

PFCC Week 2016 – Patients 4 Change (Pts4Chg) Fishbowl Themes

The following are themes that emerged from the Pts4Chg Fishbowl Event
held on
Monday, October 17, 2016

Attributes of a Partnership

- Everyone is of equal importance and value.
- People have different knowledge, experiences, and information.
- Seeing and acknowledging the whole person – good and bad days.
- Involves empathy, collaboration, mutual respect, trust, transparency (all-inclusive and nonjudgmental), and an open and honest relationship.
- Partnership is a relationship, which can involve emotions and be emotional.
- Partnership includes patient and health-care providers as well as patient and health-care systems.
- Patient and health-care providers must come together as a team.
- Patient and health-care providers are both responsible for the team and must work as a team. As the patient, you do "not have stuff done to you."
- Both patient and health-care providers have an impact on the sustainability of the relationship.
- Partnership does not equate to control over or doing something for or to another.
- Partnership involves using difficulties to inform quality improvements.

Communication

- Open, honest, two-way communication with patient and/or family
- Communicate at a level that is appropriate – pacing and language, and avoid using technical jargon.
- Meet the patient where he/she is in terms of language, vocabulary, and information.
- Avoid overloading the patient with information. Check for understanding. Rephrase and repeat if necessary.
- Listen to, not simply hear, what is being said – verbally and/or nonverbally.
- Listen to what is meaningful to the patient.
- Provide instructions and information via various means and at multiple times.
- Provide access to medical records, including chart notes, and discuss what is in the chart with patients. Charts/Records are:
 - o Not always complete;
 - o May contain incorrect information;
 - o May be misunderstood or confusing to patients.
- Communicate during transitions – e.g., Patient to Provider; Provider to Patient; Service to Service; Acute to Home Care; Home Care to Acute; Primary to Acute, Long-term care; Acute to Primary, Long-term care.
- Who takes ownership of communication? (E.g., Who is responsible for initiating a conversation?)
 - o Assumptions
- Freedom to speak with the expectation of being listened to.

Being a Partner Involves...

- Recognizing that "No one cares about your health care as much as you do."
- Keeping track of one's own medical files and information.
- Requesting copies of medical files, test results, etc.
- Keeping a cheat sheet of all medical appointments and tests done, who, what, when, why, where.
- Keeping files and medication lists up to date.
- Advocating for yourself and/or having someone advocate for you.
- Taking interest in your own health and health care. The more engaged the patient is the more engaged the health-care provider is.
- Asking questions.
- Sharing information.
- Being proactive.
- Not assuming and/or making assumptions – follow up.

Barriers

- The personality of the patient is often overlooked.
- Individuals may lack knowledge in terms of how and where to access services, whom to contact, etc.
- Patients do not have access to their own reports
- Medical offices, personnel, care facilities, medical units, etc., do not share common IT platforms, making the exchange of information difficult.
- What is written in a patient's medical file can influence how the individual is treated.
- Inadequate time to talk, listen, and share.
- Lack of communication, not only between provider and patient but also between providers.
- Health-care providers may be resistant to patients bringing in information obtained elsewhere.
- Health-care providers may feel threatened by patients who ask questions, make suggestions, etc.
- Fear of retaliation and/or causing things to become worse by speaking up.
- Lack of consistency in terms of care providers in health-care facilities.
- Managing the revolving door of professionals.
- Being challenged re: patient's own knowledge.
- Accessing accurate information.
- Lacking understanding concerning records/tests.

Points to Ponder and Helpful Hints

- Each visit is a fresh start.
- Avoid taking things personally.
- Don't make assumptions - follow up, take the initiative and ownership, ask questions.
- Advocate for information and safety.
- Some areas are seeing change, but there is a lot of work to be done.
- A little information can be dangerous – re: access to medical records.
- How can patient records be made "user friendly?"

- How could a Patient Bill of Rights be of value?
- How does a health-care provider's view of health and wellness influence the type of care he/she provides? E.g., Wholistic versus symptom specific?
- How might disease-specific focus groups improve patient/provider partnerships?
- What can be done if a person is not happy or has difficulty building a relationship with available health-care providers, especially in a rural community?