presentation at Leadership Forum, physician group, Dave and Carole Miracle Marathon, and other venues. Collaborate with Families as Partners to encourage staff to incorporate family input into program planning, quality initiatives, the development of new policies, etc. Present at the Int'l Patient and Family Centered Care Conference on how to develop and sustain a family advisory committee.	
1.2 Identify opportunities to enhance the Picker satisfaction survey.	Meet with staff from Clinical Data Management to offer suggestions to enhance the family satisfaction survey. Pilot suggestions as appropriate.	
1.3 Assure family input is included on a regular basis as decisions are made related to the new hospital tower.	Continue to provide parent input as plans evolve around the selection of furnishings, amenities, lighting, design elements and other details related to the new tower.	
1.4 Maintain open communication with Families as Partners (FAP) and the Youth Advisory Committee(YAC).	Invite both FAP and YAC to FAC meeting to provide program updates and to explore ways to collaborate.	
1.5 Promote implementation of family amenities where appropriate.	Follow up on status/next steps for WOW cards, child care/back-up care options, and Seven Sister's meal service for inpatient families	

GOAL #2: Enhance communication and education between CHW, MCW and parents to assure parent involvement in planning, implementation and evaluation.		
2.1 Standardize communication systems between families, patients and providers.	<p>Follow up with Ambulatory, Ed Services, IS and other related departments on implementation of:</p> <ul style="list-style-type: none"> • Beeper pilot, related protocol and year-end evaluation • Consistent use of Team cards in clinics • Email communication opportunities • FAQ's in English and Spanish on the intranet/internet • Partner with the Welcome Committee to review/revise communications that are shared with families from inpatient and ambulatory areas. 	
2.2 Assure parent involvement in the planning of the 2007 Pediatric Nursing Conference.	Collaborate with Ed Services so that parents are part of the planning committee for the conference and in a parent breakout session if possible.	
2.3 Increase opportunities to provide parent input in the Clinical Program Performance Reports for the Council for Quality.	Partner with the Quality/Outcomes Department and Families As Partners to identify ways that parents can be a part of the 2007 Clinical Program reviews.	

Committed Families and Staff



“The partnership between parents and professionals is based on the realization that everyone’s role is important, that what we do together is greater than what any one of us can do separately!”

FREQUENTLY ASKED QUESTIONS ABOUT SERVING ON ADVISORY COUNCILS AND BOARDS

To join or not to join...this is the big question most parents start off asking. It's nice to be invited, it's even nicer to have expertise to share, but ...but...

"Do I have enough time?" and "How will this effect my family?"

Why should I serve?

- Having a chance to help others, share what you have learned, and to help others learn.
- Influencing the direction of activities, services, and policies. Your opinion matters. You can help shape how services or policies unfold.
- Learning more about programs that may benefit your child and other children. This puts you in an excellent position to help your family and other families find and use helpful services and programs.
- Learning skills that will help you in your present job or help you get a better one. You can add your Council experience to your resume -especially any special projects you work on. Serving on the Council may broaden your network and contacts.
- Making a difference. This is your opportunity to create positive change in the lives of individuals with disabilities and their families. Your concrete and practical knowledge about disabilities can help ensure that the decisions made by the larger organization are informed ones.

With all my responsibilities, how can I make time for this?

Yes, time is always a problem. You will be asked to attend meetings, and you may need to do research between meetings. Find out how much of a time commitment is involved, and make sure you have - or can make - the time before you say yes. It may help to look at this time commitment as an investment: an investment in your family, in your community, and in yourself.

Can I really make change happen?

Usually, change happens when people become aware of what needs to happen, how it needs to happen, and care that it happens. You can make change happen by getting involved, giving your time and energy to the Council, and helping others to get involved.

What is an advisory council?

Within your community or state, there may be many opportunities to serve as part of an advisory group to an agency or organization. Generally speaking, advisory groups do not have responsibility for planning activities, fund-raising, or decision making for the organization. Their role is to advise - they study the issue at hand, collect input from members of the advisory group and perhaps externally from the community, and report back to the larger agency. Your duties on such an advisory group would probably include attending meetings, gathering information from your community, and certainly contributing your own perspective and expertise. The group may also have to prepare recommendations for the agency. Some advisory groups are permanent, and others will be disbanded after they have served their purpose of providing guidance and insight.

Some questions you may wish to ask

- Exactly what will my responsibilities be?
- How long will I be expected to serve?
- How often do you meet? At what time? Where?
- Are there any travel requirements?
- Do you provide orientation or ongoing training for new members?
- What authority does the advisory group have for aspects such as: the budget, services/programs/policies, personnel, public awareness, legislative or advocacy activities, and review of performance?
- Who wants the group, and why?

Impact of family advisory councils:

1. Giving providers and administrators access to an experienced, diverse group of families willing to serve in a consulting capacity for policy and program development and evaluation.
2. Provides the opportunity to receive ongoing feedback that goes beyond what would be learned from satisfaction surveys and focus groups.
3. Having a forum available to develop creative, cost-effective solutions to problems.
4. Having a mechanism in place for receiving and responding to community input on a regular basis.

The work of family advisory councils can lead to:

1. Services and programs that respond more effectively to consumer needs and priorities.
2. Increased understanding and collaboration between families and staff.
3. Wiser use of scarce health care resources.

This information was taken in part from **A PARENTS GUIDE TO SERVING ON BOARDS AND COMMITTEES**, by Sherri Coles.

A publication of NICHCY

National Information Center for children and Youth with Disabilities
PO Box 1492
Washington, DC 20013
1-800-695-0285
email: nichcy@aed.org
URL: <http://www.nichcy.org>

And Developing and Sustaining a Patient and Family Advisory Council, by Patty Devine Webster and Beverly H. Johnson.

