TeleBoard: The move to a virtual family advisory board

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Abstract

Restrictions on in-person meetings were going to hamper the ability for the well-established Family Advisory Board (FAB) for our pediatric hospital to continue meeting unless a virtual meeting platform was introduced. The FAB was moved to a virtual platform for the April and May 2020 meetings. Attendance rates from family members and staff were measured and compared to the previous 14 in-person meetings. Contributions during the virtual meetings from each attendee type were recorded to analyze engagement during virtual meetings. There was no statistical difference in average attendance for virtual compared to in-person meetings, 75% versus 64.3% for family members (p-value = 0.20) and 70% versus 56.2% for staff (p-value = 0.38). Family members offered more new ideas (11 to 31) and verbal contributions (24 to 53) from April to May, respectively. Staff gave more affirmations than family members in April (56 staff vs. 15 family), but this inverted in May (35 staff vs. 113 family). The variety of voice from family representatives increased for all contribution types except verbal from April (100%) to May (50%). In our setting, we found Family Advisory Board meeting attendance was equivalent to in-person meetings with the potential added benefit of being more inclusive to marginalized or under-represented groups.

Keywords

Hospital administration, quality improvement, safety, diversity, equity, COVID-19, patient experience

Introduction

In Spring of 2020, rolling restrictions increasingly limited group gatherings due to the novel SARS-CoV-2 virus causing a pandemic outbreak. As a tertiary children's hospital with almost two decades of supporting patient and family advisory board (FAB) meetings, those interactions were being jeopardized. Historically, meetings were only conducted in person to ensure engagement and support our family partners to feel heard. Beyond encouraging interaction among attendees, the institution had not established a standard to easily facilitate a virtual option for meeting attendance. In light of mandatory restriction for in-person meetings, a rapid deployment to move the FAB meetings to a virtual platform was needed.

Across the institution, employees were deployed to work from home, non-essential clinical encounters were deferred, and our information technology department was charged with addressing the needs of both the clinical and support staff telecommuting work environments. The organization rallied around the Microsoft Teams platform to address both clinical encounters and support staff virtual meetings. This study evaluates the ability of a virtual environment to support attendance and engagement from the family partners of the Family Advisory Board.

Methods

Setting and Participants

Our tertiary children's hospital is 365-beds serving over 15,000 admissions, and 35 pediatric subspecialties completing over 600,000 outpatient encounters. In 2003 the Family Advisory Board (FAB) was established to include parents and guardians in the development, improvement, and maintenance of the system from bedside to boardroom. FAB consists of 21 primary care givers of children who have received services in the hospital system and 10 dedicated staff positions that represent psychosocial services, administration, family support services, quality improvement and medical faculty. The group meets at the main hospital campus monthly (with a July holiday break) for 1.5 hours with a served lunch; parking and childcare are provided at no cost. There is no stipend for the volunteer hours spent at FAB meetings.

Outcome Measures

The primary outcome measure was average attendance at the Family Advisory Board (FAB) meetings in April and May 2020 (virtual) compared to the prior 14 in-person meetings. Attendance at FAB meetings was recorded from the meeting minutes which were reviewed for accuracy and approved by FAB at the next monthly meeting.

The secondary outcome measures are frequency and diversity of engagement from family partners and staff during the FAB virtual meetings. The recorded virtual meetings were reviewed by two of the authors (SC and DM), and consensus for member contributions and frequencies were tallied. Messages left in the 'chat box' were also included in the engagement and frequency counts. Engagement was defined by four distinct contribution types. "New Ideas" were verbal or written ideas or suggestions for action items. "Verbal" was a spoken addition, opinion or question on a topic that was being discussed. "Chat" was the written form of an addition, opinion or question on a topic that was being discussed. "Affirmations" were verbal or written statements of agreement, approval or use of an emoji.

Intervention
The Parents on Staff (dedicated full-time equivalent employees that manage Family Engagement at the institution) used the same secure virtual platform being used for patient encounters to host the virtual FAB meetings. One week prior to the scheduled April FAB meeting, the agenda and previous month's minutes were sent via email per usual protocol. In this email, detailed instructions were included on how to join the Microsoft Teams meeting from multiple device types and staff contact information to troubleshoot if there was difficulty in joining the meeting. In addition, tips for virtual meetings were also included. The tasks associated with conducting virtual meetings were divided amongst the Patient and Family Engagement staff: facilitating the meeting, troubleshooting, monitoring the chat and taking attendance. The meetings were recorded to aid in documentation.

Data Analysis
Data were entered into Microsoft Excel (version 16.16.22). Two-tailed Student's t-test was used to compare the mean attendance from April and May 2020 to mean attendance from the previous 14 months of FAB meetings, significance at $p<0.05$. Monthly attendance was calculated using frequencies and percentages of each attendee type (family or staff) for 16 months total.

