

Practice Improvement Team (PIT)

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Practice Improvement Team (PIT) Overview

Practice Improvement Teams (PIT teams) play an integral role in the Patient-Centered Medical Home Transformation journey. To improve the practice, PIT teams are designed to engage the ideas and wisdom of the frontline staff who are doing the work, a member of the clinic leadership team, and two customers (patients) who experience the staff's work. As a performance improvement body, PIT teams support the site leadership team and the practice by developing and testing team-based workflows, testing and spreading successful innovations at the site from one care team to another, and recommending improvements that might be shared with the rest of the ambulatory sites. Engaging patient partners effectively is a critical aspect of patient-centered medical home transformation for practices. The success of the PIT teams lie in their ability to bring together individuals representing various disciplines and perspectives in an effort to effect sustainable change within a practice that reflects our journey to achieving the Triple Aim (better patient experience, better health, at a lower cost) for our patients and community.

Within the primary care clinics at CHA, PIT teams constantly seek to effectively and meaningfully engage patient partners and frontline staff, to improve the practice. During the PIT teams initial forming process, members work to establish a shared purpose and sense of “we-ness”. Group members engage in team-building exercises and purposive activities in order to solidify the “team” mentality and to communicate effectively with one another. Although the definition of “success” varies from PIT to PIT, there are key attributes that, when established within the PIT, tend to improve team functioning. These include clear roles and responsibilities, effective communication, mutual trust and respect, shared vision and goals, and achievable aims. These practices are useful for all teams to consider doing at inception.

In order for PIT teams to be effective in making sustainable improvements at the site level, buy-in from the leadership has proven to be key. It is important that a representative from the site leadership team serve on the PIT team, to ensure that lines of communication between the PIT team and site leadership are maintained, and that the perspective that leadership offers is also represented. This structure also helps to facilitate the change process as the leadership representative is able to assess whether a proposed change can move forward.

At CHA, the PIT teams' efforts are supported by the PIT Support Team (PST). The purpose of the PST is to support the development of authentic patient-centered culture and processes at CHA by engaging and building the capacities of PIT teams in sustainable PCMH transformation. Areas of work for the PST include the creation of a patient partner recruitment and onboarding process, orientation and ongoing support for both partners and teams, creation of a PIT Team Launch Toolkit and facilitation of a launch process, formation of PIT teams that include leadership, frontline staff, and patients, creation and dissemination of a toolkit of resources for PIT teams, assistance with defining roles within individual PIT teams, provision of on-site coaching in process improvement, coordination and monitoring of PIT team areas of work, and sharing of promising improvements occurring at the site level as well as identifying/learning from individual site challenges and struggles.

The work of the PIT teams is shared between clinics through the [Cross-PIT](#) (X-PIT). The X-PIT is a team made up of one PIT member from each site, along with some supporting team members from CHA. The goal of the X-PIT is to facilitate communication and collaboration between PITs, and spread key improvement initiatives across all sites.

Cambridge Health Alliance Patient-Professional Partnership Approach

The goal of Patient-Professional Partnership in Primary Care Redesign is to engage patients and healthcare team members in a meaningful way to redesign primary care to work better for patients. It seeks to extend the work begun on engaging patients at CHA at the Patient and Family Advisory Council (PFAC) to primary care sites transforming to patient centered medical homes. This project is aligned with the core principle of the patient centered medical home transformation: to design with the patient, rather than for the patient.

Patient-Professional Partnership in primary care redesign is needed because we need to improve healthcare substantially to meet the needs of our patients. The right solutions can only be reached if they are designed, implemented and evaluated with the patient. This is aligned with one of the NCQA core competencies, which states that every patient-centered medical home has to meaningfully engage patients in the redesign of healthcare.

In developing our approach to integrating patients into practice redesign, we began by understanding the experience of sites that had already attempted to engage patients in practice redesign. We examined previous attempts at Patient Advisory Boards in primary care, where patient voices had made a significant impact on practice redesign. However, often patient input into Advisory Board processes were limited to areas which the site leadership brought to patients; patient input was not always integrated into day to day conversations about practice improvement.

Finally, we examined sites that had begun to integrate patients and families into Practice Improvement Teams. A pilot project was launched at Cambridge Pediatrics as a part of the statewide CHIPRA collaborative for pediatric practices transforming to patient centered medical homes. The practice needed to identify two parents to be a part of their practice transformation team. These parents were intimately involved with practice design at every step, from assessing the practice to observing the patient experience to piloting proposed changes to staff training and design of practice improvements. As a part of the team, the parents attended weekly or biweekly meetings.

The pilot demonstrated that patient-professional partnerships into Practice Improvement Teams led to a higher level of patient input and more effective redesign of care. Potential mistakes were found earlier and much deeper and richer feedback was received. As a result of this, we focused on engaging patients as part of Practice Improvement Teams across primary care aligned with the rollout of the PCMH transformation process. This approach has been both innovative and deeply patient-empowering.

However, the integration of patients/families into Practice Improvement Teams was also challenging and required teambuilding, trust and facilitation on both sides. In identifying patient/family partners, practices needed to recruit just as they would for any other member of the team, and to establish clear expectations. Family partners needed to feel comfortable speaking up, and to broaden their outlook from one specific issue of focus to leading the practice as a whole. Practice leaders needed to feel comfortable revealing their practice flaws to patients, who they feel they should be trying to impress. In addition, human HR/onboarding processes, HIPAA privacy issues, orientation and team development issues were essential barriers that needed to be addressed to facilitate meaningful patient partnership in improvement work.

A Patient Lead was engaged to help develop the integration of patients into Practice Improvement Teams. A leadership group was formed, including our Patient Lead, the VP and Program Manager of PCMH Development, a site Practice Improvement Team leader, a consultant from Relationship-Centered Healthcare, a medical student focusing on community engagement, and a business school student focusing on the development of high functioning teams. In developing our approach to the overall systemwide engagement of patient/family partners in our PCMH sites, we have developed a focus on addressing both system barriers and cultural and team development needs. This approach was presented to the Patient and Family Advisory Council and approved on March 28, 2012. Today, we have ten Practice Improvement teams at our primary care sites, each with two Patient Partners. We have a Practice Improvement Team Support



Team, and a set of tools to support both patient partners and the teams that work with them. Patient partners are offering partnership and leadership throughout our system, and the presence and impact of patients in system-wide work continues to spread.



Launching Practice Improvement Teams

Adapted by Cristin Lind, Pat Satterstrom, Judy Fleishman, Hanna Sherman and Somava Stout

As we have been learning together, recruiting a complete CHA Practice Improvement Team that engages all stakeholders—including patients and frontline staff—takes creativity and perseverance. During this process, you may have had some insight into both the potential and challenges of the medical home transformation process.

Now that the team has been assembled, there are a few activities you may want to keep in mind as you launch the team in order to set the stage for productively working together over the coming months and possibly even years. While there are many ways to do this, here are some guidelines, adapted from a number of sources listed below and supplemented by several documents which we will also provide.

Research has shown that a medical home practice transformation team's success is directly linked to the strength of the launch of the team. Although your team may be feeling a sense of urgency to roll up your sleeves and get to work on improvement initiatives, building a strong foundation for your team is a critical part of the improvement work you will do together. Below are a number of activities in which you may want to invest some time as a way to build a strong team.

Getting to know each other

Taking the time to get to know one another can be helpful in building a strong team. This can happen in ice breaking activities at the first meeting—some teams continue to do a short ice breakers at the beginning of every meeting for several months—or less formally over coffee or lunch one-on-one or in small groups.

What's appropriate to share? No one should be required to share more than they feel comfortable. In fact, the team leader may want to check in with each team member individually to make sure they don't feel pressured to share more than they want to. At the same time, team members can be invited to more formally share their personal stories about their healthcare journey or involvement with the healthcare system if they would like to.

Forming self-governance principles

The Team Launch Process document offers a method for “systematically launching your team and is based on research about what sets a solid foundation for teams, increasing their likelihood of constructive collaboration and successful outcomes.” This method includes answering questions such as:

Team purpose: What is the main purpose of our team? What are the consequences of successfully accomplishing that purpose? What are the consequences of failing to accomplish that purpose? What are the top core objectives for the team?

Team resources: What does each team member bring to the team that can advance its main purpose? What skills, knowledge, and experience relevant to the team does each person bring? Under what conditions do you thrive as a team member? Under what conditions do you disengage as a team member?

Norms of collaboration: How will we discuss ideas and options? How will we make decisions? How will we respect each other's time with respect to deadlines? How will we schedule and run our meetings? How will we assign responsibilities for tasks and follow through on our commitments? What are our expectations for meeting preparation and attendance? How will we communicate with each other? How will the team foster

and manage constructive conflict? How will the team self-correct when an individual or the team does not follow the agreed upon principles, guidelines, and norms? What process will you follow to adapt these norms, guidelines, and principles to changing circumstances?

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Establishing Touchstones

Touchstones are rules of an adult community that serve to guide a group's behavior with each other. By adhering to agreed upon guideposts, a group creates a safe and trustworthy space where each individual is able to show up and be present as fully as possible, positioned to make their best contribution to the group's efforts. Having guideposts helps to equalize a group's power dynamics making it safe for each member of a group to speak wholeheartedly and with mutual respect. When there are breaches in behavior, Touchstones serve as a way to call members back to their intentions for a safe and trustworthy community.

Attribution: The Center for Courage & Renewal, www.couragerenewal.org.

Ensuring that every team member has the information they need to begin the work

As a team, you can discuss what information people feel they might need in order to begin their work. Does everyone know what a medical home is? Is everyone familiar with the quality improvement methods that the team will use? Are there basic practice policies and information that patient/family partners should know about?

Reviewing organizational resources and planning for the future

We understand that the work doesn't end with the launch of your practice improvement team. We anticipate that for all teams to create and maintain a high level of effectiveness, all team members will need to enhance their own skills and capacity. In order to help practices gain the knowledge and skills they need, we will be offering quarterly Practice Improvement Team Development sessions.

We anticipate starting this quarterly series in the fall. Team members are invited to suggest topics or training needs. We also welcome your input regarding scheduling time, frequency, and other details that will make it easier for your team to attend.

For further information, please contact: Judy Fleishman, jfleishman@challiance.org, Cristin Lind, caclind@gmail.com, Pat Satterstrom, psatterstrom@hbs.edu, Hanna Sherman, hanna@couragerenewal.org, Soma Stout, sshout@challiance.org

This launch document provides the steps for systematically launching your team and is based on research about what sets a solid foundation for teams, increasing their likelihood of constructive collaboration and successful outcomes.

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Team Launch Process: Formulating Self-Governance Principles

DAY 1: Practice Improvement Team Purpose & Resources

Step 1: Purpose *Each Team Member Individually* 5 Minutes

- In the space below, write down the main purpose of your team
- List the main consequences of success & failure

The main purpose of our team is:	
The consequences of <u>successfully accomplishing</u> that purpose include:	The consequences of <u>failing to accomplish</u> that purpose include:

Steps 2-3: Meet in pairs, preferably with someone you don't yet know well

Step 2: Come to Consensus *Meet in Pairs* 10 Minutes

- Discuss the main purpose of the team with your assigned pair partner, join your ideas and then reconcile any differences you have, and compare the list of consequences you each enumerated.
- Generate 2 or 3 other core objectives central to the team's success.

Step 3: Identify Team Resources *Different Pairs* 10-15 Minutes

- With a different partner, take turns interviewing one another about what each of you brings to the team that can advance its main purpose. Ask the following questions of your partner and take notes below each question. **Each of you should take five minutes to interview and listen carefully to the other:**
 1. What brings you (the other person in the pair in this exercise) to our Improvement Team work?
 2. What skills, knowledge, and experience relevant to the team do you bring to the team?

Steps 4-9: Complete in your team with every member present**Step 4: Team Inventory** *Meet as a Team* 20 Minutes

- Recognize available resources in team members: Each pair should share with the entire team the data they collected in response to the questions in Step 3. Each team member should describe the resources (skills, knowledge, and experience) that his/her partner brings, and their partner can help correcting or filling in information.
- Discuss the main purpose of the team that each pair formulated, join ideas and reconcile any differences that exist among the entire team, creating a collective agreement on the main purpose of the team.