A publication of

Institute for Family-Centered Care
7900 Wisconsin Avenue, Suite 405
Bethesda, Maryland 20814
301-652-0281
email: Institute@ifcc.org <http://www.familycenteredcare.org>.

Recruitment Tips

- Ask patients and families who were involved in activities associated with planning for the council if they have a friend who might be interested in participating.
- Ask staff for suggestions. Direct invitations from key staff involved in patient care is a very important source for new member recruits. It is also a great way to enlist staff support and a sense of connection to the council.
- Include information on opportunities for joining the council in consumer satisfaction surveys.
- Ask patients and families who participate in newborn intensive care and postpartum reunion gatherings and in support groups to consider participation.
- Post information about the family advisory council on the hospital's website.
- Contact family networks, support groups, advocacy organizations, civic associations, and other community groups.
- Post notices on bulletin boards in community locations (grocery stores, housing projects, large employers, gas stations) and in reception areas in clinics and in hospital emergency rooms and at educational, recreational, and social service programs.
- Develop radio and TV public service announcements.
- Place a story in the community newspaper. Place a story in one of the hospital's regular publications.
- Spread the word to key informants-people in the community who are knowledgeable about patients' and families' needs and are a link to other patient and family groups.
- Ask community and church leaders.
- Send a letter home with school children.

Opportunities for Involvement on the **Family Advisory Committee**
at Children's Hospital of Wisconsin
October 2006

Children's Hospital of Wisconsin annually recruits family leaders and CHW staff to serve as partners on the Family Advisory Committee (FAC). Children's Hospital of Wisconsin (CHW) is committed to a broad partnership of families and staff in shaping current and future hospital services.

Mission: The mission of the FAC is to promote and support family-centered values throughout Children's Hospital of Wisconsin. The FAC will strive to promote respectful and effective partnerships among families, professionals and the community that lead to increased understanding and cooperation between families and professionals and ultimately increased patient/family satisfaction.

Make-up: The FAC is a multidisciplinary committee consisting of family representatives as well as staff who serve as an advisory resource to CHW. Family members, primary caretakers or CHW patients will make-up at least 50% of the committee. The other 50% will be made up of CHW staff. There will be two co-chairs - a CHW employee along with a parent representative.

Participation: Members are expected to participate in 2-hour meetings every 6 weeks and in small subcommittees that *may* require an additional 1-3 hours per month.

Membership Term: The intent of the FAC policy is that individuals will serve a three-year term.

Selection Process: A small workgroup of parents and CHW staff will convene to review completed applications submitted by interested family and staff members. They will then submit their recommendations to the Executive Vice President of CHW who will make the final membership selection. Diversity in culture, gender, parenting and hospital experiences will be considered.

Requirements of FAC Members: Parents, primary caretakers, patients and CHW staff are eligible. Members do not need any specific experience or background to serve on the FAC, but they should have the following qualities:

- ❖ A positive approach and ability to share and see many different points of view.
- ❖ Good listening skills.
- ❖ Enthusiastic about the hospital's mission of excellence in patient care, education and child advocacy.
- ❖ Ability to share both positive and negative experiences in a constructive way.
- ❖ Able to communicate and work with families and staff whose backgrounds, experiences and styles may be very different from their own.

Family and staff representatives are asked to participate in an orientation and, in general, can expect 8 committee meetings and periodic subcommittee meetings at the hospital each year. Meetings of the entire committee are generally held between 11:30-1:30 on Fridays every six weeks. Family representatives will receive a stipend for participation of \$30.

Questions, Referrals or Requests for Applications: Call Mary Jean Green in the Daniel M. Soref Family Resource Center at 414-266-6716.

Please submit applications by December 15th to:

Mary Jean C. Green, MS 939

mjgreen@chw.org

The Daniel M. Soref Family Resource Center
Children's Hospital of Wisconsin
PO Box 1997 Milwaukee, WI 53201-1997

**Families as Partners Application
(for Family Advisory Committee)**

Today's Date: _____

Name: _____
(Please Print)

Home Address: _____
_____ County: _____

Daytime Phone: (____) _____ Best day/time to call: _____

Evening: (____) _____ Best day/time to call: _____

Fax Number: (____) _____ Email Address: _____

Children: If you would like to share any other information about your children, please feel free to include it on a separate sheet of paper.

Name: _____

Birth Date: _____

Has he/she been a patient at Children's Hospital of Wisconsin? __ Y __ N

Name: _____

Birth Date: _____

Has he/she been a patient at Children's Hospital of Wisconsin? __ Y __ N

Name: _____

Birth Date: _____

Has he/she been a patient at Children's Hospital of Wisconsin? __ Y __ N

Name: _____

Birth Date: _____

Has he/she been a patient at Children's Hospital of Wisconsin? __ Y __ N

Within the past 2 years, have you used any of the following services at Children's Hospital and Health System (CHHS)? **(Check all that apply)**

- ☐ Emergency Room ☐ Inpatient Clinic ☐ Outpatient Clinic
☐ Day Surgery ☐ Lab ☐ X-ray ☐ Other _____

Have you used other community-based services within the past 2 years?
(Check all that apply)

- ☐ Family Support ☐ Birth to 3 ☐ Respite Care
☐ Exceptional Education ☐ Home Health Care ☐ Other _____

This section is optional. The questions are designed to help us make our committees as diverse as possible:

Ethnicity:

- ☐ Hispanic/Latino
☐ Non Hispanic/Latino

Race:

- ☐ American Indian/Alaskan ☐ Black
☐ Asian ☐ White
☐ Other _____

Primary Language Spoken: _____

What other language(s), do you speak (Check all that apply):

- ☐ American Sign Language ☐ English ☐ Hmong
☐ Spanish ☐ Other (specify): _____

Reference:

Please include the name of a Children's Hospital and Health System staff member with whom you have worked (doctor, nurse, social worker, housekeeper, secretary, care partner, physical therapist, etc.)