For the virtual meetings, frequencies and percentages were used to report the secondary outcome measures of engagement. The number of contributions per attendee type (family member or staff) for each month were recorded. The diversity of voice was documented by number of different family member contributors for each contribution type per virtual meeting.

This work was deemed non-human subjects research by the CMH Institutional Review Board.

Results

Average attendance for FAB virtual meetings was not statistically different than previous in-person meetings 75% versus 64.3% for family members (p-value = 0.20) and 70% versus 56.2% for staff (p-value = 0.38). There was an increase in engagement measured by contributions on the virtual platform from April to May by family members.(Figure 1) Family members offered more new ideas (11 to 31) and verbal contributions (24 to 53) from April to May, respectively.(Figure 2) Chat box usage remained stable from April to May (77 to 79). Staff gave more affirmations than family members in April (56 staff vs. 15 family), but this inverted in May (35 staff vs. 113 family). The variety of voice from family representatives increased for all contribution types except verbal from April to May.(Table 1) It should be noted that 100% of family members provided verbal contributions in April, meaning every family member that attended the first virtual meeting in April spoke on the Teams platform.

Discussion

We successfully moved the long-established in-person meeting of the Family Advisory Board of a tertiary children's hospital to a virtual platform without interruption in the meeting cadence and maintaining meeting attendance. When FAB was formed, the technology to meet virtually was not available. The in-person meetings provided a venue to develop relationships between the consumers and the organization's administration to empower the family members to feel comfortable to speak up on the topics being presented. Therefore, even as virtual meeting options became more common place, there was hesitation that without being physically present there would be a loss of respect for the family members' voice. With the switch to virtual meetings there was an additional concern that this might marginalize families with decreased access to the required technology or comfort using this mode of engagement. However, we found no statistically significant difference in attendance between virtual and in-person meetings.

The downstream effects of moving to a virtual option for attendance extends beyond the number of attendees, but also may provide an opportunity for expanded representation from families who have barriers to in-person attendance. This may involve improved engagement from those who are from geographically distant, those who have barriers meeting midday, and those who are unable to either travel with their children to obtain childcare onsite or those unable to leave their children with a regular childcare attendant due to a child's illness. Moving forward, a virtual meeting option may improve the ability to recruit historically under-represented voices from our patient base.

Figure 1. FAB Attendance
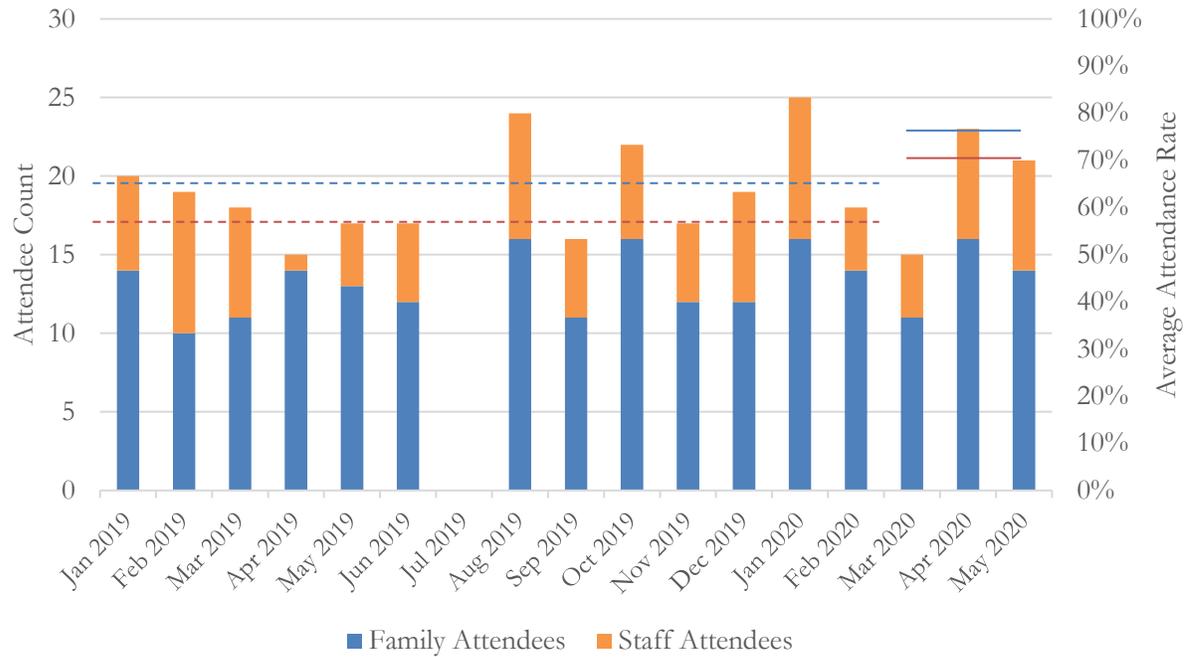
	In-Person	**Virtual**	**p- value**
Family	64.3%	75.0%	0.20
Staff	56.2%	70.0%	0.38

