



Report
2015

Improving Care Through the Voices of Our Patients

Patient Engagement Programs at Health Centers Serving Asian
Americans, Native Hawaiians and other Pacific Islanders

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Established in 1987, the Associations of Asian Pacific Community Health Organizations (AAPCHO) is a national association of 35 community health organizations dedicated to promoting advocacy, collaboration and leadership that improves the health status and access of Asian Americans, Native Hawaiians and other Pacific Islanders (AA&NHOPIs) in the U.S. and its territories.

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We offer our sincere thanks to International Community Health Services (ICHS) staff and volunteers for contributing their time, expertise and insight to assemble this report.

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People who are actively engaged in their health care have been shown as being the most likely to stay healthy¹. In recent years, a growing demand for greater participation in their health care among patients and their families, has also put the pressure on health care providers and local, state and federal partners, to find ways to make the health care system more patient-centered. These trends have increased awareness about the importance of patient engagement and the key role Community Health Centers (CHCs)² play in empowering patients to be active partners in their health care.

To highlight strategies and best practices in patient-centered care, and to assist existing and potential CHCs in improving patient engagement in their services overall, AAPCHO developed this report entitled, *Improving Care Through the Voices of Our Patients*.

The Role of AA&NHOPi-serving CHCs in Patient-Centered Care

Since their inception, CHCs have been at the forefront of the movement towards consumer engagement. In providing comprehensive, culturally competent, quality primary health care to medically underserved communities and vulnerable populations, health centers empower the patients and broader communities they serve to be active partners in their health and wellness.

As mandated in the health center program requirements³ and at the core of these organizations' missions, CHCs are community-based and patient-directed, constantly adopting innovative practices to solicit and incorporate feedback from patients. As champions of the communities they serve, health centers foster a level of patient and broader community participation and trust necessary to encourage engagement in areas ranging from care decisions and service quality improvement, to research and policy advocacy—all crucial efforts to achieving better health care, improved outcomes and lower costs.

While all CHCs are required to encourage patient participation in their practices, those serving AA&NHOPi encounter unique challenges. The AA&NHOPi population is the fastest growing and most diverse racial group in the United States, representing over 56 ethnic groups and 100 different languages and dialects⁴. The challenges of providing culturally and linguistically appropriate care to meet the needs of this extremely diverse and fast growing population has led to AA&NHOPi-serving CHCs having to come up with innovative ways to facilitate patient engagement and leadership. For example, programs that encourage collaboration between patients and providers that are successful for Chinese American patients may not necessarily be successful for Samoan American patients who have very different needs and traditions.

Additionally, these CHCs are located in communities with high concentrations of medically underserved AA&NHOPi, and are leading efforts to provide community-based linguistically accessible and culturally appropriate primary health care services to this diverse and growing group. While many other health care providers solely focus on providing medical services, AA&NHOPi-serving CHCs play a critical role in offering culturally and linguistically appropriate social and enabling services (non-clinical services to support care delivery, enhance health literacy, and facilitate access to care), such as counseling, eligibility assistance, mental health counseling, and translation and interpretation.

1. Robert Wood Johnson Foundation Engaging Patients Improves Health and Health Care, <http://www.rwjf.org/en/library/research/2014/02/quality-field-notes--engaging-patients-improves-health-and-health.html> (June 11, 2015).

2. Community health centers: Community health centers play a critical role in providing health services to underserved populations and communities. For the purposes of this document, "community health centers", or CHCs, refer to health centers that receive grants from HRSA's Bureau of Primary Health Care, under Section 330 of the Public Health Service Act.

3. Health Resources and Services Administration, Health Center Program Requirements, <http://bphc.hrsa.gov/programrequirements> (June 12, 2015).

4. AAPCHO, Limited English Proficiency (LEP) of Asian Americans, Native Hawaiians, and other Pacific Islanders, http://www.aapcho.org/wp/wp-content/uploads/2014/08/AANHOPi-LEP-Fact-Sheet_2014_final.pdf (June 11, 2015).

