2016 PATIENT AND FAMILY PARTNERSHIP PROGRAM ANNUAL REPORT
Nothing about me without me.

Allina Health
LETTER OF ACKNOWLEDGMENT
FROM PENNY WHEELER, MD

Over the past year we have made incredible strides in growing our culture of patient and family-centered care at Allina Health. The commitment of our staff, physicians, and patient and family advisors has enabled us to continue to put the needs of our patients, families, and communities first in everything we do.

We have partnered with our patient and family advisors on many key initiatives to ensure we are evolving quality care that truly meets our patients’ and families’ needs. Just a small sample of highlights include refining a transition tool used to prepare the patient and care circle for discharge from the hospital, providing guidance for the 2017 Measures of Caring Scorecard, partnering on Buffalo Hospital’s Board of Governors, advising on a care integration strategy that is valuable to patients, participating in facility redesign work groups, advising on the organization’s OpenNotes initiative, presenting at national conferences, partnering with Allina Health on a PCORI grant project related to breast cancer survivorship, and guiding development of our colorectal screening shared decision making tool, allinahealth.org website, and online financial experience portal.

We are so thankful to our patient and family advisors for their service and commitment to improving lives. Most importantly, we know that care will be so much more meaningfully delivered by listening deeply to your guidance and doing all possible to act upon it.

By continuing to work together, we can transform and enhance the care our patients receive and create an even better patient experience for the future. We commit to all of you that we will do just that.

Regards,

Penny Wheeler, MD
President and Chief Executive Officer

ABOUT US

Integrating the patient, family, and community voice is a critical component of building patient and family-centered programs and experiences at Allina Health. The Patient and Family Partnership Program provides patients and family members the opportunity to serve as advisors by sharing personal perspectives and experiences with the organization. Input received from the advisors directly impacts Allina Health’s existing care and services as well as future improvements.
There were numerous accomplishments by the Patient and Family Partnership Program in 2016. While the following pages describe some of those accomplishments and contributions, this list is not exhaustive.

**E-advisor insights**
- Care integration
- Colorectal cancer screening decision aid
- Online financial experience tool
- Minnesota Department of Health Release of Records initiative

**Advisors on committees**
- Clinical Practice Council
- Quality Council
- Breast Program Committee
- Hospital Patient Experience Committee
- Buffalo Hospital Governing Board
- Mental Health Program Committee
- Allina Health Group Patient Experience Governance Committee

**Venues where insights are shared:**
- Executive Leadership Team meetings
- Senior Leadership Team meetings
- Patient Care Manager meetings
- Clinical Service Line leader meetings
- Department staff meetings

**2016 BY THE NUMBERS**

- Total advisor hours logged: 618
- Number of advisors: 130
- National patient experience conference presentations: 3
- Video projects: 6
- E-advisor insights: 12

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**Focus groups**
- Breast Program
- Allina Health Isanti Clinic
- Mercy Expansion
- Allinahealth.org website
- Allina Health Hastings Clinic
- Personal Primary Care Team
- Virtual Visits
- District One Hospital Mother Baby Somali Focus Group

**Advisors on projects**
- Communication training for clinicians
- Bounce Back Project
- 2017 Patient Experience Strategic Planning Session
- Patient education on inpatient televisions

**Collaborations**
- Minnesota Spine Symposium
- Patient Centered Outcomes Research Initiative Grant Project
- Minnesota Hospital Association

**Patient & Family Advisory Council**
Our patient and family advisors are one of the most important resources I have as a leader in shaping the strategic changes necessary to achieve the Triple Aim. Top quality and experience is simply impossible without their valued input.

– Dr. Romans, DO, FACEP, FAAEM
Medical Director Unity Hospital Emergency Department

EMERGENCY DEPARTMENT
• Insights guided ED Communication initiatives
• Defined what was most important to patients and their care circle.

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Medical Director Unity Hospital Emergency Department

DISCHARGE
• Developed guiding principles for discharge from hospital
• Informed patient transition tool content and format

“The time we spent with the patient and family partnership group was invaluable. We had been working on tools to facilitate patient self-management after discharging from the hospital. We came to get the group’s feedback on a tool and left with a greater appreciation for the need to engage the team in relationship building that honored the unique needs of each patient and their goals.”

– Monique Ross
Director of Care Management

OPEN NOTES
• Provided insight and recommendations for Open Notes initiative
• Piloted Open Notes at 3 clinic locations

OUR COMMITMENT TO CARE TRAINING FOR CLINICIANS
• Insights guided Our Commitment to Care content and deployment for clinicians

REVIEW OF 2017 CARE/EXPERIENCE INITIATIVES
Themes from discussion:
• Transparency
• Data
• Cost
• Patient safety
• Communication

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– Dr. Romans, DO, FACEP, FAAEM
Medical Director Unity Hospital Emergency Department

“IT IS INVIGORATING THAT OUR ADVISORS ARE ENGAGED IN HELPING US DEVELOP THIS WORK.”

– Dr. Timothy Sielaff
Chief Medical Officer

My Transition Plan after leaving the hospital:

Day 1
Date: Day 2
Date: Day 3
Date: Day 4
Date: Day 5
Date:

Medications
Medications
Medications
Medications:

Use Incentive
Spirometer (IS)
□ □ □ □
Use IS □ □ □ □
Use IS □ □ □ □
Use IS □ □ □ □

Morning
Walk 5 min
Walk 5 min
Walk 10 min
Appointment with PCP

Noon
Walk set-up
Bring transition plan to appointment

Eve
Dressing change

Bedtime
Medications picked up: Y □ N □ plan:__________________________
Ride to PCP appointment set up: Y □ N □ plan:_____________________
Dress supplies picked up: Y □ N □ plan:_________________________
Other:______________________________________________
Walker picked up: Y □ N □ plan:______________________________
Plan:__________________________________________
SHARED DECISION MAKING

- Defined what considerations play a role in health care decisions
- Identified situations where it would be most valuable to deploy the shared decision making framework
- Made recommendations on preferred modes of receiving decision aid tools
- Discussed the connectedness to the shared decision making terminology

“When starting a new initiative, the best path forward can be unclear. The thoughtful feedback from our patient and family advisory pool was enlightening. We are able to use the voices of patients we care for to advocate for their needs and preferences as they make decisions about their health care.”

— Julie Nystrom
Patient Education Specialist

The Patient Experience was defined by advisors as:
The patient’s perception of every interaction with EACH PERSON and place encountered during care.
For more information, or if you or someone you know would like to get involved with the Patient and Family Partnership Program, visit allinahealth.org/myvoice