Figure 2. Contributions for April and May by Attendee Type
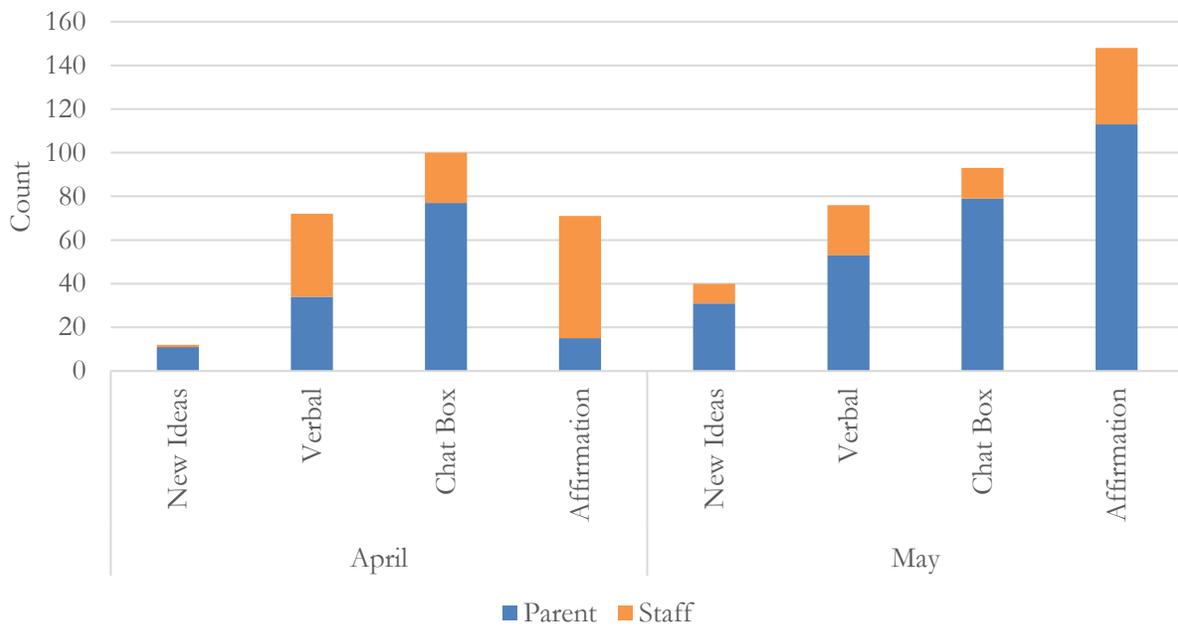
Table 1. Family Contribution Types and Variety of Voice

Type of Contribution	Contributors			
	April		May	
	N = 17		N = 16	
	n	(%)	n	(%)
New Ideas	7	(41.2)	9	(56.3)
Verbal	17	(100)	8	(50.0)
Chat Box	12	(70.6)	14	(87.5)
Affirmation	3	(17.6)	14	(87.5)

Beyond attendance, engagement was also high during the virtual meetings and input was gathered from a substantial portion of the family attendees. Unfortunately, not able to be enumerated by our data source was the engagement from family members during in-person meetings. Anecdotally, during the in-person meetings, "New Ideas" frequently came from those who have the longest tenure on the FAB. The variety of input documented during the virtual meetings may represent the family members' decreased hesitation from speaking as during the virtual meeting they are not surrounded by staff members as during the in-person meetings. They also had the option to contribute through the chat box during the virtual meetings. However, what may be lost moving forward with exclusive virtual meetings would be the relationships that were previously established by the small-talk at the beginning and end of the in-person meetings. These relationships not only serve to decrease the perceived hierarchy between family and staff members, but also provide a camaraderie between family members that creates a safe space to provide open feedback. The engagement and comfort level may be in jeopardy if the familiarity with those in attendance is diminished overtime by the lack of relationship-building activities.

There are limitations to what the team found for this particular tertiary children's hospital. The Patient and Family Engagement Team has a long-standing history of partnering with patients and families at this institution. The organization fully supports engaging patients and families in all aspects of process and quality improvement. The information technology support and particular platform used by this institution may not be available in other settings. This was also a change made at a *pediatric* facility and the results may not translate to other types of healthcare entities. Our post-implementation data was limited to 2 months, so it is unknown whether the changes documented here will be sustained.

Conclusion

In our setting, we found a virtual platform for Family Advisory Board meetings were equivalent to in-person meetings with the potential benefit of being more inclusive to marginalized or under-represented groups. Engagement from family members during a virtual meeting garnered a variety of perspectives from the majority of family members in attendance. With the short study duration, it is unknown whether these results will be sustained or what the standard for attendance will be when the in-person meeting restrictions are lifted.