The purpose of this report is to highlight AA&NHOPi-serving CHC experience facilitating patient engagement and leadership programs to improve care and services for this vulnerable population. This report will provide an overview of innovative approaches to patient engagement and provide useful information on how an AA&NHOPi-serving CHC has utilized programs to encourage patient participation in their own health care. To do this, AAPCHO reached out to an AA&NHOPi-serving CHC in Seattle, International Community Health Services (ICHS).

Promoting Patient-Centered Care through a Patient Advisory Council

This report spotlights the patient engagement efforts of ICHS. As the first CHC in Seattle's International District in the early 1970s, ICHS made culturally appropriate medical services accessible to many elderly Chinese and Filipinos to reach by foot, at a time when they had few options for doctors who spoke their language. Today, ICHS is the largest AA&NHOPi-serving CHC in Washington State and has successfully implemented a Patient Advisory Council (PAC) to encourage its patients to become active partners in their health care.

Through this report and in highlighting ICHS's PAC strategies, we hope to provide useful information and tools for CHCs, Primary Care Associations and other health care providers to improve their patient engagement practices, and to demonstrate the vital role health centers play in creating patient-centered care to help build healthier communities.

What are Patient Advisory Councils?

Patient advisory councils (PACs) are small groups of patients (and sometimes family members of patients) who are appointed to provide feedback on services and care at a health center. PACs are designed to advise; they do not hold fiduciary or managerial responsibilities. PACs are not exclusive to Community Health Centers (CHCs); they are employed in other health care settings as well.

“The PAC is for patients to share the opinions and needs of the average client, to discuss issues affecting patients, and to suggest what the clinic can do to provide better care.” – ICHS PAC Member

Why are PACs beneficial to Health Centers?

PACs can be an effective quality improvement and patient engagement strategy for health centers. Positive patient experience is one of the cornerstones of quality care, and has been repeatedly linked to improved clinical and business outcomes for health care organizations⁵.

There is also increasing recognition that patients, families, and communities should be engaged in all phases of the planning and provision of services. The federal Office of Minority Health’s National Standards for Culturally and Linguistically Appropriate Services (CLAS) calls for health and health care organizations to “partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness”. The National Committee for Quality Assurance’s standards for Patient-Centered Medical Homes (PCMH) also require practices to involve patients, families, and caregivers in quality improvement activities, and in providing feedback on the appropriateness of referrals.

While community health centers are already required to have consumers occupy a majority of its board seats, PACs offer a different model for obtaining feedback on specific topics, with less responsibility and commitment required from its members. It also provides more robust feedback than using patient satisfaction surveys, which are typically one-time transactions. PACs engage an appointed subset of patients over a longer period of time.

“There is a strong need for [PACs]. We are advocates for other patients, and we help the health center see if its work is having the intended outcomes, from the patient’s perspective-- does the patient experience match with the goals?” – ICHS PAC Member

5. Agency for Healthcare Research and Quality, Why Improve Patient Experience?, <https://cahps.ahrq.gov/quality-improvement/improvement-guide/why-improve/index.html> (May 22, 2015).

Promoting Patient-Centered Care through a Patient Advisory Council: International Community Health Services

About ICHS

International Community Health Services (ICHS) is a community health center serving Seattle and King County, Washington. Established in 1973, ICHS was the first community health clinic in the area to provide multilingual and culturally appropriate services to the Asian and Pacific Islander community.

Today ICHS serves over 21,000 patients each year throughout four main clinic sites, one school based site, one mobile dental clinic, and one collaborative primary care clinic with Asian Counseling & Referral Service (ACRS), a local human services and behavioral health provider.

