



Patient Advisory Council (PAC) Welcome Meeting

Minutes

May 17, 2018

Present PAC Members: Bill Sheehan, Jim Crockett, Jack Gibbs, Larry Glassburn, Marie Judish, Carol Caufield, Christian Pacas

Facilitators: Stacey Hammond and Caitlin Barba

WMC Staff: Stacey Hammond, Caitlin Barba, Kellen Brewer

Meeting Objectives

- ✓ Finalize Patient-centered measures for the grant
- ✓ Finalize purpose and next steps for PAC Cohort 3
- ✓ Determine PAC Cohort 3 structure

Topics

Welcome

1.) Administrative Tasks

- a.) Reviewed Meeting Objectives and Agenda. **PAC Approved.**

2.) Reports/Updates:

- a.) PAC Recognition: *Caitlin has received phone calls from people interested in learning about our PAC and sharing best practices. Word is getting out that WMC has an engaged PAC.*
- b.) *WMC Day at the Beach: Christian represented well at the WMC Day at A basin at the beginning of the month. Overall a fun, successful event. Recruit more patients in the future.*
- c.) *WMC published first article in medical Journal! Shared article on the Patient Profile in the Annals of Family Medicine.*

Grant

1.) Reviewed Concept – Social Determinants of Health:

- a. *Discussed factors that shape experiences (see slides for reference).*

2.) Grant Recap: *See slides for reference.*

3.) Survey Review

a. *How will we measure what is meaningful?*

1. *Reviewed Quality of Life Questionnaire and enlisted feedback, would survey patients 2x within a 2-3 year period.*

2. *Discussion:*

1. Important to understand shared decision making and the process.
 - The study is a British study and they have a different medical system, need to measure communication between providers and patients, some patients might not have a clue what the provider is communicating, dignity and patients' wishes are key things when people are dying.
2. Shared decision making requires shared readiness factor, patients need to understand options available and be ready to make a decision.
 - How many people have a plan in place before they develop Alzheimers?
 - Patients that cannot communicate back, how do you communicate with patients who struggle to communicate?
 - Getting valid answers from people who can't answer them
3. Suggestions:
 - Shorten survey.
 - Take out middle line, encourage people to make a choice on one end, but might need to keep same since it is a validated tool.
 - Some value in the middle ground – being on the fence may have some significance.
 - Consider other methods to collect feedback – focus group interviews, 1-1 interviews, involve Jan.
 - Give people information/have these discussions in their 50s not later.
 - Culture and beliefs should also be considered.
 - i. A cultural norm could be to have it already taken care of early on (gravestone example).
 - Add subjective answers – not just checked boxes, get some qualitative feedback on the survey or section for additional comments.

4.) Shared Decision Making:

a. *Reviewed definition.*

b. *How will we measure how we achieved those outcomes?*

5.) Meaningful Outcomes:

- a. *Identified Patient meaningful outcomes: Dignity, feeling human, no regrets, die happy, live to the fullest, well-being, personal comfort.*
- b. *Identified Care Giver meaningful outcomes: correct diagnosis, everyone on same page to have a meaningful conversation, have knowledge and access to resources to make informed decision, feel the provider is confident in their knowledge and abilities, trust in the provider, feel valued, wishes followed...*
- c. *Identified Clinician meaningful outcomes: similar Shared Decision Making measurement.*
- d. *Reviewed Decisional Conflict Scale survey. PAC liked survey, meaning of questions. Okay with length.*

6.) Next Steps

- a. *Informed consents and IRBS – patients have to opt out if they do not want to participate*
- b. *Caitlin redesign survey, share with PAC to try out with their family members along with going through whole process which includes Patient Profile*
 - 1. *Opportunity for PAC to be part of the dress rehearsal on this interaction, services offered.*

PAC Structure

- 1.) *Discussion: Reviewed current WMC structure. Using paper cutouts, discussed various options for PAC structuring.*
 - a. *PAC decided to have co-presidents/chairs and 1 secretary. PAC split on decision to have standing committee structure vs committees based on current identified needs. To be tabled and discussed at next meeting.*
 - b. *PAC agreed to have 1 meeting/month for 2 hours with a 6 month term contract.*
 - c. *PAC will review community asset map findings to inform discussion on PAC structure/based on identified needs.*

PAC Recruitment

- 1.) *Letter: Reviewed PAC letter to patients thanking them for doing survey and promoting PAC.*
 - a. *Letter approved as is and to be sent to patients this week.*
 - b. *PAC agreed to continue recruitment and selection of PAC as done previously and not make changes to recruitment/selection process at this time.*

Closing

- 1.) Reviewed Upcoming Meeting Dates: *PAC agreed to have PAC meeting 5:30-7:30 on 4th Tuesday of every month. Additional meetings TBD on a case by case basis.*

2.) Next Meeting Agenda:

- a. Review meeting minutes.
- b. Continue PAC structure discussion.
- c. Cohort 3 recruitment/selection.
- d. Grant update/work.
- e. Community Asset Mapping Follow Up – prioritize projects/next steps. [Due to time limitations at this meeting, PAC agreed to table community asset map topic prioritization and table for next meeting.](#)

3.) Actions/Tasks for Next Meeting:

- a. Stacey: Send out meeting minutes.
- b. All: Review PAC findings/recommendations from asset mapping to inform PAC structure conversation at next meeting.
- c. All: Review meeting minutes and slides.
- d. Caitlin: Post minutes on website.
- e. Caitlin: Send PAC letter to patients via portal.
- f. Caitlin: Revise grant survey and send to PAC for feedback.