Name: _____ Department: _____

I give permission to Families as Partners to discuss my application with the above reference.

Name (Signature)

Date

If you would like to provide additional references please attach an additional piece of paper.

The following list reflects the many ways that family members can be involved in Families as Partners. We do not expect you to have extensive experience but are interested in learning more about what interests you. Training will be offered for any activity that interests you. Time commitments are approximate and cannot be guaranteed. Please check boxes below that apply.

Feedback Group Participant: One-time family/patient group meetings to give feedback or suggest solutions on a specific topic. Time Commitment: 1 or more times/year for 90 minutes each.

- ☐ I have done this
- ☐ I am interested in doing this

Committee Member: Membership on a specific committee that is charged with a particular responsibility. Collaborating with staff and offering the family perspective. Time commitment: 6-12 meetings/year for 60-90 minutes each. Committee member for at least 1 year.

- ☐ I have done this
- ☐ I am interested in doing this

Conference or Event Planning

Committee: Membership on a committee that is planning a conference, educational series, event, etc. Time commitment: 1-2 meetings /month for 3-6 months.

- ☐ I have done this
- ☐ I am interested in doing this

Material Reviewer: Reviewing brochures, websites, policies, educational materials from the family/patient perspective. Time commitment: 1 or more times/year.

- ☐ I have done this
- ☐ I am interested in doing this

Promoting Children's Hospital: Being interviewed or featured by Children's staff or the media regarding CHHS services. Time commitment: Depends on need.

- ☐ I have done this
- ☐ I am interested in doing this

Program and Facility Development: Work with staff to develop new programs and facilities that support patients and families. Time Commitment: short term monthly meetings.

- ☐ I have done this
- ☐ I am interested in doing this

Resident Teaching: Host a 3rd year pediatric resident in your home to share your perspective and increase awareness of the everyday realities that children with special needs and their families live with. Time commitment: 1-3 times/year for 2 hours in your home.

- ☐ I have done this
- ☐ I am interested in doing this

Formal Presentation of the Family Perspective:

- ☐ Parent panels
- ☐ Individual presentation
- ☐ Written personal perspective
- ☐ I have done this
- ☐ I am interested in doing this

TELL US MORE ABOUT YOURSELF AND YOUR EXPERIENCES

Why would you like to be involved in Families as Partners?

We believe *Families as Partners* should reflect the cultural diversity of families who are consumers of hospital services. **Please share anything about your family that you think would add to the diversity of this program.** You might consider your diversity to be ethnic, racial, spiritual, social, economic, educational, geographic, gender, sexual orientation, unique family structure, disability-related, chronic illness, single parent, full-time parent, grandparent, etc.

Is there anything else you would like us to know?

****If you need additional room for any of the questions, please feel free to attach another sheet.****

I understand that completion of this application does not bind the applicant or the program coordinators in any way. FAP reserves the right to choose participants that best meet the needs of the program. Before participating in Families as Partners, you will be asked to sign a confidentiality agreement.

Signature

Date

Thank you for your time and interest. If you have any questions please feel to contact Mary Jean Green by phone at 414-266-6716 or email at mjgreen@chw.org

Please email or mail forms by Dec. 15th to:

Mary Jean C. Green
The Daniel M Soref Family Resource Center
Children's Hospital of Wisconsin
PO Box 1997 MS 939
Milwaukee, WI 53201-1997

**Children's Hospital of Wisconsin
Family Advisory Committee Application
for CHW Staff
10-18-06**

Name: _____ Mail Station: _____

CHW Position/Clinic/Department: _____

Phone: Work: _____ Home: _____ Email: _____

What is the best way to contact you, i.e., at home, work or email _____

1. Why would you like to be on the Family Advisory Committee? _____

2. What special interests or experiences would you bring to the Committee?

3. We believe the Family Advisory Committee should reflect the cultural diversity of families who are consumers of hospital services. In light of this, please share anything about yourself that you think would add to the diversity of our Committee. You might consider your diversity to be ethnic, racial, spiritual, social, economic, gender, disability related, etc. _____

Please return this completed application by Dec 15th, 2006 to:

Family Advisory Committee
The Daniel M. Soref Family Resource Center
Mary Jean C. Green
MS 939

Nominating Committee Guidelines

Suggested questions for family phone interviews for FAC candidates

- Briefly tell us about yourself and your involvement/experiences with Children's Hospital.
- Why are you interested in serving on the Family Advisory Committee?
- What unique skill set or perspective would you bring?
- Do you have any previous experience serving on a committee either through your job, community, or school?
- Please describe your experience with Children's Hospital – would you say it has been generally positive, neutral or mostly negative?
- Give the committee a situation where you were involved in a conflict and how you attempted to resolve the situation. This can be within the hospital, school, on a committee, etc.
- We meet once a month on Fridays from 11:30-1:30 and have periodic subcommittee meetings – is this time commitment one that you can fit into your schedule?