DAY 2: Meeting with your Practice Improvement Team

Touchstones

Touchstones serve to support a circle of trust, a safe and trustworthy community in which to do optimal work. Below are 11 Touchstones. Please review them as a team and ask people to point to any that are particularly important to them or that might be a challenge. Add any other guidelines that will be helpful to make the team a safe and trustworthy place to be present and to contribute. Hand out for members to keep as a reference, and consider posting in your meeting space for easy reminding.

- **Extend and receive welcome** – People work and learn best in hospitable spaces. In this group we support each other’s work and learning by giving and receiving hospitality.
- **Be present as fully as possible** – Be here with your doubts, fears, and failings, as well as your convictions, joys and successes, your listening as well as your speaking.
- **What is offered in the circle is by invitation, not demand** – This is not a “share or die” time. Your voice is welcome and you know best when to bring it forward to be heard.
- **Speak your truth in ways that respect other people’s truth** – Our views may differ, but speaking one’s truth in a trustworthy community means not interpreting, correcting or debating what others say. Speak for yourself, using “I” statements, trusting other people to do their own sifting and winnowing.
- **No fixing, no saving, no advising, no correcting each other** – This is the hardest guideline for those of us in the helping professions. Know when it is time to let the inner teacher be the guide.
- **Learn to respond to others with honest, open questions** instead of counsel or corrections. With such questions, we help hear each other into deeper speech and clearer self-knowledge.
- **Trust and learn from the silence** – Silence is a gift in our noisy world, a way of knowing in itself. After someone has spoken, take time to reflect without immediately filling the space with words.
- **When the going gets rough, turn to wonder** – If you feel judgmental or defensive, pause and ask yourself, “I wonder what brought her to this belief?” “I wonder what he’s feeling right now?” “I wonder what my reaction teaches me about myself?” Set aside judgment to listen to others—and to yourself—more deeply.
- **Attend to your own inner teacher** – We learn from others, of course. And as we explore questions and reflect together, we have the opportunity to learn from within. Pay close attention to your own reactions and responses, to your most important teacher.
- **Know that it’s possible to leave with what you needed when you arrived, and that the learning emerging here will continue to deepen and grow over time.**
- **Observe confidentiality** – Do not repeat personal information to other people. Respect appropriate personal privacy.



Step 5: Norms of Collaboration***Meet as a Team (continued)*****20 Minutes**

- As a team, please formulate the guidelines that will govern how you will work together. The aim is to specify norms of “definite dos” and “definite don’ts,” not to document precisely how you will work together. Please address the following dimensions of teamwork:

	Always Do	Never Do
How will we discuss ideas and options?		
How will we make decisions?		
How will we respect each other’s time with respect to deadlines?		
How will we schedule and run our meetings?		
How will we assign responsibilities for tasks and follow through on our commitments?		
What are our expectations for meeting preparation and attendance?		
How will we communicate with each other?		
How will we transfer information?		
How will the team foster and manage constructive conflict?		



Step 6: Team Self-Governance *Meet as a Team (continued)* 15 Minutes

- As a team, please identify two or three specific ways that your team will self-correct when an individual or the team does not follow the agreed upon principles, guidelines, and norms in step 5:
 - 1.
 - 2.
 - 3.
- As a team, what process will you follow to adapt these norms, guidelines, and principles to changing circumstances?

Step 7: Virtual Team Engagement *Meet as a Team (continued)* 15 Minutes

- How will you approach teammates who you do not see face-to-face regularly?

Step 8: Team Leader Selection *Meet as a Team (continued)* 40 Minutes

- Solicit nominations (including self-nominations) for the leader role.
- Discuss the merits of each nomination in light of the description of the leader role (see “Team Leader and Member Roles”)
- Either come to a consensus decision or, if that seems unlikely in the allotted time, take a private vote to determine the leader (plurality wins).

Step 9: Developmental Agenda *Meet as a Team (continued)* 15 Minutes

- 2-3 Minutes per person: Please share with one another (a) one piece of feedback that you have received at work, in school, at home that rings true (or insight you have otherwise gained about yourself) and (b) the two areas in which you would like to develop your teamwork and/or leadership skills, and (c) specific behaviors you plan to experiment with to help you develop in those areas.
- In what ways do you think people at your organization may have an oversimplified view of you? What aspect of “you” that has been less evident to others would you like to emerge in working with the team?



Team Leader and Team Member Roles

As the leader for one of the components, you will own responsibility for the outcome and for establishing the conditions for the team to deliver that outcome. When you are in the leader role, approach it as an opportunity to practice leading. What does this mean? It means understanding your work as different from that of a team member, and it means experimenting with behaviors necessary to do work that may be new or uncomfortable for you initially.

You will have responsibility for the outcome that the team must deliver, and you must implement and manage an effective process so the team produces that outcome. Sometimes when people are learning to lead they mistakenly believe that their primary role is to serve as a hero—to be the one who knows best or delivers the solution or comes up with the breakthrough idea that completes the task. But in fact, the role of the leader is to create the conditions that enable the team as a whole (leader included) to function at its best—so that problems get solved, tasks are completed, and project objectives are met. This does not mean, however, that you abstain from getting your hands dirty or contributing to the team effort to get its work done.

To practice leading, your focus should be on how to unleash *and* harness each individual team member's capabilities *as well as* the team's collective potential. In doing so, you will enable the team to perform the tasks necessary to complete the project. Toward that end, you will want to dedicate your time, attention, and effort to four components central to enabling others to deliver:

1. **Launch:** As the team first forms and initiates its work together, a leader should help the team:
 - maintain a clear understanding of the challenge—the task it faces
 - grasp the set of relevant knowledge, skills, and experiences that each member can bring to bear on the situation and challenge you collectively face
 - identify common and conflicting interests
 - formulate a strategy for approaching and tackling the work involved in completing the work
2. **Process:** as the team dives into its work and proceeds through its tasks together, a leader should monitor key dimensions of *how* the team is working together and interacting. This enables the team leader to intervene constructively to help the team operate more effectively.
 - **Individual Involvement:** Is each person engaged sufficiently but not excessively? Is anyone dominating? Is anyone hanging back? Is each person being heard?
 - **Conflict:** Is there sufficient but not excessive conflict? Is the conflict constructive or counter-productive?
 - **Exploration & Execution:** Is the team taking time to explore the problem, a diversity of views, and potential resources? Is it moving to task execution when necessary but not too soon? Is it properly cycling between the two when needed?
 - **Time Management:** Is the team misusing its time, either by rushing where devoting more time would be sensible, or by wasting too much time on something rather than moving on?
 - **Use of Resources:** Is the team drawing on and applying relevant knowledge, skills, and resources that the individuals on the team and surrounding context can supply? Is it reaching out for additional input and resources when needed?
 - **Performance Strategy:** Is the team's approach to doing the task an effective approach? Do any adjustments need to be made in how the team is doing the work?
 - **Forecast:** What challenges will the team face in its next phase of work on the project?



3. **Intervention:** The question of when a leader should intervene requires judgment and experience to answer. A leader should intervene neither too early (when difficulties, anxiety, pressure, or tension first arise—these can sometimes serve productive purposes) nor too late (when individuals begin to get overwhelmed or the team becomes demoralized). Typically, an individual's urge is to intervene too quickly and to try to fix what's wrong. But leaders need to intervene within the right time span and in a manner that helps the team help itself.
 - With the individuals who compose the team, leaders intervene to
 - elicit or redirect effort and skills
 - increase, decrease, or shift the nature of involvement
 - identify and inquire into a person's counter-productive behavior
 - reinforce constructive contributions
 - With the team as a single, whole unit, leaders intervene to
 - motivate and energize
 - refresh focus on the direction, purpose, mission, or objective
 - alter the balance between exploring (the problem, ideas, and resources) and executing (moving forward with a chosen direction on the task)
 - modify the use of resources or use of time
 - make sure someone is heard or temper the overweighting of a vocal member
 - create pauses to get the team to ignite or temper debate, redirect effort, adjust its "performance strategy" (how it is going about getting its work done)
 - alert the team to what's coming next in its work
4. **Closure:** The team needs to bring its work to a conclusion and meet the specified objectives—on time. In other contexts, it also needs to identify next steps, assign responsibility for those steps, determine its next collective meeting, and help one another reflect upon and learn from the current experience. Closure includes the following:
 - Move the team toward a successful outcome, whether a final decision, completed output, or some other outcome consistent with the original direction set
 - Identify next steps to be taken
 - Determine who will take responsibility for each of those next steps
 - Agree upon a subsequent meeting
 - Create a learn-and-improve environment
 - Discuss the team's process and any improvements that can be made to enhance outcomes in the future
 - Provide feedback and coaching to individuals

There are different ways to perform each of these four components. For example with launching the team, some leaders prefer, or some situations call for, the leader him/herself to articulate a clear and engaging direction, formulate the strategy for tackling the challenge, and identify the relevant skills and resources at the team's disposal. Other leaders may prefer, or situations may call for, the team to collaborate on articulating the direction, formulating the strategy for tackling the challenge, and identifying relevant skills and resources. Multiple approaches can work, but most important is for the leader to take on responsibility for these components. Doing this work helps create the conditions for individuals and the team to function at their best.

Working on these four components can feel far different from working directly on performing the task, which you will also do. That is why you may want to approach your opportunity to lead as an opportunity to experiment—to try out new behaviors.

Role of Team Member

As a team member, your objective is to contribute as constructively as possible to the task at hand so that the team can complete the project successfully. Dive in and help your team perform at its best. You do not want to displace the designated leader—let that person have the opportunity to practice leading—but you want to put your full effort and talent toward being an effective team member and enabling your teammates to bring their best selves to the work at hand.

Effective PITs / PIT Standards - Overview

Background

In order to improve the effectiveness of PITs, the PIT teams shared best-practices from their individual PITs. These were distributed between all PITs and then voted upon as to which best-practices all PITs to follow. Those that the PITs decided should be followed by all become PIT Standards. A second tier of best-practices became PIT Recommendations.

Using the PIT Standards Table

On the next page is a table of PIT Standards and Recommendations. Following that table, and linked from within the table, are pages with examples of supporting documents and embedded files which can be opened from within this document.

The table has standards organized into four categories:

- Effective Meetings
- Effective Projects
- Effective Connection to staff, leadership, patients, other PITs, CHA
- Effective Patient Partnership

PIT Standards

The standards and recommendations below were developed based on input from all PIT's

Standards	Additional Recommendations
Effective Meetings	
Agenda created prior to every meeting	Pause half-way through meeting to confirm understanding
PIT members attend > 80% of meetings, attendance taken	Minutes: Use Standard Template and save in accessible folder ((X-PIT shared-point site is available for saving minutes).
Minutes taken at every meeting	
Facilitator and timekeeper assigned for each meeting	Real-time minutes taken on computer, projected during meeting
Ground rules established	Post Change Concepts
Meetings end with recap of “Who does what by when”	Post Ground Rules
Effective Projects	
Project selection process includes review / alignment with PIP and PIT Project Inventory List	Summarize projects with project summary sheet
IHI Model for Improvement used for projects: - Aim clearly stated for each project - Measure clearly stated (unless it's spread of a project already measured)	Work from improvement priorities guided by site leadership (core measures, driver diagrams, etc.)
	Focus at least 50% of projects on Patient Experience of Care (make note of staff or patient focused for each project)
Project tasks assigned to specific people with specific timeline	Dedicate part of PIT meeting to work on projects
	Assign project action items at the end of each meeting
Projects have definitive conclusions	Use tool to track projects
Effective Connection to staff, leadership, patients, other PITs, CHA	
Minutes sent out to whole clinic & patient partners	PIT bulletin board in staff-area and waiting room
Site leadership present at every PIT meeting (at least 1 member)	Send out meeting notes using a standard email format
PIT update at every monthly staff meeting	
X-PIT update at each PIT meeting	Each PIT team has a PIT support member
Effective Patient Partnership (See Section 3 of this Toolkit)	
2 patient partners on the PIT	Post touchstones for meetings
A PIT staff-member assigned to check-in with patient partner monthly (payment, understanding, etc.)	Pause half-way through meeting to confirm understanding
All new patient partners oriented	Bring jargon card to every meeting
Meeting arranged for new patient partners with patient lead	



Effective Meetings: PIT Minute Meeting Template



Minutes
Template.docx

PIT MEETING MINUTES

MEETING NAME:		DATE:	
ATTENDEES:			
RECORDER:			