ICHS serves a highly diverse patient population with unique needs:

- 90% are persons of color
- 64% are limited English proficient and need interpretation services
- 14% are homeless
- 10% are uninsured



Initial Development of ICHS's Patient Advisory Council

In 2006, a working group made up of the Medical Director, Quality Improvement Coordinator, Health Educator/ Grants Administrator and Marketing Manager, was created to assess the feasibility of starting a PAC. The group agreed that there was a strong need for a PAC at ICHS, and that creating a PAC was consistent with the health center's mission, vision, and core values. They felt that a PAC would be a key step towards "operationalizing" patient-centered care at ICHS.

The working group first submitted a proposal to the Management Team (MT). The MT viewed the proposal favorably, and approved it. The MT advised that the group begin slowly until additional staff resources were available to help and also emphasized that the PAC should have members that reflect the diverse patient population.

With the MT's approval, the proposal was then brought to the Quality Improvement Committee (QIC), and finally, to the Board of Directors. On April 26, 2006, the full Board approved the formation of a PAC.

The PAC had a slow start in its initial years due to staffing shortages and lack of financial resources to support the initiative. It was only able to meet once a year from 2006 to 2009. In 2010, as the economic situation improved, a new staff person took the initiative of drafting a charter (see Appendix A) for the PAC and getting the group more formally established.

PAC Members

Currently, the ICHS PAC has five active members, though the charter allows for up to 10 members. The PAC participants span several age groups, from mid-twenties to early seventies, and are ethnically diverse. They also represent different clinic sites and service areas (such as medical and dental). The diversity of the PAC is intentional, and both staff and current members agree that more diversity, especially representation from all ICHS clinics and newer immigrant groups, would be desirable.

The Patient Advisory Council's (PAC) mission is to promote and support patient-centered values throughout ICHS. The PAC strives to promote respectful, effective partnerships among patients, ICHS staff and the community that in turn will lead to increased understanding and cooperation between patients and staff and ultimately increased overall satisfaction. – ICHS Patient Advisory Council Charter (2014)



Member Recruitment

There are posters (see Appendix D) displayed in the clinic to recruit patients to the PAC, but most members are referred through providers, who have built relationships with the patients. When they see someone who may be a good fit, they let the staff coordinator know. The coordinator then sends an application, letter, and brochure to the patient (see Appendix B, C and E). If they apply, the coordinator will call or email to discuss their experience at ICHS, their background, and their interests in serving on the PAC. The prospective member is invited to attend a meeting before committing to joining. If they do agree to join, they are asked to make a one-year commitment and to sign a confidentiality agreement (see Appendix G).

*"[I tell them] if they have strong feelings about their experience at ICHS this could be a good way to get involved. The key focus of the group is improvement; it's not a space for negativity and ranting. It's also not just about their individual experience, but the overall patient experience that they are considering."
– ICHS Staff*

Current PAC members became involved for many reasons. Some expressed wanting to see improvements at ICHS and advocate for their family's and community's needs. Others felt compelled to give back to the health center in some way, in gratitude for the care they had received there.

One patient for example, shared that she was grateful for the opportunity to “come full circle” and give back to ICHS and her community as a PAC member. Delivered by an ICHS physician at birth and continuing to be a patient at the health center as a young adult, she shared that she feels welcome and comfortable going to ICHS and that the staff at the health center seem as if they are her extended family. She added that since multiple generations of her family continue to go to ICHS, she sees her role as a PAC member as a way to voice not only her needs as a patient but her family's and broader community's as well.

Another patient shared that he felt being a PAC member was a way for him to continue to be involved and help his community. Previously a teacher in Vietnam, he immigrated to the United States later in life and became a patient at ICHS after needing to have a heart bypass surgery. After recovering and continuing to get care from ICHS, along with his wife and daughter, he felt that being a PAC member was his second chance to contribute to his community.