Desired Qualities

Requirements of FAC Members: Parents, primary caretakers, patients and CHW staff are eligible. Members do not need any specific experience or background to serve on the FAC, but they should have the following qualities:

- ❖ A positive approach and ability to share and see many different points of view.
- ❖ Good listening skills.
- ❖ Enthusiastic about the hospital's mission of excellence in patient care, education and child advocacy.
- ❖ Ability to share both positive and negative experiences in a constructive way.
- ❖ Able to communicate and work with families and staff whose backgrounds, experiences and styles may be very different from their own.



A member of Children's Hospital and Health System.

PO Box 1997
Milwaukee, WI 53201-1997
Phone (414) 266-2000
www.chw.org

Letter of invitation to families and staff to serve on the FAC

January xx, 2007

Dear _____,

I'm delighted to inform you that you have been invited to join the Family Advisory Committee (FAC) of Children's Hospital of Wisconsin. Your experience and knowledge will be a welcome addition to this committee as we work together to enhance the practices of family-centered care here at Children's Hospital.

The committee will be made-up of approximately 20 parents and Children's Hospital staff with a parent and staff member sharing the chair position. This is truly a partnership where everyone can learn a lot from each other.

Thank you for your willingness to be a member of the FAC and to help promote the values of family-centered care at Children's Hospital of Wisconsin. If you have any questions, please feel free to call Mary Jean C. Green at 414-266-6716.

Sincerely,

Executive Vice President



Children's Hospital
of Wisconsin*

A member of Children's Hospital and Health System.

PO Box 1997
Milwaukee, WI 53201-1997
Phone (414) 266-2000
www.chw.org

Letter to staff who applied for FAC and were not selected

January 16, 2007

Dear _____,

Thank you for taking time to complete the application for the Family Advisory Committee. We sincerely appreciate your interest. While we cannot offer you a position on the committee at this time, it is not because we don't value your input and expertise in the area of family-centered-care!

To support our commitment to having a majority of parent representatives on the committee, the number of CHW staff positions was very limited.

If you have any questions or would like to discuss this further, please feel free to call Mary Jean C. Green, co-chair of the Family Advisory Committee at 414-266-6716. Thanks again for your continued commitment to family-centered-care.

Sincerely,

Executive Vice President



A member of Children's Hospital and Health System.

PO Box 1997
Milwaukee, WI 53201-1997
Phone (414) 266-2000
www.chw.org

Letter for parents who interviewed for the committee but were not selected

January 15, 2007

Dear _____,

Thank you for taking time to complete the application for the Family As Partners program and for talking with the nominating committee of the Family Advisory Committee. We sincerely appreciate your interest and time. While we cannot offer you a position on the Family Advisory Committee at this time, it is not because we don't value your input and expertise in the area of family-centered-care! The reality is that we had limited open positions.

As you know, the Family As Partners program is very interested in placing parents on Children's Hospital committees, focus groups, etc. and has scheduled an orientation for January 31st at 9:30am here at the hospital. You should have received a flyer with the details about the training earlier in the week. If you have any questions about the training or about the Families As Partners program you can call Anne Juhlmann, family program coordinator, at 414-266-3196.

Thanks again for your continued commitment to family-centered-care.

Sincerely,

Executive Vice President

New Member Orientation

- ☐ Parent/Staff books
 - Essential Allies: Families as Advisors
 - Words of Advice: A Guidebook for Families Serving as Advisors
- ☐ Review FAC binder
- ☐ Powerpoint Presentation regarding philosophy of Family/Provider Partnerships
- ☐ Confidentiality Form
- ☐ W-9 Form
- ☐ Letter from Executive Vice President
- ☐ Groundrules

Family Advisory Committee Orientation

Saturday, January 27, 2007

9:00am – 11:00am

Children's Corporate Center – Educational Services Classroom (Suite 255)

Topic	Who	Time
Purpose of Meeting: ➤ Get to know one another ➤ Develop an understanding of the benefits of family/provider partnerships ➤ Understand basics of the FAC	Denise and Mary Jean	5 minutes
Introductions	Everyone	10 minutes
Overview of Family Involvement --Benefits to CHW and to Families --Partnership Quote --Definition FCC	Denise	15 minutes
Relationship to CHW --Quote --Leadership Principles --Strategic Goals --Policy	Mary Jean	15 minutes
Review Binder --Roster, Terms, Mtg dates, Agendas, Ground rules, --Committee Goals/Departmental Requests	Mary Jean and Denise	20 minutes
Forms W9/stipends Confidentiality	Mary Jean	5 minutes
Questions & Answers	Everyone	10 minutes
Adjourn		

Getting Acquainted Bingo

Name: _____

The object is to get acquainted by completing a row, column, or diagonal with three signatures that match the requirements listed. A person may sign your sheet only once, even if they fit in more than one box. When you have signatures in a full row, column, or diagonal, you have a bingo! See how many bingos you can get.

Someone Who...

...Has had a massage _____	...Has taken a walk outside this week _____	...Collects stuff, i.e., cars, coins, antiques, etc. _____
...Has taken some time for themselves this week _____	... Was born in the same city you live in now _____	...Has more than three household pets _____
...Has paid less than 1.50 for a gallon of gas _____	...Has started their holiday shopping _____	...Is hosting Thanksgiving dinner _____

Benefits and Barriers for Family/Provider Partnerships

FAC Orientation 2007

Benefits To CHW:

- Better outcomes
- Shorter stays
- Coordinated care
- Involved parents
- Better reputation
- Better institution
- Better understanding
- Understanding wants/needs

Benefits to Families:

- Family input seeing results
- New/different outlook
- Making things better for the families now
- New relationships
- Fuller understanding
- Rewarding
- Learning new skills
- Knowledge

Elements of a Successful Partnership:

- Respect
- Listening
- Trust
- Working Together
- Open minded
- Flexibility
- Communication
- Similar Goals
- Equality
- Options
- Patience

Barriers:

- Priorities for greater good vs. personal agenda
- No results in a timely manner
- Provider/families without mutual respect
- Logistics/missing voice
- Commitment

Strategies to Deal with Barriers.