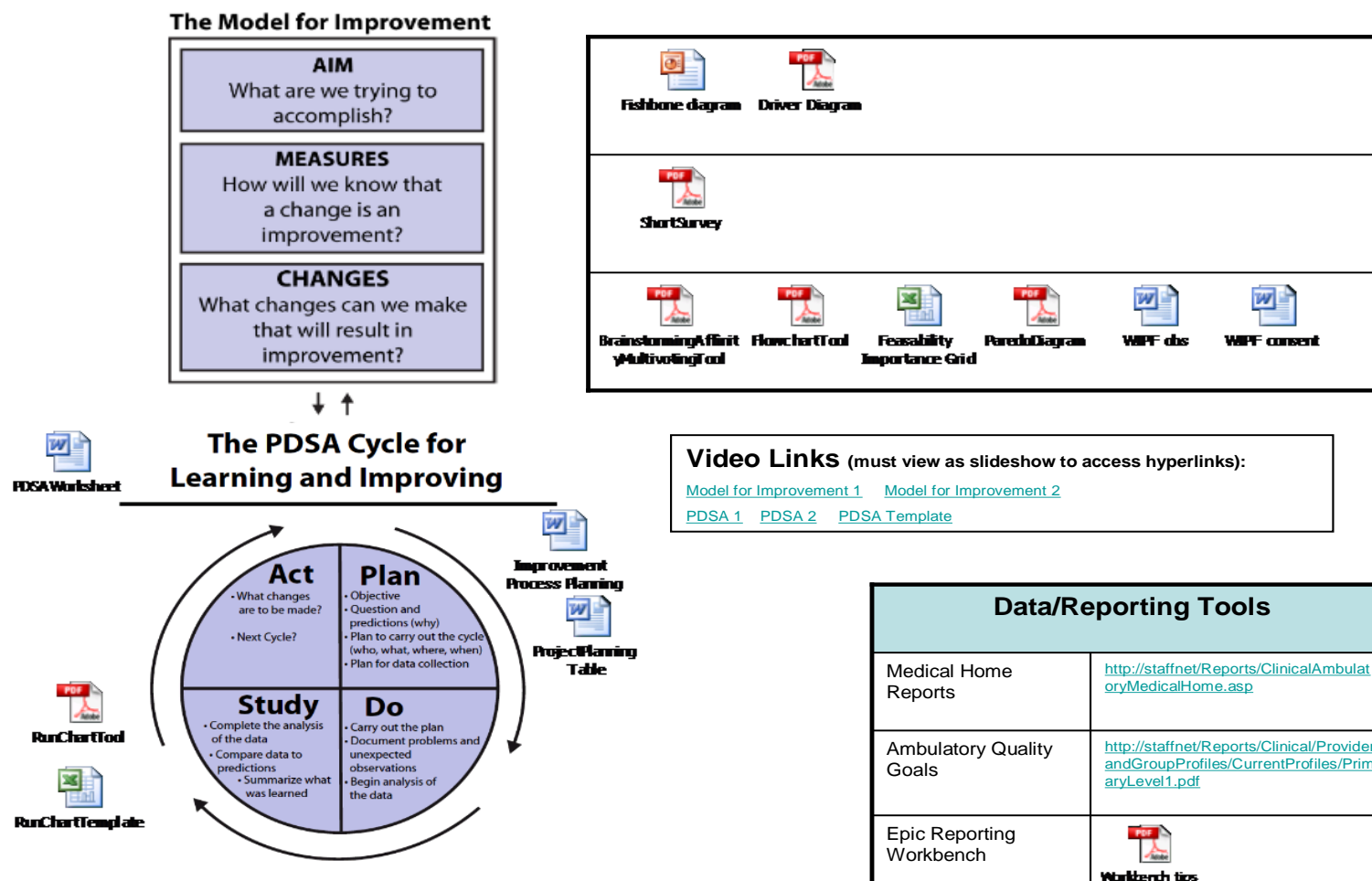
TOPIC	DISCUSSION	NEXT STEPS/ FOLLOW UP



Effective Projects: Use the IHI Model for Improvement.



Right-click on the powerpoint icon and select “Presentation Object → Open” to get the document shown below



Effective Projects – Project Summary Sheet

Right Click on icon below and select Presentation Object -> Open to get file for image shown below.



Project Summary
sheet.ppt

Project Title (filename):		Date:																
Site:	Main Contact:																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>The Model for Improvement</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">AIM</p> <p style="margin: 0;">What are we trying to accomplish?</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">MEASURES</p> <p style="margin: 0;">How will we know that a change is an improvement?</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">CHANGES</p> <p style="margin: 0;">What changes can we make that will result in improvement?</p> </div> </div> <div style="text-align: center; margin: 5px 0;"> ↓ ↑ The PDSA Cycle for Learning and Improving </div> <div style="width: 20%;"> </div> <div style="width: 50%;"> <p><u>AIM: What are we trying to accomplish, by how much, by when</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>Measure(s)</u></th> <th style="text-align: left; width: 33%;"><u>Baseline</u></th> <th style="text-align: left; width: 33%;"><u>Post change</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="padding-top: 10px;"><u>List all changes considered / tested (PDSA's)</u></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"><u>Changes adopted</u></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"><u>Lessons Learned / Reflections / Advice for other PITs</u></td> </tr> <tr> <td style="padding-top: 10px;"><u>Maintenance plan</u></td> <td colspan="2" style="padding-top: 10px;"><u>Documents / Materials (filename)</u></td> </tr> </tbody> </table> <p style="margin-top: 10px;">We found these related projects happening elsewhere at CHA:</p> </div> </div>				<u>Measure(s)</u>	<u>Baseline</u>	<u>Post change</u>	<u>List all changes considered / tested (PDSA's)</u>			<u>Changes adopted</u>			<u>Lessons Learned / Reflections / Advice for other PITs</u>			<u>Maintenance plan</u>	<u>Documents / Materials (filename)</u>	
<u>Measure(s)</u>	<u>Baseline</u>	<u>Post change</u>																
<u>List all changes considered / tested (PDSA's)</u>																		
<u>Changes adopted</u>																		
<u>Lessons Learned / Reflections / Advice for other PITs</u>																		
<u>Maintenance plan</u>	<u>Documents / Materials (filename)</u>																	

Effective Projects: Use a Tool to Track Projects

List of PIT projects
template.xlsx

Double click to get the template shown below

<u>PIT Project Name</u>	<u>Status</u>	<u>Notes</u>	<u>Date reviewed</u>
Status Legend:			
	Completed or going well		
	Needs some work		
	Needs a lot of work		
	Discontinued		
	In process		

Effective Communication: PIT Meeting Email



PIT Summary email
format.msg

Double click the image to the right to get the email format below.

Clipboard Basic Text Names

This message has not been sent.

Send

From...

To...

Cc...

Bcc...

Subject: PIT Update (date)

PIT team meeting summary

Date:

Present:

This week's agenda:

Next week's agenda:

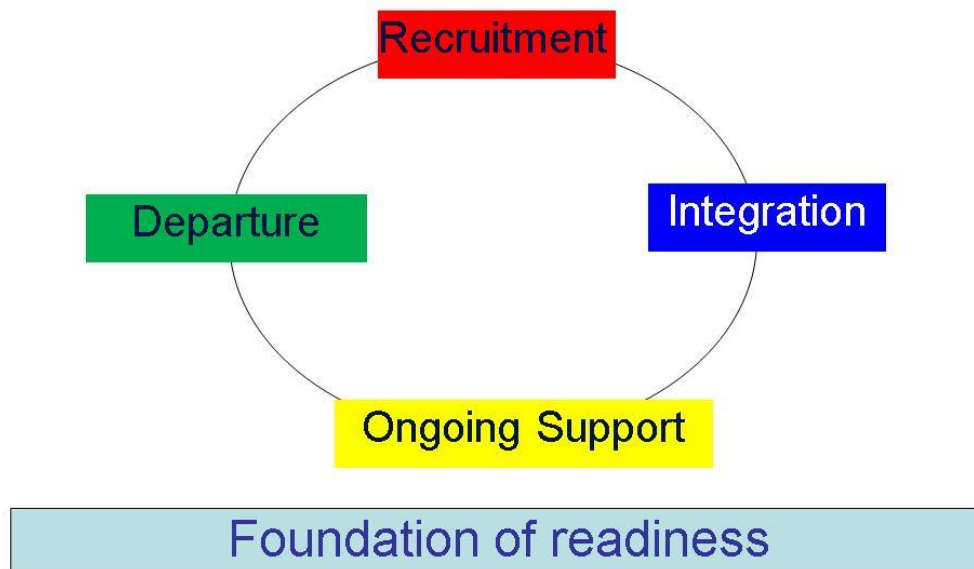
Action Items
(Who does what by when)

Minutes Attached

Section 2: Supporting the Patient-Partner Lifecycle

This section of the toolkit gives recommendations and resources for supporting the patient-partner on a Practice Improvement Team. We have organized these recommendations and resources to match the different phases of the patient partnership as shown in the lifecycle diagram below.

Lifecycle of Patient Partnership



Patient Partner Lifecycle

Recommendations	Useful Resources
Recruitment / Hiring	
<ul style="list-style-type: none"> Look for patients with leadership, teamwork, ability to think “as a system,” listening skills Ask care teams to identify patients during huddles and planned care. Interview at least 3 potential patients for each Patient Partner role Ensure 2 Patient Partners on the PIT at all times. Clearly go over roles and expectations during the interview – including assessing their availability Complete all required onboarding paperwork Set up IT access 	Recruiting – Offering – Onboarding flow diagram Recruitment Considerations Recruitment Action Chart Qualities to look for in a Patient Partner Recruitment flyer targeted to patients Recruitment flyer targeted towards staff Script for contacting potential Patient Partners Sample interview questions Contact / Support list Patient Partnership Agreement Contract Offer Letter Onboarding paperwork
Integration	
<ul style="list-style-type: none"> Talk with staff about what it means to have a patient partner Provide your patient partner the getting started folder Eliminate jargon during meetings (Introduce jargon card) Review team norms and goals with new Patient Partner Connect patient partner with Patient Lead Assign a PIT member to be a Patient-Partner buddy - monthly check-ins, ensuring Patient Partner gives input and understands discussion, etc. Get your Patient Partner a badge 	Getting Started Folder Meet and greet with individual staff (Sample itinerary) List of most frequently used acronyms
Ongoing Support	
<ul style="list-style-type: none"> Work on a mix of projects, including projects with a focus on patient experience. Ensure your Patient Partner is paid in a timely manner Check in monthly with the partner regarding their needs Work with Patient Lead to match Patient Partner with mentor Patient Partner. 	Contact information for Natascha and Ziva Common Challenges - Effective Solutions tip sheet (Essential Allies) For Patient Partners: Tips for Serving on a PIT team
Departure	
<ul style="list-style-type: none"> Identify possible alternate opportunities for participation Email Lead Patient Partner (Ziva Mann), Cliff Barnes (volunteer services) and Natascha Vicentini within 1 week of departure 	List of opportunities for patient involvement at CHA



FAQs:

Q: *We need to find a second Patient Partner. How do we do that?*

A: Check the Recruitment Action Chart in the toolkit, and the strategies that you used to recruit your first partner, while involving your current patient partner in the recruitment process. Your Patient Lead, Ziva Mann, is available to help support you in recruiting.

Q: *We have a new Patient Partner. Who should we tell?*

A: Contact Ziva Mann (zmann@challiance.org), and Kathy Murphy (kamurphy@challiance.org) to share your news – and collect your celebratory babka!

Q: *We have a new Patient Partner. Does s/he need to fill out paperwork?*

A: Onboarding docs can be found in the Appendix, and **must** be completed before the new partner can attend PIT meetings. Either Ziva or a member of your PIT team should meet with him/her before the first, official PIT meeting to fill out the onboarding docs. Send all docs via interoffice mail to Kathy Murphy or Ziva Mann, SH7.

Q: *Do Patient Partners need an orientation?*

A: They most certainly do. The Appendix includes a set of basic orientation pages to include in the Welcome folder, with the onboarding documents. There is also a set of handouts to review with your partner before their first PIT meeting. Make sure to connect your new partner with Ziva, to complete their orientation.

Q: *Is there anything we should do for our Patient Partner's first PIT meeting?*

A: Absolutely! Two things:

1. Assign a team buddy to your new patient partner. This person makes sure that they understand the discussion during meetings, and checks in with them briefly after meetings.
2. Make the first meeting a chance to review the work that your team has done, to review how your team works (selecting, designing, executing projects). Teams have also chosen to review the Qualis Change Concepts (see Appendix) during a new partner's first meeting, and brainstorm ideas.