“I am older now, and I have many years of experience as a patient. After my operation, I felt revived and that I was given this opportunity to help. Now that I am retired I have more time to give back. I am involved in other community groups too, and it brings meaning to my life. I try to live a healthy life—by eating well, exercising daily, and being involved in the community.” – ICHS PAC Member

PAC Meetings

The members meet once per quarter for one hour. Some participants attend in person, while others join by phone. Interpretation is provided for participants who are more comfortable speaking a language other than English.

Meetings are coordinated and facilitated by the Quality Improvement Specialist, who sets the agenda by first inquiring with staff to see if there are topics or items that would benefit from patient feedback. Some topics that have been brought up in the past include customer service, access and hours of operation, and waiting room signage. Staff that is interested can attend the meeting. It can be a valuable opportunity for them to hear patient stories of immigration and accessing health care, among other personal experiences, and to also share information or updates about their work. PAC meetings provide a collaborative forum for patients and health center staff, giving PAC members the opportunity to learn more about what ICHS does from staff and providing staff the opportunity to get feedback on their programs from patients.

Members are compensated for their participation with a \$25 gift card per meeting. For those joining in person, a meal is also provided, since the meetings typically take place at lunchtime or in the evening. Parking and mileage are reimbursed.

The ground rules for the meetings are printed on the back of the agenda each time as a reminder for participants (see Appendix F). These group agreements ensure that meetings stay productive, positive, and respectful.

Patient Advisory Council 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 meetings*
- *Follow through with tasks in a timely manner*
- *Respect confidentiality – PAC discussions may include sensitive information*
- *Maintain a good sense of humor*
- *Keep discussions and comments relevant to the issues being discussed*

The PAC's Role in Quality Improvement

The PAC functions as part of the quality improvement program at ICHS. ICHS also has a Quality Improvement Committee (QIC) composed of staff from different departments. The QIC provides oversight and review of all agency-wide quality improvement activities with the goal of improving health care outcomes. The committee reports to the Board Quality Management Committee. Much of the PAC feedback is given to the QIC, and the QIC also often has items for the PAC to discuss, which creates an effective, two-way dialogue.

"The PAC plays a key role in driving patient centered care. Our providers and staff are able to provide feedback from their perspective on how we can improve services for our patients. But the only way to really know what our patients want, is to ask them. And the PAC is a way for us to do that. Input from the PAC continues to shape and drive the interventions we pursue to improve patient experience for all clinics."

–ICHS Staff



The PAC has provided valuable input to ICHS on several aspects of the patient experience. Here are some recent examples:

Long wait times. PAC members repeatedly noted that wait times to see a provider seemed long. This feedback led ICHS to do a time study collecting data on how long patients had to wait from the time of arrival at the clinic to actually seeing their provider. The observations and findings from the time study led to changes in the call scripts on how early patients should plan to arrive for appointments. ICHS staff plan to do a second study soon at another clinic site so they can make further improvements.

Call Center. PAC members were asked to brainstorm on how the call center could improve its service for patients. The group came up with productive ideas, such as triaging the calls early on to reduce time on the phone and improve efficiency. The PAC indicated that call center staff ask a lot of questions, such as name, date of birth, and verification of address, before actually asking why the patient called. Once the reason is explained, the patient is often transferred and must repeat that information to the next person. The PAC felt that triaging the call right away would save time for patients. The PAC also suggested recording calls for training purposes. These ideas were well received by the call center management. The PAC's feedback led to action. The Call Center Supervisor is now able to listen in silently to calls and provide silent coaching if necessary during the calls.

Online Patient Portal. ICHS launched a new online patient portal and wanted feedback from actual users. PAC members went through various screens and pointed out certain areas that could be improved. For example, medical and dental providers were not clearly designated, making it hard for patients to know who to select. ICHS is working with the portal vendor to improve usability of the portal.

Impact of the PAC on Participants

The PAC has also benefited its participants by introducing them to different staff members and other patients, and exposing them to more aspects of the organization they may not have been aware of before. It also provides them a more direct communication line to staff that can implement improvements based on their input. When patients can see that their feedback is heard, it can be extremely empowering.