- Set goals
- Narrow scope
- Revisit goals
- Consultants/Information
- Measures (Timeline objectives)
- Prioritize goals
- Report — feedback from administration
- Feedback/follow-thru
- Involvement of administration
- “Implementer” gets feedback

Communication / Confidentiality



As a Family Advisor you will be attending committees, participating in focus groups, etc. and will be talking with other families who have children accessing the services at Children's Hospital and Health System. In this role you will be trusted with confidential, privileged information such as diagnosis, family circumstances, and family experiences with providers and organizations. It is essential that you maintain confidentiality about information shared during these meetings and interactions with families and providers.

Please continue to remember that as you become involved in Children's Hospital of Wisconsin as a Family Advisor, you will be representing not only yourself, but also all other families of children who come to Children's Hospital. Professional etiquette including clear introductions of who you are and whom you are representing, (families), friendliness and appreciation for receiving and sharing information is the standard. When you attend meetings, etc. it is essential that you introduce yourself as speaking on behalf of a larger group of parents of children who come to Children's Hospital, and a representative for the Families as Partners program.

I understand that every patient and family has the right to expect that health records and information will be managed confidentially. It is the responsibility of Children's Hospital and Health System to protect the confidentiality of such information. In my role as Family Advisor, I agree to be accountable for the protection of all confidential information.

Name (please print):
Signature:
Date:

Family Advisory Committee Binder

Contents

FAMILY ADVISORY COMMITTEE w/ Logo outside front cover sleeve

Front cover pocket

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Confidentiality agreement form*

Never Doubt quote

Family Center Care quote

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CHW

Simple most important quote

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CHW Vision Statement

CHW Mission Statement

CHW 2005-2009 Strategies and Objectives

CHW Organizational List

**These forms are completed on day of orientation.

Strong Committee Facilitation



LaughParade®

By Bunny Hoest and John Reiner



"You might as well leave the turn signal on—we're driving in circles anyway."

Family Advisory Committee Ground Rules

- ★ Have a positive attitude.
- ★ Think beyond your own perspective and experiences.
- ★ Have an open mind: everyone's viewpoint is important.
- ★ Speak concisely: listen carefully.
- ★ Realize you may need to agree to disagree.
- ★ Begin and end on time.
- ★ Be prepared for committee and workgroup mtgs.
- ★ Follow through with tasks in a timely manner.
- ★ Respect confidentiality – FAC discussions may include sensitive information.
- ★ Avoid jargon whenever possible.
- ★ Maintain a good sense of humor.
- ★ Keep discussion and comments relevant to the issues being discussed

Family Advisory Committee
April 20, 2007
11:30 – 1:30

Children's Corporate Center – **Corporate Center Room 255**

Topic	Speaker	Time	Purpose
1. Meet, Greet and Eat	All	11:30 – 11:40	Lunch is served!
2. Introductions and Welcome Mark Ship	Everyone / Mark Ship	11:40 – 12:10	Introduce members and welcome Mark Ship, VP Access & Referral Systems
3. Overview of Family Centered Care (FCC)	Mary Jean	12:10 – 12:20	Review components of FCC and what it looks like at CHW
4. Minutes Announcements	Denise	12:20 – 12:25	Approval of minutes
5. Update Subcommittee 2	Brenda	12:25 – 12:35	Progress update on objectives along with next steps
6. Update Subcommittee 1	Joel	12:35 – 12:45	Progress update on objectives along with next steps
7. Open Discussion with Mark Ship	Everyone	12:45 – 1:15	Brainstorm opportunities to take FCC to the next level
8. Physician/Family Portal	Dr. Gutzeit	1:15 – 1:25	Update on CHW progress on development of a family portal
9. Meeting Evaluation	Everyone	1:25 – 1:30	What went well What could be better

NEXT MEETING: June 8, 2007 in Corporate Center Ed Services Classroom (C230)

Family Advisory Committee Minutes

April 20, 2007

Members Present: Alison Bell, Julie Brown, Denise Erickson, Kelly Goetz, Joel Golsteyn, Mary Jean C. Green, Dr. Michael Gutzeit, Deb Jablonski, Patrick Keily, Susan Marks, Brenda Sulok, Melissa Toeller, Kristen Wotruba-Kolb

Members Absent: Sonya Bradley, Sue Couture, Carolyn Jewett, Dr. Fred Klingbeil, Cindy Loppnow, Lori Lundquist, Bridgette Schiek, Sue Widmann