Q: *I need to pay my Patient Partner. How do I do that?*

A: Contact Kathy Murphy (kamurphy@challiance.org) regarding payment questions. Kathy sends out payments monthly to patient partners with an assumption that they are working for 4 hours per month with the PIT. **If a patient partner does not participate at that level, you must let Kathy know.** Patient partners are also paid for attending conferences and learning sessions that are relevant to their work on the PIT team, with prior approval. Their parking costs will also be covered.

Q: *We are having a special event/meeting/project at our clinic, and want our Patient Partner to attend. Will s/he be paid for their time?*

A: Patient Partners are paid to attend AIC Learning Sessions (\$15/hr, for a max of \$60 per Learning Session). Otherwise, Patient Partners are paid a maximum of \$60/month. It is very important to be clear with your partner about when they will or won't be paid for their time.

Q: *We are looking to find projects that are focused on patient experience. Where can we find ideas?*

A: The Cross-PIT (X-PIT) team site has a list of existing projects that sites have worked on, and identifies projects relevant to patient experience of care. You can also use the sensitivity to patient



needs audit tool to assess how well your clinic is doing in meeting patient needs (Nikita Srinivasan nsrinivasan@challiance.org).

Q: *Our Patient Partner is starting to look a little burned out. Is there anything I can do?*

A: Patient Partners, like other team members, may feel frustrated or burned out for a number of reasons. These may include: being the only patient partner for a period of time; needing skillbuilding in improvement methodology; lack of projects focused on patient experience; need for clarification regarding team goals; confusion regarding a project's relationship to the team goals or timeframe for a project's execution and completion; lack of understanding regarding clinic structure or CHA's structure; a personal situation. Reach out to your partner, and check in regarding their experience with the role. Contact your Patient Lead to discuss your concern about your Partner's situation.

For help with these and other issues, [contact us!](#)

Recruiting – Offering – Onboarding Flow Diagram

Recruitment

- Strategize as a team, with Patient Lead.
- Reach out to clinic: share qualities, get suggestions, commitment to call.
- Review suggestions as a team, identify potential patient partners for outreach by PCP/care team
- Meet 4-5 candidates for each patient partner position
- Choose as a team!

Offering

- Reach out to potential patient partners, inviting them to join the team.
- Review expectations re: role, attendance, stipend.
- Set up a meeting between new patient partner and Patient Lead for orientation, mentoring
- Signed, completed onboarding documents (Appendix, PIT toolkit) completed and sent to Kathy Murphy/Ziva Mann (SH7) before patient partners' first PIT meeting.

Integrating

- Use Patient Partner's first team meeting to review how projects are selected, executed. Consider a group brainstorming session, using Qualis Change Concepts.
- Assign a PIT member as team buddy, to check in with new Patient Partner, making sure s/he understands and can participate.



Qualities to look for in a Patient Partner:

Involving patients in practice improvement is more than an expression of the fundamental value of patient-centeredness. Research shows that involving patients leads to more relevant and understandable materials,¹ enhanced staff attitudes,¹ and helps improve planning and provide critical feedback loops for creating sustainable system change.²

Some of the qualities below will be clear from a patient's interaction with the medical receptionist, with the members of their care team, and their engagement with their own health. Other qualities will become clear during an interview, or small group meeting.

An ideal Patient Partner....

- Cares about the quality of their healthcare, and is engaged in their own health
- Is clear about their values and aware that others may feel differently
- Has a history of sharing leadership with others, building consensus and accepting compromise
- Has resources – including time, relationships, knowledge and experience – and is willing to use those for the sake of practice improvement
- Has a learning orientation and is willing to take risks and work outside their comfort zone
- Listens well
- Asks questions
- Collaborates on solutions
- Sees beyond his/her own experience with medical care
- Respects diversity and differing opinions

It is helpful also to look for patient partners from different care teams within the clinic. And to consider especially care teams whose providers are not members of the PIT team. Patient partners report finding it challenging to offer even constructive criticism when their PCP is present.

Looking for support in recruiting? Your Patient Lead, Ziva Mann, is happy to assist. Email her at zmann@challiance.org

As a Patient Partner, you will:

- provide guidance on the patient's perspective, representing the patient's voice and experience.
- Use your experience as a patient and CHA customer to guide our work.
- Help identify skills that medical professionals need to learn.

We will:

- respect and value you as a partner
- work together to make important changes in our clinic.

--from CHA Patient Partner agreement



Recruiting Patient Partners for Practice Improvement Teams: Step by Step

The first step in working with Patient Partners is to identify, interview, select and gain commitment from two Patient Partners who will become part of your practice's improvement team. While there are many ways to do this, here are some guidelines that have worked well for our teams. More resources on patient partner recruitment can be found from Organizing for Health's "Recruitment Guide," the National Peer Technical Assistance Network's Partnership for Children's Mental Health's "Learning from Colleagues: Family-Professional Relationships: Moving Forward Together", and the Agency for Healthcare Research and Quality's "Engaging Patients and Families in the Medical Home" (sources below).

1. **Get connected.** Reach out to the Patient Lead (Ziva Mann, zmanna@challiance.org), and tell her that you are recruiting.
2. **Start with a strategy.** As a team, review the steps and strategize around how you want to recruit, what to do with patients who don't join the team but wish to help, etc. Ziva is available to help you develop your recruitment plan, and share lessons learned from other PIT teams.
3. **Share pt partner qualities with care teams.** Care teams and medical receptionists are a great resource for identifying potential patient partners! Share the list of qualities. Ask for 10+ suggestions (3+ suggestions per care team), 1 sentence explaining why. Ask also for a commitment to call potential patient partners, if selected for outreach by the PIT team. (See page 34 for handouts)
4. **At your next PIT meeting:**
 - **As a team, review the suggestions.** Who feels like a good fit? As a team, discuss the care teams' suggestions, and narrow it down to those who would best fit with the team and the work.
 - **Prepare a 2 sentence script for outreach calls.** Include an explanation of what the PIT team is, the kind of work you do, and why you need patient involvement. Also, clearly set expectations for visit to clinic ("come in for one visit," "can you help with one short project," etc). (Sample scripts on page 35)
5. **Ask PCP/care team to make the initial call to patients.** Patients agree to be pt partners "because my doctor asked me to" (patient partner survey, winter 2014). Give the PCP/care team members the script, and ask them to explain that a PIT member will be calling.
6. **Set up a time to meet.** In-person, one-on-one meetings can be the best way to identify and recruit people for leadership roles.³ When the PIT member calls, ask if the potential Partner can come in for a meeting. Be honest and clear about the purpose of the conversation. For example, "I am working on a project to improve our community health center by involving patients and providers in new ways of working together. I'd like to find out about your interests, tell you a bit about our efforts, and see if you'd be interested in playing a role." Check to see if they have 30-60 minutes for the meeting. Consider if the potential Patient Partner would benefit from having your current Patient Partner, or the Patient Lead present.
7. **At the meeting:** This is an opportunity to discover the person's values, interests and resources. Be prepared to explain the role of both partner and team, and how these fit into your organization's structure, but focus more on asking questions that allow you to learn if this person:
 - Is clear about their values and a passion and commitment to the cause;
 - Has a history of sharing leadership with others, building consensus and accepting compromise;
 - Has resources – including time, relationships, knowledge and experience – and is willing to share;
 - Has a learning orientation and is willing to take risks and work outside their comfort zone.³

Some practical considerations:



- Is this person is available at a time your practice improvement team can meet? (50% of potential patient partners will not be able to make the meeting time, or level of commitment)
- Make sure patients know there are two different levels of involvement—in patient advisory councils and as Patient Partners on PIT teams. See the Recruitment Action Chart for suggestions.
- There will be reimbursement available (\$60/month) for attendance of Patient Partners at meetings. Be aware: if a Patient Partner is receiving social security benefits, they may be taxed for income over \$600/yr. Alert your potential patient partner to this possibility.
- The person will be expected to attend in person for 75% of meetings.

End the meeting with a specific next step, even if it's simply to meet or talk again. For example, “May I call you again in 1-2 weeks to follow-up?”³

Hold off on asking a person to take on a leadership role until you've interviewed a number of people and can see how they fit best within the team.

8. **Reach out to the best fit.** Review the potential patient partners as a team, and decide who would be the best fit for your team. Consider other roles for patients such as CHA's Patient and Family Advisory Council membership, volunteer greeter, potential focus groups, etc.
9. **Tell Patient Lead ASAP when you've successfully recruited your new partner!!** Ziva will walk you through the onboarding, handle the orientation, and bring babka to your next PIT meeting, to celebrate.

Sources

1. Scholle SH, Torda P, Peikes D, Han E, Genevro J. (2010). Engaging Patients and Families in the Medical Home. (Prepared by Mathematica Policy Research under Contract No. HHSA290200900019I TO2.) AHRQ Publication No. 10-0083-EF. Rockville, MD: Agency for Healthcare Research and Quality.
2. National Peer Technical Assistance Network's Partnership for Children's Mental Health. (1998). Learning from Colleagues: Family-Professional Relationships: Moving Forward Together. Retrieved 03 05, 2012, from National Federation of Families for Children's Mental Health: <http://ffcmh.org/wp-content/uploads/2009/pdffiles/movingforwardtog.pdf>
3. Organizing for Health. (2011). Recruitment Guide. Retrieved 03 02, 2012, from Rippel Foundation Organizing for Health: <http://rippelfoundation.org/rpf/wp-content/uploads/2012/01/Recruitment-Guide-Organizing-for-Health.pdf>

Practice Improvement Team Recruitment Action Chart

Action Step	Resources and ideas	Current status			
		Person responsible	Done by?	We're stuck. We'll ask for help from:	We're in progress, waiting on:
Pre-recruitment					
We have selected staff members for our Improvement Team					
We have selected a possible meeting time	Keep in mind that the time of meeting may impact Patient Partner pool				
Prospective Partner identification					
We have described the initiative to all staff and provided staff with the list of qualities of a patient partner. We asked care teams to identify prospective patient and staff partners and told them how to submit suggestions, with a brief explanation of why patient could be a good fit, and commitment to call patient, if selected for further consideration.	Ziva Mann is available to present at a staff meeting.				
If we're struggling to identify prospects, we've made a poster for the waiting room and sent a recruiting email to staff.					
We have identified 10 or more possible prospective patient partners.					
Interview and selection					
We have provided an explanation of the role and the PIT team to the staff doing outreach to the prospective partners					
We have planned our strategy for meeting with potential partners, and learning what they would be like as a team member.	Keep in mind that 1:1 interviews are not for everyone! It's important to make this a positive experience for the patient, and to protect their relationship with the clinic.				
Each potential patient partner has been called by a member of their care team or a PIT member (see sample script)	Patients tend to respond better to their own care team. Think about who has a strong relationship, and could best do this outreach.				
We have scheduled a meeting with each prospective patient/staff partner					
We have reviewed the recruitment materials and prepared for the meeting.					
We have met with each prospective patient/staff partner	Sample interview questions				



We have met as a team to discuss final selection of the Practice Improvement Team					
We have selected two patient partners and at least one receptionist, one medical assistant, one nurse, and one provider.					
We have followed up with the people we didn't select.	Consider a role for them on the CHA Patient and Family Advisory Council. Contact: Doris Gentley dgentley@challiance.org				

Onboarding:

Patient Partner offer					
We have tailored the Offer Letter and Agreement for this partner	CHA Offer Letter				
We have provided the Partner with the Getting Started folder (onboarding and orientation docs) in the Appendix	Getting Started Folder				
We have connected the Partner with the Patient Lead, Ziva Mann	zmann@challiance.org				
We have notified the Patient Lead (Ziva Mann), Kathy Murphy (kamurphy@challiance.org)					
Before attending his/her first meeting, our Patient Partner has completed all onboarding steps, as outlined in the Getting Started checklist.	Getting Started Folder				
Our Patient Partner has IT access at the clinic					
At first meeting, we reviewed the first meeting orientation docs for patient partners	Appendix				





Cambridge Health Alliance

Help us improve our clinic!

We are looking for a patient to join our Practice Improvement Team (PIT) to improve our clinic. See below for details.

Please let someone in the clinic know if you are interested, or contact _____ at _____.





Cambridge Health Alliance

Help find a patient for your PIT!

We are looking for a patient to join the Practice Improvement Team (PIT).