"It's a great opportunity for learning, meeting others, and hearing stories. You get to be part of an organization's goals and what they do. It doesn't hurt to speak up, and unless you do speak up, you won't see change. It's very encouraging when you can see change."

– ICHS PAC Member



Challenges in Organizing a PAC

In its initial years, ICHS struggled with having enough staff and financial resources to get the PAC off the ground. As the economy recovered from the recession, allocating resources to the PAC became more manageable. Today, some of the primary hurdles ICHS consistently faces are PAC member recruitment and coordination. Most patients have families, jobs, and other pressing commitments that make volunteering a lower priority. While their current size of five members is adequate, ICHS staff is aware that if one or two members were to leave, it would leave the PAC in a vulnerable place. Their hope is to build it up to around seven to ten members so that attrition will not impact the group as much, and so that more voices are heard at each meeting. Staff tries to continue recruiting more members by doing presentations at staff meetings and encouraging providers to refer patients. While providers are generally receptive to the idea, PAC member recruitment can often fall towards the bottom of their priority list without frequent reminders. Recruitment is even more challenging when the desire for diversity (across age, race/ethnicity, service type, and clinic sites) is also considered.

Coordinating meetings can be time intensive for ICHS staff. ICHS moved away from having standard meeting times (e.g., first Mondays at 6:00 pm) because not enough people were able to make it. Currently, the PAC coordinator sends out an email with several meeting options, and waits to hear back before selecting the time that works for a majority of the members. This flexibility has increased attendance, but requires more coordination effort from staff.

Future of the PAC

ICHS staff is confident the PAC will continue, as long as there are patients willing to serve on it. The PAC is an effective patient engagement initiative that is integral to ICHS's overall quality improvement program, as it provides more comprehensive patient feedback as compared to other means, such as the in-house patient satisfaction survey, formal patient complaints, and feedback provided to providers during visits.

To build on the PAC's potential, ICHS staff hopes to help PAC members develop long-term goals for the group. They also would like for more staff to come to PAC meetings and share how PAC feedback has been used, and why some feedback has not resulted in change. Having this direct dialogue may improve the way PAC members see the group's value, and help them better understand the health center policies and processes.

Lessons Learned

- PACs function as one valuable component of a greater quality improvement program. They are unique in that they foster an ongoing, two-way dialogue between patients and the organization, and provide richer, more contextualized data than one-time interactions, such as patient surveys or patient complaints.
- Programs that encourage patient engagement like PACs are beneficial to both the patient and provider. Providers are able to better understand and deliver patient-centered care, and patients are empowered to find the best care for themselves and their families.
- Ensuring participation from a diverse range of patients, in terms of race and ethnicity, age, ability, language, and geographic location, requires additional time and resources, but is critical for receiving feedback that reflects the needs of the patient population, particularly in regards to culturally and linguistically appropriate services.



CONCLUSION

CHCs play a vital role in empowering patients to be active partners in their health care. While all CHCs are required to encourage patient participation in their practices, those serving AA&NHOPIs encounter unique challenges. The strategies and best practices highlighted in this report demonstrate how CHCs, particularly those serving AA&NHOPIs, can address these challenges and maximize consumer engagement. We hope that CHCs, Primary Care Associations and other health care providers, find the information highlighted in this report useful in their local patient engagement and quality improvement efforts, and use the lessons learned to strengthen patient-centered care for healthier communities.

ICHS' Patient Advisory Council Documents:

A: Charter

B: Application Form

C: Invitation Letter

D: Poster/Ad

E: Brochure

F: Meeting Agenda and Ground Rules

G: Confidentiality and Non-Disclosure Agreement

Patient Advisory Council Charter

Initial Date Drafted: January 10, 2010
Initial Date Approved: January 14, 2010

Date Revised: Nov 19, 2014
Date Revision Approved: Nov 19, 2014

QI Sponsor: Manager of Quality, Care & Risk Management

Purpose: The Patient Advisory Council's (PAC) mission is to promote and support patient-centered values throughout ICHS. The PAC strives to promote respectful, effective partnerships among patients, ICHS staff and the community that in turn will lead to increased understanding and cooperation between patients and staff and ultimately increased overall satisfaction.