Ad Hoc Members: Maggie Butterfield, Stephanie Lenzner

Guests: Mark Ship, Mary Beth Mahoney

Agenda Item	Points of Discussion	Action Item
Meet, Greet and Eat	Denise welcomed everyone and thanked them for coming. She introduced Mark Ship, VP Access & Referral Systems and Mary Beth Mahoney from Columbia St. Mary's. Everyone introduced themselves and explained their role on the committee.	
Review of Access & Referral Systems	Mark gave an overview of the Access & Referral Systems organization. There are 30 leaders, 400 employees and 300-400 volunteers under in this group.	
Parent Story	Mark Ship shared his family story including his father's journey after a brain aneurysm. It was his story of hope, fear and dreams. Thank you!	
Minutes	The minutes from the March meeting were approved.	
Overview of Family Centered Care (FCC)	<p>Mary Jean gave an overview of family centered care. She provided a brief history of FCC and reminded us that the family is the constant in a child's life. She reviewed areas where families have already been involved here at Children's Hospital at different levels. Highlights included:</p> <ul style="list-style-type: none"> • There has been a paradigm shift over the years from providers telling families what they thought the family needed to the family bringing their knowledge and expertise to partner in care and decision making for their child. The success of FCC depends on the family/staff partnership. No one does it alone. • Inherent in these partnerships are challenges such as time, language barriers and the readiness of staff and families. • There are many benefits for families and for the hospital however. Families have the opportunity to give back, share experiences and network with other parents. They have a vested interest in making things better. The hospital benefits from getting the family perspective when families bring new ideas to the table. Their ideas can help streamline processes, save money and increase satisfaction. • The focus of family involvement has been primarily on the partnerships between patients, families and providers at the clinical level. There is an ongoing effort to get families more involved at the program and policy level. This will take time, commitment and energy. We need to be creative in identifying and recruiting 	

Agenda Item	Points of Discussion	Action Item
	families to participate in FAP. Families should be involved in the beginning stages of a new project, policy, or design endeavor, through the implementation and evaluation.	
Subcommittee 2	<p>2.1 Standardize communication systems between families, patients and providers.</p> <ul style="list-style-type: none"> The group looked at several hospital mailings currently being sent to families. They are initially working with GI and Speech and Hearing clinics. The group is looking at consistency between clinics, whether or not the letters can be simplified as well as translation needs. It was also discovered that not all clinics are sending the most current construction maps and that there are 42 auto generated letters being sent to families. The committee will be working with Central Scheduling on their reminder and no show letters. Stephanie Lenzner will meet with the committee in May to discuss quality initiatives. Dr. Gutzeit talked about the Electronic Health Record. Ambulatory clinics will go live around June 1st. Other clinics will follow. Over time families will have access to the record. The goal is to save time for staff and give much wanted access to families. <p>2.2 Assure parent involvement in the planning of the 2007 Pediatric Nursing Conference.</p> <ul style="list-style-type: none"> Carol Klingbeil is working with the committee on the 2007 Nursing conference and how FAC can be involved. 	
Subcommittee 1 Report	<p>1.2 Identify opportunities to enhance the Picker satisfaction survey.</p> <ul style="list-style-type: none"> The subcommittee is working on a more family-friendly letter because they believe that the current version is too clinical. It was proposed that the letter be signed by a FAC parent along with a CHW VP. They will ask several parents to review the final draft and then submit to Quality. The subcommittee discussed ideas for promoting Families As Partners (FAP) and FAC. Although FAP has evolved, more work needs to be done to get the word out to staff and families. <ol style="list-style-type: none"> A power point presentation is being worked on. A template is being designed for use by staff or parents for presentation to a variety of CHW audiences. It was suggested that staff could ask parents before they leave the clinic or hospital, if they are interested in becoming involved in FAP. Another suggestion was made to promote FAP and FAC outside of the hospital. 	
Discussion with Mark Ship	<p>Mark talked about his new role and how this new department Access and Referral Systems would collaborate with Nancy Korom's patient care managers group. In an effort to maintain open communication Nancy and Mark's department operational meetings have been combined and are called the Patient Care and Family Experiences meetings. Mark would like FAC to share ideas at the forums.</p> <p>Mark opened up discussion to talk about initiatives for improvements. He said a lot of focus tends to be on items that need improvement, but it is important that we avoid losing focus on what we're already doing well. He asked the group to share what they feel is working really well. Some of the comments were:</p> <ul style="list-style-type: none"> Staff spends time one on one with families Some clinics have expanded hours to accommodate working families, others are not as flexible 	

Agenda Item	Points of Discussion	Action Item
	<ul style="list-style-type: none"> • Prompt lab results • Food service and housekeeping staff are very friendly • Can page or call GI and get a call back right away • Child life, environmental and nutritional services are great • Staff really seem to enjoy their jobs – it's more than just a paycheck to them <p>A suggestion of having a mentor/coach for new families was mentioned. Mark said the idea has come up, but there are a lot of things that need be worked out. Training, family experience, cultural issues and HIPAA are just a few of the items being looked at. It is an idea that is gaining momentum and is actually being done informally already.</p> <p>Mark thanked everyone for their feedback. The common theme of excellence and loyalty are important he said. If families have a bad experience, they tend to tell more people. We need to drive excellence so that good word gets out. We want people to hear and remember the good stories and experiences.</p> <p>Mark reminded the group that 50% of families who returned surveys gave CHW excellent ratings. As a top 10 children's hospital, CHW should be able to do even better than 50% he added.</p>	
Physician/Family Portal	<p>Dr. Gutzeit explained that the portal is a way to get real time, secure access of information from the Electronic Health Record. Information such as lab results, clinic records, diagnostic and radiology tests will be available. He said parent Anne Juhlmann spoke to him and Meg McElroy about a year ago concerning the need for parents to have faster access to information about their child(ren).</p> <p>The timing of information going into the record and becoming available to families is being looked at. It will be important families noted that nothing confusing or alarming goes into the record before the staff talks to the family.</p> <p>By the end of this year, some of the elements of the portal will be available to referring physicians who are not on staff. The hope is that those physicians can work with the portal and troubleshoot before families get access. Dr. Gutzeit would like to see some of the FAC families work with staff on testing the portal before it goes live for family access. The goal is to have parental access available sometime in the first quarter of 2008.</p> <p>There is nothing new on email opportunities at this time.</p>	
Meeting evaluation	Everyone agreed that the meeting went very well.	

Facilitation Dynamics

Core Practices

Regardless of the type of discussion being led, all facilitators need to constantly use the core practices.