Some tips would be to do this as a team when you huddle before a session, or during planned care, or at a staff meeting.

Please let _____ know of any patients that you think would be a good fit.

Important Qualities for a Customer Partner

- Cares about the quality of their healthcare;
- Is clear about their values and aware that others may feel differently;
- Has a history of sharing leadership with others, building consensus and accepting compromise;
- Has resources – including time, relationships, knowledge and experience – and is willing to use those for the sake of practice improvement;
- Has a learning orientation and is willing to take risks and work outside their comfort zone.
- Listens well
- Collaborates on solutions
- Sees beyond his/her own experience with medical care
- Respects diversity and differing opinions



Sample Script for contacting potential Patient Partners

Hello, I am calling from Cambridge Health Alliance / _____ clinic on behalf of _____ (name of person who referred the patient). My name is _____. Is this a good time to talk with you?

If no: Ask if there is a better time to call back. Record the time and call the patient back at that time.

If yes: Your _____ (NP, doctor, MA, etc.) wanted me to invite you to consider becoming a Patient Partner with _____ (your clinic name). A Patient Partner is a patient or family member who receives a small stipend to work on a team at our clinic to help us improve the experience and care that we provide our patients. On this team we have a doctor, a nurse, a medical assistant, a receptionist, two Patient Partners (patients), and sometimes other staff members, such as a physicians assistant or nurse practitioner. The team meets every _____ to work on a project at the clinic. We also coordinate our work with other teams at other Cambridge Health Alliance clinics.

Is this something that you think you may be interested in?

- Yes, and you + patient have time to do interview: Great! Would you mind if I ask you some questions to get to know you a little better? (See next page for sample interview questions)

- Yes, and you or patient don't have time to do interview: Great! Could I schedule a time to ask you some more questions and answer any further questions that you may have?

- No: I really appreciate the time you have spent with me today. _____ (referring person) asked me to thank you for your time and to let you know that we value your partnership with our clinic. Take care and have a great day! (Advise the referring person that patient declined participation. Record their name and contact date, person contacting them)

After asking interview questions:

Do you have any questions for me?

Thank you so much for your time. We are reaching out to a few different patients for this position, and we will be in touch with you by _____ (date).

Thank you again.





Sample Interview Questions

Thank you for taking the time to talk with me today.

1. Tell me a little bit about yourself
2. Can you tell me about an experience at CHA that worked particularly well for you? What about it was especially important or meaningful?
3. Can you share an experience that didn't work so well? What could we have done to improve the experience?
4. What experience have you had working with a group toward solving a problem?
5. Can you tell me about a time when you've been in a group situation and someone had a difference opinion than you?

Was there anything you did that was helpful?

6. If you had a magic wand and could change and improve health care for you and your family, what changes would you want to make?
7. Are there barriers such as transportation, timing of meetings, language, child care, or illness that need to be accommodated to allow your participation?

**DRAFT Offer letter**

Date

Address

Dear Jane:

It is with great pleasure that I invite you to join [practice name] as a Patient Partner. Your main responsibility will be to join the [practice name]'s Practice Improvement Team , and share a patient's perspective. With you on our team, our Practice Improvement Team will work to become a patient centered primary care practice. The details of our commitments to each other are included in our Patient Partner Agreement.

You will begin on [date]. This is a part-time position, which will continue for about a two-year period. Your work hours will vary, usually 2hours every other week. Your stipend will be \$15 per hour. You will be paid monthly for a total of \$60/month.

I will be your contact person. I will be contacting you shortly to see if you have any questions.

We are learning together and we welcome your questions and ideas. Please call me at XXX-XXX-XXXX. I look forward to having you on our team.

Sincerely,

[Practice representative]
Title

ONBOARDING PAPERWORK

The following documents need to be completed for new Patient Partners and sent to Natascha Vicentini, with cc to Ziva Mann, at SH South Building, 7th floor, Ambulatory Administration.

Photocopy of Photo ID

[Contract / Agreement](#)

[W-9](#)

[CORI Form](#)

[Privacy Agreement \(HIPPA\)](#)

[Influenza Declination Form](#)

[IT Confidentiality and User Access Agreement](#)

(Please make sure to view following page for more IT access information)



Connecting partners and CHA: a quick guide to IT access

With access to StaffNet, patient partners will get a CHA email address, and access to team sites and StaffNet. Be prepared to help your partner get access, explain what is available on StaffNet, and how your team uses the system.

- 1. Make sure that your patient partner has completed all onboarding documents.**

- 2. Request permission.**

Whoever is listed as the partner's manager on StaffNet (usually, this is Amanda Frank) sends a request for network access, remote access and access to the team site (if necessary). A username and temporary password will be sent to you.

- 3. First log-in: at clinic**

Help your partner find a terminal to use at the clinic for his/her first log-in to CHA. At that time, show them how to

- Find your team site,
- the cross-PIT sit
- other StaffNet resources that your time finds useful
- Outlook

Also at this time, print or email the instructions for remote access.

- 4. Setting up remote access: partners**

Use the instructions provided to set up remote access at on your home laptop or desktop. Keep in mind that not all browsers work equally well with remote access, so be prepared to try different browsers, if necessary. ***If you need help, the IT helpdesk can be reached at 617 665-2468, Mon-Fri 6am- 12 midnight.***



ID Badges

Once an ID badge request has been put into the system, you can get your CHA badge. This will have your photo, name and title. Bring a photo ID with you, or a printed copy of the badge request.

Where can I go to get my badge?

Cambridge Hospital

when:

Tuesday: 12:30-2:30pm

Wednesday: 2pm-4pm

where: 1st Floor, Room 1066A, across from the gift shop

contact: Ellen Pridham at x8527 (617.806.8527) or

x2648 (617.665.2648)

Whidden

when: By appointment only

where: Security Office, 103 Garland Street, B Level

contact: Paul Carroll at x7246 (617-381-7246)

Somerville

when: Tuesdays 12noon - 2pm

where: School of Nursing, 1st Floor, Room 101

contact: Lt. Richard Rose at x6745 (617.591.6745) or

x2648 (617.665.2648)



Touchstones

Touchstones serve to support a circle of trust, a safe and trustworthy community in which to do optimal work. Below are 11 Touchstones. Please review them as a team and ask people to point to any that are particularly important to them or that might be a challenge. Add any other guidelines that will be helpful to make the team a safe and trustworthy place to be present and to contribute. Hand out for members to keep as a reference, and consider posting in your meeting space for easy reminding.

- **Extend and receive welcome** – People work and learn best in hospitable spaces. In this group we support each other’s work and learning by giving and receiving hospitality.
- **Be present as fully as possible** – Be here with your doubts, fears, and failings, as well as your convictions, joys and successes, your listening as well as your speaking.
- **What is offered in the circle is by invitation, not demand** – This is not a “share or die” time. Your voice is welcome and you know best when to bring it forward to be heard.
- **Speak your truth in ways that respect other people’s truth** – Our views may differ, but speaking one’s truth in a trustworthy community means not interpreting, correcting or debating what others say. Speak for yourself, using “I” statements, trusting other people to do their own sifting and winnowing.
- **No fixing, no saving, no advising, no correcting each other** – This is the hardest guideline for those of us in the helping professions. Know when it is time to let the inner teacher be the guide.
- **Learn to respond to others with honest, open questions** instead of counsel or corrections. With such questions, we help hear each other into deeper speech and clearer self-knowledge.
- **Trust and learn from the silence** – Silence is a gift in our noisy world, a way of knowing in itself. After someone has spoken, take time to reflect without immediately filling the space with words.
- **When the going gets rough, turn to wonder** – If you feel judgmental or defensive, pause and ask yourself, “I wonder what brought her to this belief?” “I wonder what he’s feeling right now?” “I wonder what my reaction teaches me about myself?” Set aside judgment to listen to others—and to yourself—more deeply.
- **Attend to your own inner teacher** – We learn from others, of course. And as we explore questions and reflect together, we have the opportunity to learn from within. Pay close attention to your own reactions and responses, to your most important teacher.
- **Know that it’s possible to leave with what you needed when you arrived, and that the learning emerging here will continue to deepen and grow over time.**
- **Observe confidentiality** – Do not repeat personal information to other people. Respect appropriate personal privacy.



Norms of Collaboration

- As a team, please formulate the guidelines that will govern how you will work together. The aim is to specify norms of “definite dos” and “definite don’ts,” not to document precisely how you will work together. Please address the following dimensions of teamwork:

	Always Do	Never Do
How will we discuss ideas and options?		
How will we make decisions?		
How will we respect each other’s time with respect to deadlines?		
How will we schedule and run our meetings?		
How will we assign responsibilities for tasks and follow through on our commitments?		
What are our expectations for meeting preparation and attendance?		
How will we communicate with each other?		
How will we transfer information?		

Meet and Greet: Orienting your Patient Partner

Led by:

Date:

- ☐ Why Patient Partners?: Explanation of the important role of Patient Partners
- ☐ In-depth clinic tour, explaining different roles, titles
- ☐ Introduction to staff
 - Meeting with Patient Partner, Patient Lead and site leadership
 - Meeting with PIT members
- ☐ The Practice Improvement Team: What we are working on, role of individual members, description of a “typical” meeting, etc
- ☐ Q & A
- ☐ Lunch



Sample Jargon Alert Card

To be printed out and made available during PIT Meetings

**JARGON
ALERT!!!**



What does that mean?

Common concepts for Practice Improvement Teams

Access	A term that refers to a patient's ability to get medical care, make appointments, call, email or talk to their care team and/or doctor, get the care and information they need for their health.
AIC	Academic Innovation Collaborative - The Collaborative, which was launched in March 2012, is designed to create a platform for training future health care leaders by transforming Harvard-affiliated primary care teaching practices through innovation in four key areas: <ul style="list-style-type: none"> • team-based primary care • management and prevention of chronic illnesses • management of patients with multiple illnesses • patient empowerment and behavior change Four of CHA's clinics are participating in the AIC collaborative
Ambulatory	Health care that is provided in a clinic, or without staying overnight in a hospital (see "Inpatient"),
AQG	Ambulatory Quality Goals- a set of defined goals/measures that CHA hopes to achieve in order to improve the quality of care for patients.
Behavioral Health (BH)	Behavioral Health – Services provided to people to help them with common mental health illnesses such as depression or anxiety
Centers for Medicaid and Medicare Services (CMS)	Centers for Medicaid & Medicare Services is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards.
CHA	Cambridge Health Alliance - a healthcare system in Cambridge, Somerville, and Boston metro-north communities and one of the academic teaching hospitals of Harvard Medical School.
Complex Care Management (CCM)	Complex Care Management - Special services provided to patients who have extra health and social needs
DSTI (pronounced "dis-tee")	Delivery Systems Transformation Initiative – integrated care initiative which seeks to make transformations in four areas: integrated delivery systems, innovative care methods, alternative payment models, and population-level healthcare services.
Federally Qualified Health Center (FQHC)	Federally qualified health centers (FQHCs) must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits.