Membership: The PAC is comprised of ICHS patients who believe in the mission and goals of the PAC and shall consist of no more than ten (10) members. Consistent effort shall be made to reflect members reflecting diversity in culture, gender and socio-economic background. The PAC will be staffed by a member of the QI Department.

Responsibilities:

The Patient Advisory Council, in collaboration with ICHS staff, will:

- Develop and provide patient insight
- Partner with staff to improve our day to day operations and quality of care
- Attend PAC meetings
- Openly provide feedback, ideas and suggestions
- Advocate for ICHS patients

Reports to: QI Committee

Resources: Coordinated Quality Improvement Plan (CQIP); Institute for Patient-and Family Centered Care (www.ipfcc.org)

Meetings, Reports and Deliverables:

The PAC meets a minimum of four (4) times per year at the ICHS International District administrative office, Holly Park Clinic, Bellevue Clinic, and Shoreline Clinic. The committee may meet more frequently if additional meetings are needed.



Patient Advisory Council Application Form

Today's Date _____

Name : _____ (please print)

Home Address : _____ County : _____

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

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

E-Mail Address : _____

Thank you for taking the time to complete this application for the ICHS Patient Advisory Council. Please write brief answers to the following questions.

1. Please tell us why you would be interested in being a member of the ICHS Patient Advisory Council.

2. Briefly describe your experience as a patient receiving care at our clinic(s).

3. What special qualities do you feel you would bring to the Council?

I understand that completion of this application does not bind the applicant in any way. PAC reserves the right to choose participants that best meet the needs of the program. Before participating in the Patient Advisory Council, I will be asked to sign a confidentiality agreement.

Signature

Date

Thank you for your time and interest. For more information or if you have any questions, please contact Lisa Tran at (206) 788-3798 or e-mail her at pac@ichs.com

You can return this form to any one of the Patient Service Representatives at the front desk, or you can mail application forms to:

<p>ICHS</p> <p>Attn: QI Department</p> <p>PO Box 3007</p> <p>Seattle, WA 98114</p>
--

All of the information on this form is considered confidential and is intended for use by ICHS's Patient Advisory Council only. You will be contacted upon receipt of this application form to participate in either a phone or face to face interview.



March 20, 2014

Dear [insert patient name]

Your provider, [insert provider name], has recommended that you would be a great candidate for ICBS's Patient Advisory Council. We want to thank you for allowing us to be your partners in taking care of your health. As an ICBS patient, you may have some great ideas on how we can serve you and other patients better, as well as opinions on how we can take health care to a whole new level.

The Council is made up of current patients and ICBS staff whose goal is to gather insight, opinions and ideas to help enhance ICBS' services and programs. Each potential member will be invited to fill out an application and come to an interview. When you become a member of the Council, you have an opportunity to make a positive change related to patient-centered care.

To understand the Patient Advisory Council, here are some frequently asked questions and answers:

What is the Patient Advisory Council?

ICBS' Patient Advisory Council (PAC) is a diverse group of patients who meet regularly to volunteer and advise ICBS on how we can provide better patient-centered care and fulfill our goal of becoming the healthcare choice for our community.

Why should I join PAC?

By becoming a PAC member and sharing your unique experience, you can help improve ICBS' services and make a difference in the lives of other patients and their families. If you are selected to become a member, you will be asked to serve a one (1) year term. No education background or experience is required.

Who can serve on PAC?

To become a member of PAC, you must:

- Be 18 years old or older
- Be a current patient
- Be able to commit to serve for a one-year term
- Share ICBS' commitment to excellence in patient-centered care
- Have a positive approach and ability to share and see different points of view

How can I join PAC?