Stay neutral on content. Focus on the process role. Avoid the temptation of offering opinions about the topic under discussion. Use questions and suggestion to ideas that spring to mind. Never impose opinions on the group.

Listen Actively. Use attentive body language and paraphrase what group members are saying. Make eye contact with people while they speak, when paraphrasing what they have just said, and when summarizing their key ideas. Use eye contact to let people know that they can speak next and to prompt quiet people to participate. Listen to understand, rather than to judge what the speaker is saying.

Ask questions to test assumption, invite participation, gather information, and probe for root causes. Use effective questions to delve past symptoms and get root causes.

Paraphrase to clarify what people say to make sure they know they're being heard, to let others hear their points a second time, and to clarify their key ideas.

Synthesize ideas. Get people to build on each others ideas to arrive at collective thinking. Create consensus and build commitment to decisions.

Stay on track. Make the group aware if they're off track. The group can then decide to pursue the side track or stop discussion of the new topic and get back to the agenda. Tape a flipchart sheet to a wall to park off-track items, for placement on a future agenda. Have a timekeeper to keep discussions on time.

Give feedback. Telling a group that it's doing well offers encouragement. If things are not going well, the group members can make needed corrections.

Test assumptions. Check for underlying thoughts and feelings. Help the group deal with causes, not just symptoms.

Listen and repeat. Listen carefully so you can give a capsule statement that pulls it all together for the members.

Summarize periodically. Clarifying what is being said can help manage the group and provide focus. Summaries can be used to retrieve a discussion that has ground to a halt and bring closure when things are wrapping up.

Use the flipchart so that ideas don't get lost and topics don't need to be repeated. The notes taken on a flipchart need to be brief, concise, and to the point. Notes must record what the participants said, not what the facilitator interprets them to have said.

Facilitator Behaviors and Strategies

Whether you are a facilitator from inside the group or out, the team's leader or member, the following are parameters for facilitator behaviors:

Be informed. Always gather information about groups to fully understand their needs.

Be optimistic. Do not allow disinterest, antagonism, shyness, cynicism, or other negative reactions to throw the group off track. Instead, focus on what can be achieved.

Be consensual. Facilitation is fundamentally a consensus-building process. Facilitators always strive to create outcomes that reflect the ideas of all participants.

Be flexible. Always have a process plan for all meetings, yet at the same time, be ready to toss it aside and change direction if that's what is needed.

Be understanding. Understand that there are a lot of pressures on employees today, and recognize that antagonistic or cynical behaviors are a result of high stress levels.

Be alert. Become an expert people watcher. Pay careful attention to group dynamics and notice what is going on at all time.

Be firm. Good facilitation is not a passive activity. It takes assertiveness to keep people on track.

Be unobtrusive. Do as little talking as possible. Say only enough to give instructions, stop arguments, keep things on track, and sum up.

Facilitating should be an ego-less activity. The purpose is to make the group succeed, not to make yourself the center of attention. An effective facilitator will leave a group convinced that they did it themselves.

Some of the best things that a facilitator can do:

- Carefully assess the needs of the members,
- Probe sensitivity into people's feelings,
- Create an open and trusting atmosphere,
- Help people understand why they are there,
- Make members the center of attention,
- Speak in simple and direct language
- Work hard and stay neutral,
- Display energy and appropriate levels of assertiveness,
- Champion ideas not personally favored,
- Treat all participants as equals,
- Stay flexible and ready to change direction if necessary,
- Make notes that reflect what participants mean,
- Listen actively to completely understand what is being said,
- Periodically summarize complex ideas so that they form a coherent summary,
- Make sure every session ends with clear steps for the next meeting,
- Ensure that participants feel ownership for what has been achieved,
- End on a positive and optimistic note.

Some of the worst things a facilitator can do:

- Remain oblivious to what the group needs or thinks,
- Never check groups concerns,
- Not listen carefully to what's being said,
- Lose track of key ideas,
- Take poor flipchart notes or change the meaning of what is said,
- Try to be the center of attention,
- Get defensive,
- Get into personality battles,
- Put people down,
- Allow conflict to rage on,
- Let a few people dominate.
- Never check how the meeting is going,
- Push ahead on an irrelevant agenda,
- Have no alternative approaches,
- Let discussions get badly sidetracked,
- Let discussions end without proper closure,
- Use inappropriate humor,
- Not know when to stop.

BRAINSTORMING

Definition: A group **process** technique to encourage creative thinking and to elicit ideas.

Purpose: To generate a large number of ideas and promote team cohesiveness. It helps avoid unnecessary conflict and facilitates good decision-making.

Guidelines:

- Generate as many ideas as possible.
- Avoid criticism or compliments.
- Encourage far-out, creative ideas.
- Do not censor thinking.
- Build on the ideas of others.
- Record all ideas.
- Allow members to pass on any turn to let ideas incubate.

How to conduct a brainstorming session:

1. Review brainstorming guidelines and steps.
2. Review subject to be addressed and record on a turnchart.
3. Take turns throwing out ideas, one at a time, in clockwise fashion.
4. Record all ideas on a turnchart.
5. Continue until all ideas are recorded.
6. Clarify and consolidate ideas as recorded.
7. Agree on evaluation criteria and apply them.

Tips:

- If possible, inform participants of the topic prior to session.
- Make sure each participant fully understands the issues.
- Do not exceed 30 to 45 minutes to avoid fatigue.

NOMINAL GROUP TECHNIQUE

Definition: A group **process** technique to encourage creative thinking and to generate ideas.

Purpose: To generate a large number of ideas from all members of a team in a short period of time.