Harvard Medical School (HMS)	Harvard Medical School- is the graduate medical school of Harvard University
Health Literacy	Similar to literacy (reading skills), this means the skill to understand the basic information needed for your health, including how to read a prescription label, understand an explanation given by a member of the care team, ask questions, make good choices for your health.
IHI	Institute for Healthcare Improvement- The Institute for Healthcare Improvement (IHI) is a not-for-profit organization leading the improvement of health care throughout the world. Founded in 1991 and based in Boston, MA, IHI is a catalyst for change, cultivating innovative concepts for improving patient care and implementing programs for putting those ideas into action.
Inpatient	When a patient is admitted to the hospital and stays overnight or for some days or weeks. See “Outpatient”
MA	Medical Assistant – A staff member who has had special training in healthcare. The MA’s responsibilities include “rooming” a patient (brining them to the clinic room and taking vital signs, reviewing medicines, etc.), drawing labs, calling patients for follow-up, and many more responsibilities as the healthcare team grows.
Medical Home	Medical Home - also known as the patient-centered medical home (PCMH), is a team-based approach to providing health care that is coordinated and patient-centered. The team members include a physician, MA, Nurse, and Medical Receptionist. It may also include a P.A., N.P. or other members to provide comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes.
NCQA	National Committee for Quality Assurance - an organization that works to improve health care quality and provides official recognition so that a clinic can be called a “Patient Centered Medical Home”. Applying for NCQA recognition is a long, challenging process.
Outpatient	A patient who visits a hospital, clinic, or associated facility for an appointment. See “Inpatient”.
P4P	Pay for Performance- Providers under this arrangement are rewarded for meeting pre-established targets for delivery of healthcare services
PA	A licensed medical provider who functions much in the same way as a doctor. A PA must work along with a doctor.
PAR 1, PAR 2	Patient Access Representative. This is a medical assistant who can also do the work of a medical receptionist (book appointments, etc.)
PCMH	Patient Centered Medical Home- see Medical Home



PCMHI	Patient Centered Medical Home Initiative - Massachusetts' Patient-Centered Medical Home Initiative (PCMHI) is a demonstration program that seeks to implement the Patient-Centered Medical Home model in a number of primary care practices, including community health centers, across Massachusetts with the goal of furthering Massachusetts' efforts in health care reform.
PDSA	Refers to the “Plan” “Do” “Study” “Act” cycle used to develop, test and improve an idea. PDSA comes from the Institute for Healthcare Improvement’s model for improvement.
PEOC	Patient Experience of Care. This refers to both patient satisfaction, and also the “Quality” of care, which refers to health indicators such as blood pressure, screening exams completed, etc.
PI	Principal Innovator/Investigator- is the lead for a particular well-defined science (or other research) project,
PIT	Practice Improvement Team – an interdisciplinary team that seeks to make improvements within a practice. At CHA, PIT teams include a doctor, nurse, medical assistant, medical receptionist and a member of the clinic leadership.
Press Ganey	A company that rates organizations based on surveys of patients. The surveys ask about patients’ experience of their medical care at a particular clinic.
Process Improvement/Performance Improvement (PI)	Performance/Process Improvement- is the concept of measuring the output of a particular process or procedure, then modifying the process or procedure to increase the output, increase efficiency, or increase the effectiveness of the process or procedure.
Provider	Usually means a doctor, but can also mean an NP or PA.
Quality Improvement (QI)	Quality improvement (QI) is a systematic approach to improvement. Improvements need to be measured, systematic, and meet system-wide goals. For example, at CHA, QI efforts should lead to a (measurable) improvement in health care services, the health of patients and patients’ experience of care.



Contact List

Name, Role	Contact Information	Support available
Ziva Mann Patient Lead PCMH, Patient Partner	zmann@challiance.org	All aspects of Patient Partnership support
Natascha Vicentini administrator	nvicentini@challiance.org	Payment of Patient Partners, Patient Partner paperwork/onboarding
Rob Chamberlin	mchamberlin@challiance.org	Patient Partner logistics / support / X-PIT / PI Process
Izzy Lopes AIC Program Manager	ilopes@challiance.org	Patient Partner logistics / support
Soma Stout VP PCMH	ssout@challiance.org	Discussing value of patients in improvement work, related national trends, etc. Connecting to other healthcare systems and resources
Doris Gentley CHA's Patient and Family Advisory Council	dgentley@challiance.org	
Omar Santiaog	osantiago@challiance.org	PI Process / Measurement / Connecting to other improvement initiatives within CHA / X-PIT

Opportunities for Patient Participation at CHA

Group / Committee	Summary of role	Contact
Patient Advisory Council		Doris Gentley, dgentley@challiance.org
Volunteer	Various roles throughout CHA and in the surrounding communities	Cliff Barnes, Community Affairs clbarnes@challiance.org
Written Feedback	Provide us with written feedback	PIT Leader Clinic Leadership Team Online - http://challiance.org/AboutCHA/howarewedoing.aspx



Common Challenges - Effective Solutions

Challenge: Partners may be experts as parents or patients, but may need help developing the professional skills needed to work on a PIT team.

Solutions: Clear expectations about the Patient Partner role will help both the PIT leader and the Patient Partner recognize the challenge. Support from the team leader, Patient Lead and mentorship will help sustain the partner. Be aware that Patient Partners may know little about the clinic structure, or the roles played by different staff members. Use the Orientation materials in the Getting Started Folder, and look for opportunities to clarify and educate. Look also for opportunities for the Patient Partner to develop skills.

Challenge: A Patient Partner may have outstanding interpersonal skills, but lack the administrative skills needed to for the role.

Solutions: Be aware of the situation, and look for Patient Partners who complement each other.

Challenge: Parents of children with special needs, or caregivers for adult patients may have extraordinary caregiving needs. How can those needs be balanced with the needs of the PIT team work?

Solutions: Be creative! Consider a family leave policy, part-time positions and job sharing. Consider whether a Patient Partner can participate by phone.

Challenge: Professionals may be uncomfortable or unsure how to begin working with families.

Solutions: Begin from a place of confidence and appreciation, and demonstrate that to both the team and the Patient Partner. Share your experience - discuss both the theoretical and practical aspects of family/patient-professional partnerships. Keep the role visible - Keep providers informed of the work that the patient or parent is doing. Be willing to repeat yourself - keep saying that patients and families are the experts.

Challenge: Patient Partners may feel fatigue, or lose hope when changes don't happen.

Solutions: Set expectations with timelines, and keep projects realistic in scope. Find a way to track success. Options include displaying projects undertaken and completed. Help the team as a whole - and the Patient Partner - see how progress is made. Provide a big picture perspective, so that the team can see how projects intersect with wider goals.

---adapted from Essential Allies, page 43; Institute for Family Centered Care



Tips for Serving on a Practice Improvement Team:

- Ask for directions to the meeting. Allow plenty of time to get there.
- Find out if parking is available, and where to park.
- Get a phone number where you can be reached during the meeting. Give the number to your family or sitter.
- Read materials that you've received ahead of time. It may help to look at notes from previous meetings.
- Ask the team members to introduce themselves.
- Take notes - they will help you remember.
- Ask questions! There is no such thing as a dumb question. Someone else probably has the same question, and feels too shy to ask.
- Ask for an explanation of confusing language and acronyms.
- Watch body language - you'll pick up a lot of cues about how people are feeling.
- Go to every meeting you can. Attending meetings will help you understand the issues, learn about the group's dynamics, and learn who is an ally.
- Know yourself - be clear about who you are and what's important to you.
- Reach beyond yourself - remember that you represent many people, with different needs and priorities.
- Get to know your teammates, and learn about their perspectives.
- Offer to share your community resources and networks.
- Listen.
- Look to understand. Asking questions is a great way to understand someone else's position and perspective.

- adapted from Words of Advice, page 45; Institute for Family-Centered Care.



Appendix A: On-boarding and orientation docs for patient partners

In this section, we have three sets of documents to help you onboard and orient your patient partner. Section one has onboarding forms, and section two has basic orientation materials. Both of these can be assembled to make a **Getting Started folder** for a new patient partner. Section three has some orientation materials to review with your patient partner before and/or during their first PIT meeting.

Section one: On-boarding forms

- Welcome letter
- Getting Started checklist
- Patient Partner agreement
- W9
- CORI
- Patient Partner privacy/security agreement (HIPPA)
- Confidentiality and User Access Agreement
- Influenza Declination Form

Note: All forms must be completed **before** the partner's first meeting. Please contact Ziva Mann or Natascha Vicentini, to help your partner with these forms. All completed forms go to Natascha Vicentini, SH South Building, 7th floor, PCMH.

Section two: Orientation materials

- Tips for Serving on a Practice Improvement Team
- What Does That Mean? Common concepts for Practice Improvement Teams
- Norms of collaboration (customize for your team!)
- Patient Partner agreement (partnerfor your PCMH basics)
- Projects done by patient partners (*coming soon!*)

To assemble: take a folder. Put orientation materials into one pocket, and the onboarding forms into the other pocket. Write "Getting Started" on the front.

Section three: first meeting orientation docs

At the partnerorientat meeting, please print and give these to your patient partner:

- Jargon Alert! (for use by any PIT member who needs it)
- Change concepts
- PIT & CHA diagram (*coming soon!*)

Before or during the first 10 minutes of the first meeting of a new patient-partner, review the PIT diagram and PCMH basics with your new patient partner. During the PIT meeting, it helps to review where your clinic is relative to the different change concepts. We also recommend reviewing your team goals, current projects and norms of conduct.



Section one: On-boarding forms

- Welcome letter
- Getting Started checklist
- Patient Partner agreement
- W9
- CORI
- Patient Partner privacy/security agreement (HIPPA)
- Confidentiality and User Access Agreement
- Influenza Declination Form

Note: All forms must be completed **before** the partner's first meeting. Please contact Ziva Mann or Natascha Vicentini, to help your partner with these forms. All completed forms go to Natascha Vicentini, SH South Building, 7th floor, PCMH.



To our newest patient partner:

Welcome!

Congratulations on joining one of Cambridge Health Alliance's Practice Improvement Teams. I think that our PIT teams are a special place, where patients, doctors, nurses, medical assistants, medical receptionists, clinic leaders and staff come together to make things better for patients and families. Improvement needs every single one of us in that room, with our different roles and experiences, all thinking, planning and learning together. Together, we are building a better Cambridge Health Alliance.

As a patient partner at Cambridge Pediatrics, I have seen how we patient partners are at the heart of all of that our PIT teams do to improve CHA and our clinics. We help our teams understand what patients and family need as a part of our care, what works and what doesn't work. While the teams may focus on what happens in the clinic, we remind them that most of health care happens at home. We work hard to think beyond our own experience, and to speak for the many different kinds of patients at the clinic. We are the voice of CHA's patients, and we are heard and respected.

Getting started as a patient partner can be a challenge, and your PIT leader and I are here to help you get through the paperwork and get oriented. If you have a question about patient partnership, ask me! Confused by a project or priority that the PIT is working on? Ask your team to explain the project, and how it fits with the team's goals. Need to brainstorm? Get ideas? We will connect you to our community of patient partners. Looking for information about the work that your PIT is doing? CHA has a wealth of staff-only online resources that you can use.

Just let us know how we can help! Your PIT leader and I will do what we can to make this work satisfying and positive.

-Ziva

Ziva Mann

Patient Partner, Patient Lead for Patient Centered Medical Home

zmann@challiance.org



Getting Started checklist

Welcome to the Practice Improvement Team! This is a checklist for you to use to complete the paperwork and steps for becoming a PIT member. All forms need to be completed before your first team meeting. Allow 45 minutes before your first team meeting to fill out the onboarding forms and review basic concepts with the PIT leader.

- **Patient Partner agreement:** this describes your role as a member of a Practice Improvement Team. It also describes what the team's responsibilities to support you.
- **W9:** this form allows Cambridge Health Alliance to pay you a monthly stipend.
- **CORI:** this form allows Cambridge Health Alliance to make sure that you don't have a criminal record. If there is something in your past experience that may turn up on a CORI form, please consider discussing this with the PIT leader. Your experiences are part of what makes you valuable to the Practice Improvement Team, and that part may also be of value.
- **Photocopy of photo ID**
- **Patient Partner Privacy/Security Agreement:** this is your agreement that you will keep private any patient health information that you may learn while on a PIT team.
- **Confidentiality and User Access Agreement:** this is your agreement to protect access to Cambridge Health Alliance's staff-only internet and online resources.
- **Influenza Declination Form:** as a patient partner, you are eligible for a free flu shot. If you choose not to get a flu shot from CHA, you should sign this form.
- **Email or call Ziva Mann, Patient Lead** (zmann@challiance.org, 617 905-5905).

All finished? Great! Give your paperwork to your PIT leader. They will send it to Ziva Mann and Natascha Vicentini, at Somerville Hospital, South Building, 7th floor. Now, you can:

- Pick up your **ID badge**. This will identify you as a patient partner to CHA staff.
- Apply for **IT access for the clinic and at home (remote access)**. See what your team is working on, look for ideas, learn more about CHA and how we are working to improve.
- Set up a **PIT teams 101 workshop** with Ziva, CHA's Patient Lead (zmann@challiance.org, 617 905-5905).
- Join our **community of patient partners!**

Got stuck? Have a question? Your PIT leader and I are here to help. Just let us know! - Ziva



Patient Partnership Agreement

As a Cambridge Health Alliance [_____] * Patient Partner, you will:

- Become a member of the [_____] Practice Improvement Team (“PIT”).
- Provide guidance on the patient’s perspective, representing the patient’s voice and experience for projects designed to improve *[insert clinic name]*.
- Use your experience as a patient and CHA customer to guide our work.
- Work to represent the experience of other patients at our clinic.
- Pitch in with note-taking, setting our agenda, and helping run the meetings.
- Come ready to listen and share your thoughts.
- Come to meetings at the [_____]. Attend at least 75% of meetings in person. These will take place either every week or every other week.
- Find and help other patients to work with the PIT when needed. This may include helping set up a Patient and Family Advisory council.
- Help identify other ways that patients can work with [_____].
- Help identify skills that Patient Partners need to learn. Also, help identify skills that medical professionals need to learn.
- Complete onboarding paperwork. This includes a W9 form, a CORI check, a Patient Partner agreement, Patient Partner Privacy/Security Agreement, giving a copy of your ID, and signing a Confidentiality and User Access Agreement.