Prospective members must complete an application and go through an interview. Applications are available from the Patient Services Representatives at our clinics' front desks. You can also contact the Quality Improvement Coordinator at 206.788.3684 or pac@ichs.com to get a copy of an application.

We look forward to receiving your application and have you come onboard as a member of the Patient Advisory Council. Will you join us?

Sincerely,

Lisa Tran, Quality Improvement Coordinator and Family Nurse Practitioner

INTERNATIONAL DISTRICT
MEDICAL & DENTAL CLINIC
& ADMINISTRATION

720 8th Ave S
Seattle, WA 98104

MAIN TEL 206.788.3650
MAIN FAX 206.490.4011
CLINIC TEL 206.788.3700
FAX 206.788.3706

HOLLY PARK
MEDICAL & DENTAL CLINIC

3815 S Othello St
Seattle, WA 98118

CLINIC TEL 206.788.3500
FAX 206.788.3521

MAILING
ADDRESS

PO Box 3007
Seattle, WA 98114-3007

www.ichs.com



ICHS Patient Advisory Council

What is the Patient Advisory Council?

It is a group of diverse patients who meet every 3 months to give input on how ICHS can provide better Patient Centered Care, which means care that is all about you and your family!

Who can join the Patient Advisory Council?

- Be a current ICHS patient
- Be over 18 years old
- Be any ethnicity
- Interest in improving the quality of care at ICHS

Why should you join the Patient Advisory Council?

- You are a patient with valuable experiences who will provide important feedback
- You will make a difference on how ICHS patients receive and experience their care
- You will gain experience in community advocacy and leadership skills
- It is fun to meet other ICHS patients to build relationships and learn from each other

How do you join the Patient Advisory Council?

Pick up an application at the reception area, email pac@ichs.com, or call 206-788-3798



ABOUT ICHS



International Community Health Services (ICHS) is a non-profit community health center that offers affordable medical, dental, pharmacy, acupuncture, laboratory, and health education services.

Established in 1973, ICHS was the first community health clinic in Seattle and King County to provide multilingual and culturally appropriate services to the Asian and Pacific Islander (API) community. Since then, ICHS has grown into the largest API community health center in Washington, serving over 16,000 patients each year. Today, ICHS has two medical & dental clinic locations, one in the International District and another in the Holly Park neighborhood of South Seattle.

ICHS' mission is to provide culturally and linguistically appropriate health services to improve the health of the Asian Pacific Islander community and others.

ICHS is recognized for its multi-lingual, community outreach model and high quality care.

FOR MORE INFORMATION:

For more information about ICHS' Patient Advisory Council, please contact the QI Specialist at pac@ichs.com or 206.788.3798.



www.ichs.com

PATIENT ADVISORY COUNCIL



GET INVOLVED



MAKE A DIFFERENCE



www.ichs.com Appendix E

MAKE A DIFFERENCE IN YOUR COMMUNITY



- ◆ Are you interested in improving the services ICHS provides?
- ◆ Would you like to make a positive impact in the lives of other patients and their families?
- ◆ Do you have a desire to make health care more accessible, especially to low-income or limited English-speaking populations?
- ◆ Are you interested in providing insight and giving feedback to ICHS?

If you answered "yes" to any of these questions, then the ICHS Patient Advisory Council may be right for you!

By becoming a Patient Advisory Council Member and sharing your unique experience, you can help improve ICHS' services and make a difference in the lives of other patients and their families.

WHAT IS THE PATIENT ADVISORY COUNCIL?

The Patient Advisory Council (PAC) is a diverse group of patients who meet regularly to give input on how ICHS can provide better patient-centered care. The PAC is instrumental in helping ICHS work toward its goal of becoming the healthcare choice for our community.