How to conduct a nominal group session:

1. Review **nominal** group steps.
2. Individually list ideas, generally taking 3 to 5 minutes.
3. Take turns presenting one idea at a time.
4. Record all ideas on turnchart.
5. Allow members to pass when all their ideas are recorded.
6. Allow time for any new ideas to be generated.
7. Clarify ideas.
8. Rank ideas by multiple voting or rank ordering.

Tip: It is important to require individuals to spend time developing their own list of ideas.

MULTIPLE VOTING

Definition: A technique using team member voting to reduce a large number of ideas to a list of priorities.

Purpose: To help a team rank order and prioritize a large list to a manageable number of ideas or issues.

How to conduct multiple voting:

1. Identify each idea on the list with a letter of the alphabet or a number.
2. Take a quarter to a third of the total number and use that figure as the number of votes each member gets.
3. Members vote individually, on paper, for the specified numbers of ideas.
4. Members take turns giving their votes to the group.
5. The votes are recorded and tabulated on a turnchart.
6. The team decides if there is a clear choice or if several ideas should receive further consideration.

Note: The use of multiple voting cannot be used as a substitute for data gathering or discussion.

RANK ORDERING

Definition: A group technique involving the ranking of a small number of ideas to establish a priority.

Purpose: To help a team decide among a relatively small number of ideas.

How to conduct rank ordering:

1. Identify each idea on the list with a letter.
2. Members individually rank all of the ideas on paper.
3. Members individually number ranked ideas, with one being the most important.
4. Members take turns giving their rank ordering of the ideas.
5. The numbers corresponding to the rank order are recorded by each item and are tabulated on the turn chart.
6. The idea with the smallest number is the top choice of the group.
7. The team decides if there is a clear choice or if more than one idea should receive further consideration.

Note: Rank ordering can be used in conjunction with multiple voting; it should be used only with 10 or fewer items.

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SMART Goal Setting

I encourage you to pick up a pen and a piece of paper and jot down the goals you want to reach. Look at each goal and **evaluate** it. Make any changes necessary to ensure it meets the criteria for a **SMART goals**:

S	Specific
M	Measurable
A	Attainable
R	Realistic
T	Timely

Specific

Goals should be straightforward and emphasize what you want to happen. Specifics help us to **focus our efforts** and **clearly define what we are going to do**.

Specific is the What, Why, and How of the SMART model.

WHAT are you going to do? Use action words such as direct, organize, coordinate, lead, develop, plan, build etc.

WHY is this important to do at this time? What do you want to ultimately accomplish?

HOW are you going to do it? (By...)

Ensure the goals you set is very **specific, clear and easy**. Instead of setting a goal to lose weight or be healthier, set a specific goal to lose 2cm off your waistline or to walk 5 miles at an aerobically challenging pace.

Measurable

If you can't measure it, you can't manage it. In the broadest sense, the whole goal statement is a measure for the project; if the goal is accomplished, the is a success. However, there are usually several short-term or small measurements that can be built into the goal.

Choose a goal with measurable progress, **so you can see the change occur**. How will you see when you reach your goal? Be specific! "I want to read 3 chapter books of 100 pages on my own before my birthday" shows the specific target to be measure. "I want to be a good reader" is not as measurable.

Establish concrete criteria for measuring progress toward the attainment of each goal you set. When you measure your progress, you stay on track, reach your target dates, and experience the exhilaration of achievement that spurs you on to continued effort required to reach your goals.

Attainable

When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop that attitudes, abilities, skills, and financial capacity to reach them. You begin seeing previously overlooked **opportunities** to bring yourself closer to the achievement of your goals.

Goals you set which are too far out of your reach, you probably won't commit to doing. Although you may start with the best of intentions, the knowledge that it's too much for you means your subconscious will keep reminding you of this fact and will stop you from even giving it your best.

A goal needs to stretch you slightly so you feel you can do it and it will need a real commitment from you. For instance, if you aim to lose 20lbs in one week, we all know that isn't achievable. But setting a goal to loose 1lb and when you've achieved that, aiming to lose a further 1lb, will keep it achievable for you.

The feeling of success which this brings helps you to remain motivated.

Realistic

This is not a synonym for "easy." Realistic, in this case, means "**do-able**." It means that the learning curve is not a vertical slope; that the skills needed to do the work are available; that the project fits with the overall strategy and goals of the organization. A realistic project may push the skills and knowledge of the people working on it but it shouldn't break them.

Devise a plan or a way of getting there which makes the goal realistic. The goal needs to be realistic for you and where you are at the moment. A goal of never again eating sweets, cakes, crisps and chocolate may not be realistic for someone who really enjoys these foods.

For instance, it may be more realistic to set a goal of eating a piece of fruit each day instead of one sweet item. You can then choose to work towards reducing the amount of sweet products gradually as and when this feels realistic for you.

Be sure to set goals that you can attain with some effort! Too difficult and you set the stage for failure, but too low sends the message that you aren't very capable. **Set the bar high enough for a satisfying achievement!**

Timely

Set a timeframe for the goal: for next week, in three months, by fifth grade. Putting an end point on your goal gives you a **clear target** to work towards.

If you don't set a time, the commitment is too vague. It tends not to happen because you feel you can start at any time. Without a time limit, there's no urgency to start taking action now.

Time must be measurable, attainable and realistic.

Everyone will benefit from goals and objectives if they are SMART. SMART, is the instrument to apply in setting your goals and objectives.

Celebrate Success



*“Isn’t it a wonderful thing that we are all different?
Each of us has strengths and skills to share.
And when we link our individual strengths together
we’re invincible. Can’t imagine us without you”*

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