The Cambridge Health Alliance [_____] will:

- Respect you and your experience
- Value you as a partner, and work together to make important changes in our clinic.
- Provide an interpreter if you need one.
- Help you complete onboarding paperwork.
- Work with you to help make it possible for you to participate.
- Support you, and help make it possible for you to best represent the experience of other patients at our clinic.
- Work with you to create a Patient and Family Advisory Council.
- Provide training to help you develop your skills.
- Develop our own skills so that we can work effectively with Patient Partners.



- Provide you with an ID badge, identifying you and your role at [_____].
- Pay you a stipend of \$60/month for your participation on a monthly basis to the PIT meetings and other work for the PIT team. Also \$ 15/hour for attendance on learning sessions, and/or conferences as agreed upon between yourself and Ziva Mann, Customer Lead. This stipend may be taxable, depending on the amount of time your work each year.
- This is a two-year commitment. If it becomes difficult to continue, this agreement can be ended with one month's notice.

Patient Partner**Practice Representative**

Signed: _____

Name: _____

Patient Partner Address: _____

Patient Partner Email/Phone: _____ Date: _____



**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			+			+		
or								
Employer identification number								
			+					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



Patient Partner Privacy/Security Agreement

Patient confidentiality is a foundational requirement for any CHA staff or volunteer. We believe there is no greater commitment that we make to our patients and their families, than respecting and protecting the trust they place in us when sharing their personal health information. We are also covered by several laws that govern patient confidentiality, including HIPAA (the Health Insurance Portability and Accountability Act), and the Massachusetts Identity Theft Prevention Law.

Please take a few minutes to review these confidentiality commitments. Your signature confirms that you join us in our continuing focus on respecting and protecting our patients' and families' health information. Thank you!

1. HIPAA regulations cover three main areas:
 - a. Privacy of patient information
 - b. Security, availability, and integrity of health information
 - c. Standards for transmitting health payment information
2. Protected health information (PHI) under HIPAA includes:
 - a. A person's mental or physical condition in the past, present, or future
 - b. Any health services provided to that person at CHA or any other health care facility or health plan (including the fact that a person had an appointment at or was present at a health care facility).
 - c. Payment for those services
3. The policies regarding how HIPAA applies to the work we do at CHA are available on Staffnet or from the person who is supervising your work at CHA.
4. HIPAA applies to all CHA staff and volunteers even when you are not at work. You may not share PHI about any patient when you are away from hospital property and you may not remove any patient information from CHA property. When you are at CHA, you can only share patient information with other CHA staff who have a need to know the information for their job.
5. If any patient tells you he or she has a privacy concern, you can suggest the following options to address it:
 - a. Your supervisor
 - b. The CHA Privacy Office, 1-617-665-1227
 - c. The Patient Relations Office, 617-665-1398
 - d. The CHA Compliance Office, 617-665-3190 or The Compliance Hotline, 1-888-391-7230
6. CHA requires all employees who use computers to sign security agreements and use passwords. This allows CHA to protect patient information, as well as to monitor employees' use of our computer systems to make sure they are following HIPAA requirements.
7. Changes were made to HIPAA in Health Information Legislation passed in 2009. These changes include:
 - a. Higher penalties for individuals and organizations
 - b. Required notification to patients, media, government agencies when breaches occur
 - c. Stricter requirements for CHA's business associates to train their staff about HIPAA
8. The Massachusetts Identify Theft Prevention Law requires that CHA protect confidential personal information including social security numbers, driver's license numbers, financial account numbers and health insurance numbers.
9. Family members who work at CHA may not access their relatives' medical records without specific permission from the patient.

I have read and understood these commitments to patient confidentiality and information security.

Signature

Printed Name

Date



CONFIDENTIALITY AND USER ACCESS AGREEMENT

As a condition to my employment or relationship with Cambridge Health Alliance (“CHA”), I agree that at all times:

I WILL KEEP CHA INFORMATION AND ALL PATIENT INFORMATION CONFIDENTIAL.

- I will not disclose any patient or confidential CHA information (including any employee, financial, strategic or other information) in any way to anyone not associated with CHA unless I am authorized to do so.
- I will not access or disclose any patient or confidential CHA information to any co-worker or medical staff member except as needed to perform my duties or as is clinically necessary.
- I will keep all patient and confidential CHA information secure and will comply with all CHA policies about keeping this information secure. I understand that this applies to (1) all electronic information on computer systems and other electronic devices, (2) all paper records, and (3) all other forms of information. I will not discuss this information in places where it can be overheard. I will comply with all CHA policies on protecting all physical records (paper and any other device or thing on which information may be stored) from theft or disclosure.
- **I will not disclose any patient information or confidential CHA information after my employment or other relationship with CHA ends.**

I WILL COMPLY WITH ALL CHA POLICIES REGARDING ELECTRONIC INFORMATION AND THE USE OF CHA’S INFORMATION SYSTEMS.

- I will only email, electronically copy, or send patient information to destinations outside the CHA system as permitted by CHA’s privacy and information security policies. This includes sending information to or loading information onto any portable device such as a PDA, phone, or thumb drive.
- If I remotely access CHA’s computer system, I will not permanently save any patient or CHA information to any remote non-CHA computer. I will immediately delete any patient or CHA information that has been temporarily saved on any remote non-CHA computer.
- **I will keep all computer or system passwords strictly confidential and not disclose them in any way to anyone at any time or for any reason.**
 - I will physically secure any CHA password written on paper under lock and key.
 - I am responsible for all actions initiated via my log-in and password. I will not allow anyone else to use it to access any CHA device or system. I will take appropriate measures to ensure my password is not disclosed to others. I will log off of the system or lock the station I have been using when I have completed my tasks and any time I leave any computer unattended.
 - If my password is accidentally revealed, I will immediately contact my supervisor, the Help Desk, or the Chief Security Officer and request a new password. If I forget my password, I will contact the Help Desk.
- I will not download internet files onto my computer or open attachments from external emails, except for CHA business purposes. I will only download internet files from sites that I know or have reason to believe are legitimate sources.
- I will not install software of any kind without prior approval from the Information Technology department. I will not copy any CHA software without prior approval from the Information Technology department.

I UNDERSTAND THAT CHA MAY MONITOR MY COMPUTER AND TELEPHONE ACTIVITY.



- I understand the computer equipment, programs, and files I use in my job are CHA property and are made available to me solely for work-related use. I understand that CHA has the right to monitor my telephone use, my internet access, my email and all other information technologies systems to ensure such use is in compliance with CHA policies.
- I understand that my electronic signature will be used to track all of my transactions in certain systems.
- I acknowledge that CHA regularly copies electronic files (including email) to tape archives and that these files may be disclosed to third parties in certain circumstances.

IF I HAVE AUTHORIZED ACCESS TO CHA EMAIL ON MY PERSONAL PDA, I WILL COMPLY WITH THE FOLLOWING AT ALL TIMES:

I elect to have my CHA email synchronized to my personal PDA device. I understand and agree that CHA uses encryption software (MobileIron) to provide electronic security features for this process.

- I will not deactivate the PDA encryption software or the PIN feature on my PDA.
- I will promptly notify CHA if my personal PDA is lost or stolen such that CHA can perform a remote wipe of the data stored on the device.
- When accessing my CHA email on my personal PDA, I will comply with CHA's privacy and information security policies.
- **I UNDERSTAND THAT IF I DON'T COMPLY WITH ANY OF THESE SECURITY RULES, I MAY LOSE THE ABILITY TO ACCESS MY CHA ELECTRONIC MAIL ON MY PDA.**

I WILL REPORT ANY IMPROPER DISCLOSURE OF ANY PATIENT OR CHA INFORMATION AS SOON AS I LEARN ABOUT IT.

I understand failure to comply with this Agreement and CHA policies can result in formal disciplinary action, including termination of my CHA employment or immediate termination of my consulting or vendor agreement.

CLEARLY: print your full name here:	BELOW: You must provide accurate last-4-SSN, and accurate birth date, to ensure this document will be filed. Failure to do so may hold up access to any Information Technology computer accounts.
Your Signature:	Last-4-digits Social Security number (last-4 only):
Date signed:	Your Birthday (in format 1/1/1965):



Cambridge Health Alliance

Declination of Seasonal Influenza Vaccination

CAMBRIDGE HEALTH ALLIANCE has recommended that I receive an influenza vaccination in order to protect myself and the patients I serve. In accordance with the amendment 105 CMR 130.000: from the Massachusetts Department of Public Health, the Commonwealth of Massachusetts has mandated that as a healthcare worker, I receive an influenza vaccination or sign a declination form. My employer, Cambridge Health Alliance will provide the influenza vaccination free of charge.

I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the US each year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I refuse to be vaccinated, this could endanger my health and the health of those with whom I have contact, including: patients in this healthcare setting; my coworkers; my family, and my community.
- Influenza virus may shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmissions to others.
- Flu virus changes often, making annual vaccinations necessary.
- I understand that flu vaccine cannot transmit influenza.

Reasons I do not wish to be vaccinated against influenza: (Circle all that apply.)
1. I received influenza vaccine elsewhere: Where:
2. I am concerned about side effects and / or safety
3. I do not believe in vaccines for religious or reasons
4. I have a medical reason not to get immunized Please check one
4a. <input type="checkbox"/> Allergy to eggs
4b. <input type="checkbox"/> Severe allergy to other vaccine component
4c. <input type="checkbox"/> Guillain-Barre Syndrome
5. Other: Please tell us why :

● **Joint Commission Infection Control Standard: IC.4.15: Annually evaluate vaccination rates and reasons for non participation in the organizations immunization program.**

I have been informed about the possible consequences of not being vaccinated. Despite this information, I am declining influenza vaccination right now
 I understand that I may change my mind at any time and receive the influenza vaccination free of charge.
 I have read and fully understand the information on this declination form.

	Volunteer	
Health Care Worker	Title	Date



Section two: Orientation materials

- Tips for Serving on a Practice Improvement Team
- What Does That Mean? Common concepts for Practice Improvement Teams
- Patient Partner agreement (partner's copy)
- PCMH basics
- Change concepts
- X-PIT Process Flow
- Projects done by patient partners (*coming soon!*)

***** ***** *****

Tip: organize your patient partner's onboarding and orientation with a Getting Started folder!

1. Take a folder.
2. Print orientation materials (above), put into one pocket of the folder
 - a. Label pocket "orientation"
3. Print onboarding forms, put into the other pocket.
 - a. Label pocket "onboarding"
4. Write "Getting Started" on the front of the folder.

Tips for Serving on a PIT Team: From patients to partners

- **Ask for directions to the meeting.** Allow plenty of time to get there.
- **Find out if parking** is available, and where to park.
- **Get a phone number** where you can be reached during the meeting. Give the number to your family or sitter.
- **Read materials** that you've received ahead of time. It may help to look at notes from previous meetings, or ask someone to describe what happened in those meetings.
- **Ask the team members** to introduce themselves, and explain their role at the clinic.
- **Take notes** - they will help you remember.
- **Ask questions!** There is no such thing as a dumb question. Someone else probably has the same question, and feels too shy to ask.
- **Ask for an explanation** of confusing language and acronyms. And anything else you don't understand.
- **Watch body language** - you'll pick up a lot of cues about how people are feeling.
- **Go to every meeting you can.** Attending meetings will help you understand the issues, learn about the group's dynamics, and learn who is an ally.
- **Know yourself** - be clear about who you are and what's important to you.
- **Reach beyond yourself** - remember that you represent many people, with different needs and priorities.
- **Get to know your teammates,** and learn about their perspectives.
- **Offer to share your community resources and networks.**
- **Listen.**
- **Look to understand.** Asking questions is a great way to understand someone else's position and perspective.

- adapted from [Words of Advice](#), page 45; Institute for Family-Centered Care, with guidance from Cambridge Health Alliance's patient partners.



What does that mean?