The Patient Advisory Council builds and supports patient-centered values throughout ICHS by promoting respectful, effective partnerships with patients and ICHS staff. This partnership will help increase understanding and cooperation, leading to a higher overall satisfaction for our patients.

ROLES & RESPONSIBILITIES

Members of the Patient Advisory Council will be expected to:

- ◆ Commit to serving a one year term
- ◆ Attend PAC meetings
- ◆ Openly provide feedback, ideas and suggestions
- ◆ Maintain confidentiality
- ◆ Advocate for our patients
- ◆ Collaborate with staff

PAC members are not required to fundraise.



WHO CAN JOIN THE PATIENT ADVISORY COUNCIL?

- ◆ Current patient of ICHS
- ◆ Over 18 years of age
- ◆ Any ethnicity
- ◆ Interest in improving the quality of care at ICHS

APPLICATION INFORMATION

Applications are available on our website (www.ichs.com) or at the front desk of the clinic. Please return your application to the front desk, or by mail or fax to the Quality Improvement Coordinator:

By MAIL:

ICHS
Attn: QI Coordinator
PO Box 3007
Seattle, WA 98114

Or by FAX:

206.490.4011



Patient Advisory Council

April 08, 2015

5:30 pm – 6:30 pm

International District Clinic 2nd floor conference room

TIME	TOPIC
5:30 – 5:50	<ul style="list-style-type: none">• Introductions• Welcome New Member and Transitions• Review PAC Charter and Discuss Goals for 2015• Confidentiality Agreement• Mileage Reimbursement
5:50 – 6:05	<ul style="list-style-type: none">• Patient’s Call Center Experience: What Can Be Improved?
6:05 – 6:15	<ul style="list-style-type: none">• After Visit Summaries: Why do we have this and how is it useful?
6:15 – 6:30	<ul style="list-style-type: none">• Patient Portal Experience: What would be useful?

PATIENT ADVISORY COUNCIL GROUND RULES:
AGREED BEHAVIORS

- 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 meetings
- Follow through with tasks in a timely manner
- Respect confidentiality – PAC discussions may include sensitive information
- Maintain a good sense of humor
- Keep discussions and comments relevant to the issues being discussed



Confidentiality & Non-Disclosure Agreement

Employee and non-employee representatives (including, but not limited to Board of Directors, interns, externs, preceptors, volunteers, vendors, consultants, contractors and students) have access to confidential, privileged, and/or Protected Health Information (PHI) while performing their work duties for International Community Health Services (ICHS). This includes information of ICHS patients, employees and proprietary information essential to the sustainability and successful operation of ICHS.

All employee and non-employee representatives are required to maintain confidentiality regarding confidential, privileged, and/or Protected Health Information (PHI) and may not disclose such information to other individuals except as necessary to perform their work duties. All such releases must be performed in accordance with ICHS policy and applicable state and federal laws. Violation of ICHS' confidentiality policies, including ICHS' Code of Conduct, is grounds for immediate disciplinary action including termination, dismissal, or discontinuation of affiliation with ICHS.

I shall not copy or reproduce, in any form, information provided to me or ICHS for purposes of distribution or use outside the scope of my duties and responsibilities. I agree to use appropriate safeguards to protect the information and prevent unauthorized use or disclosure of the information. I agree to report any unauthorized use or disclosure I am aware of to the Compliance Hotline at 1.855.515.0143, my supervisor, my department director and/or the Compliance Manager within 24 hours of discovery; and I agree to mitigate, to the extent practicable, any harmful effect that is known to me for wrongful uses or disclosures that may occur.

I hereby acknowledge that the aforementioned restrictions are reasonable and consistent with the fundamental nature of my position. I recognize that the misappropriation of information or a similar breach of my duty of confidentiality to ICHS may result in criminal and/or civil penalties under applicable privacy laws and personal liability under applicable tort laws. I understand my obligation under this agreement continues after I am no longer employed or affiliated with ICHS.

Individual's Name and Title (PRINT)

Individual's Signature

Date