Common concepts for Practice Improvement Teams

Access	A term that refers to a patient's ability to get medical care, make appointments, call, email or talk to their care team and/or doctor, get the care and information they need for their health.
AIC	Academic Innovation Collaborative - The Collaborative, which was launched in March 2012, is designed to create a platform for training future health care leaders by transforming Harvard-affiliated primary care teaching practices through innovation in four key areas: <ul style="list-style-type: none"> • team-based primary care • management and prevention of chronic illnesses • management of patients with multiple illnesses • patient empowerment and behavior change Four of CHA's clinics are participating in the AIC collaborative
Ambulatory	Health care that is provided in a clinic, or without staying overnight in a hospital (see "Inpatient"),
AQG	Ambulatory Quality Goals- a set of defined goals/measures that CHA hopes to achieve in order to improve the quality of care for patients.
Behavioral Health (BH)	Behavioral Health – Services provided to people to help them with common mental health illnesses such as depression or anxiety
Centers for Medicaid and Medicare Services (CMS)	Centers for Medicaid & Medicare Services is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards.
CHA	Cambridge Health Alliance - a healthcare system in Cambridge, Somerville, and Boston metro-north communities and one of the academic teaching hospitals of Harvard Medical School.
Complex Care Management (CCM)	Complex Care Management - Special services provided to patients who have extra health and social needs
DSTI (pronounced "dis-tee")	Delivery Systems Transformation Initiative – integrated care initiative which seeks to make transformations in four areas: integrated delivery systems, innovative care methods, alternative payment models, and population-level healthcare services.
Federally Qualified Health Center (FQHC)	Federally qualified health centers (FQHCs) must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits.



Harvard Medical School (HMS)	Harvard Medical School- is the graduate medical school of Harvard University
Health Literacy	Similar to literacy (reading skills), this means the skill to understand the basic information needed for your health, including how to read a prescription label, understand an explanation given by a member of the care team, ask questions, make good choices for your health.
IHI	Institute for Healthcare Improvement- The Institute for Healthcare Improvement (IHI) is a not-for-profit organization leading the improvement of health care throughout the world. Founded in 1991 and based in Boston, MA, IHI is a catalyst for change, cultivating innovative concepts for improving patient care and implementing programs for putting those ideas into action.
Inpatient	When a patient is admitted to the hospital and stays overnight or for some days or weeks. See “Outpatient”
MA	Medical Assistant – A staff member who has had special training in healthcare. The MA’s responsibilities include “rooming” a patient (brining them to the clinic room and taking vital signs, reviewing medicines, etc.), drawing labs, calling patients for follow-up, and many more responsibilities as the healthcare team grows.
Medical Home	Medical Home - also known as the patient-centered medical home (PCMH), is a team-based approach to providing health care that is coordinated and patient-centered. The team members include a physician, MA, Nurse, and Medical Receptionist. It may also include a P.A., N.P. or other members to provide comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes.
NCQA	National Committee for Quality Assurance - an organization that works to improve health care quality and provides official recognition so that a clinic can be called a “Patient Centered Medical Home”. Applying for NCQA recognition is a long, challenging process.
Outpatient	A patient who visits a hospital, clinic, or associated facility for an appointment. See “Inpatient”.
P4P	Pay for Performance- Providers under this arrangement are rewarded for meeting pre-established targets for delivery of healthcare services
PA	A licensed medical provider who functions much in the same way as a doctor. A PA must work along with a doctor.
PAR 1, PAR 2	Patient Access Representative. This is a medical assistant who can also do the work of a medical receptionist (book appointments, etc.)
PCMH	Patient Centered Medical Home- see Medical Home



PCMHI	Patient Centered Medical Home Initiative - Massachusetts' Patient-Centered Medical Home Initiative (PCMHI) is a demonstration program that seeks to implement the Patient-Centered Medical Home model in a number of primary care practices, including community health centers, across Massachusetts with the goal of furthering Massachusetts' efforts in health care reform.
PDSA	Refers to the “Plan” “Do” “Study” “Act” cycle used to develop, test and improve an idea. PDSA comes from the Institute for Healthcare Improvement’s model for improvement.
PEOC	Patient Experience of Care. This refers to both patient satisfaction, and also the “Quality” of care, which refers to health indicators such as blood pressure, screening exams completed, etc.
PI	Principal Innovator/Investigator- is the lead for a particular well-defined science (or other research) project,
PIT	Practice Improvement Team – an interdisciplinary team that seeks to make improvements within a practice. At CHA, PIT teams include a doctor, nurse, medical assistant, medical receptionist and a member of the clinic leadership.
Press Ganey	A company that rates organizations based on surveys of patients. The surveys ask about patients’ experience of their medical care at a particular clinic.
Process Improvement/Performance Improvement (PI)	Performance/Process Improvement- is the concept of measuring the output of a particular process or procedure, then modifying the process or procedure to increase the output, increase efficiency, or increase the effectiveness of the process or procedure.
Provider	Usually means a doctor, but can also mean an NP or PA.
Quality Improvement (QI)	Quality improvement (QI) is a systematic approach to improvement. Improvements need to be measured, systematic, and meet system-wide goals. For example, at CHA, QI efforts should lead to a (measurable) improvement in health care services, the health of patients and patients’ experience of care.



Patient Partnership Agreement: Patient Partner's copy

As a Cambridge Health Alliance [_____] * Patient Partner, you will:

- Become a member of the [_____] Practice Improvement Team ("PIT").
- Provide guidance on the patient's perspective, representing the patient's voice and experience for projects designed to improve *[insert clinic name]*.
- Use your experience as a patient and CHA customer to guide our work.
- Work to represent the experience of other patients at our clinic.
- Pitch in with note-taking, setting our agenda, and helping run the meetings.
- Come ready to listen and share your thoughts.
- Come to meetings at the [_____]. Attend at least 75% of meetings in person. These will take place either every week or every other week.
- Find and help other patients to work with the PIT when needed. This may include helping set up a Patient and Family Advisory council.
- Help identify other ways that patients can work with [_____].
- Help identify skills that Patient Partners need to learn. Also, help identify skills that medical professionals need to learn.
- Complete onboarding paperwork. This includes a W9 form, a CORI check, a Patient Partner agreement, Patient Partner Privacy/Security Agreement, giving a copy of your ID, and signing a Confidentiality and User Access Agreement.

The Cambridge Health Alliance [_____] will:

- Respect you and your experience
- Value you as a partner, and work together to make important changes in our clinic.
- Provide an interpreter if you need one.
- Help you complete onboarding paperwork.
- Work with you to help make it possible for you to participate.
- Support you, and help make it possible for you to best represent the experience of other patients at our clinic.
- Work with you to create a Patient and Family Advisory Council.
- Provide training to help you develop your skills.
- Develop our own skills so that we can work effectively with Patient Partners.



- Provide you with an ID badge, identifying you and your role at [_____].
- Pay you a stipend of \$60/month for your participation on a monthly basis to the PIT meetings and other work for the PIT team. Also \$ 15/hour for attendance on learning sessions, and/or conferences as agreed upon between yourself and Ziva Mann, Customer Lead. This stipend may be taxable, depending on the amount of time your work each year.
- This is a two-year commitment. If it becomes difficult to continue, this agreement can be ended with one month's notice.

Patient Partner**Practice Representative**

Signed: _____

Name: _____

Patient Partner Address: _____

Patient Partner Email/Phone: _____ Date: _____



Our improvement goal: Patient Centered Medical Home

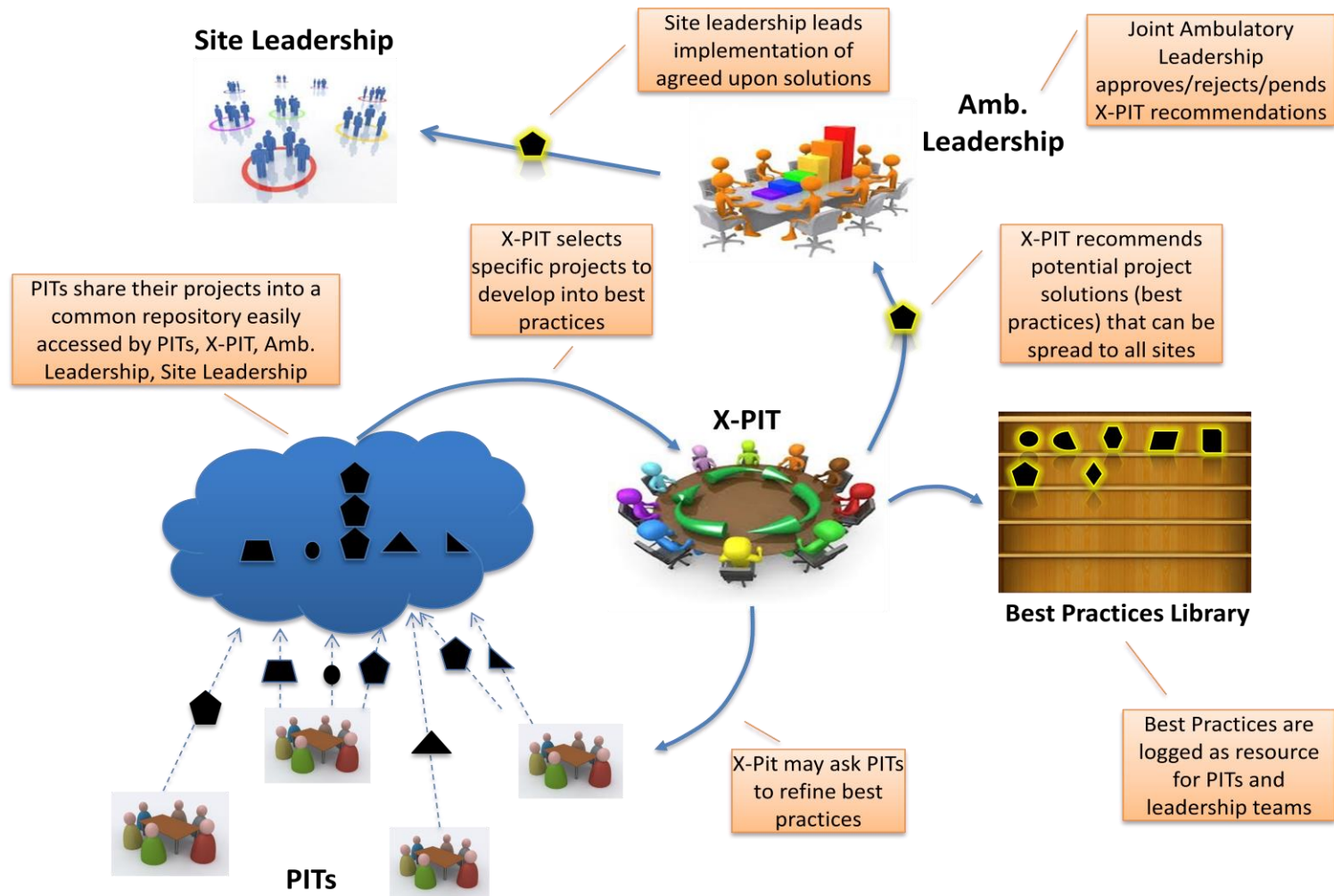


Change Concepts - Our approach to change



Safety Net Medical Home

X-PIT Process Flow



Section three: First Meeting Orientation Docs

For the partner's first meeting, please print and give these to your patient partner:

- Jargon Alert! (for use by any PIT member who needs it)
- Norms of collaboration
- PIT & CHA diagram (*coming soon!*)

Before or during the partner's first PIT meeting, review the PIT diagram and PCMH basics with your new patient partner. During the PIT meeting, it helps to review where your clinic is relative to the different change concepts. We also recommend reviewing your team goals, current projects and norms of conduct.



Jargon Alert Card

Print or make your own! Keep a Jargon Alert card available during PIT meetings

**JARGON
ALERT!!!**



Norms of Collaboration

Each team decided on the rules of the road, or how to work together. These ‘rules of the road’ are guidelines for how the team wants to handle each of the questions below. It is not meant to be a precise, step-by-step method.

Ask your PIT team about their norms of collaboration!

	Always Do	Never Do
How will we discuss ideas and options?		
How will we make decisions?		
How will we respect each other's time with respect to deadlines?		
How will we schedule and run our meetings?		
How will we assign responsibilities for tasks and follow through on our commitments?		
What are our expectations for meeting preparation and attendance?		
How will we communicate with each other?		
How will we transfer information?		
How will the team foster and manage constructive conflict?		

