ROAD MAP TO THE SUCCESSFUL IMPLEMENTATION OF PATIENT AND FAMILY ADVISORY COUNCILS
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Patient &amp; Family Advisory Councils: Purpose and Benefits</td>
<td>3 - 18</td>
</tr>
<tr>
<td>Developing a Patient &amp; Family Advisory Council</td>
<td>19 - 30</td>
</tr>
<tr>
<td>Patient &amp; Family Advisory Council Member Recruitment</td>
<td>31 - 46</td>
</tr>
<tr>
<td>Managing and Sustaining Patient &amp; Family Advisory Councils</td>
<td>47 - 50</td>
</tr>
<tr>
<td>Patient &amp; Family Advisory Councils: Evaluating Outcomes and Measuring Success</td>
<td>51 - 56</td>
</tr>
<tr>
<td>Additional Resources</td>
<td>57 - 61</td>
</tr>
</tbody>
</table>
INTRODUCTION

In response to member requests, the MCHC Clinical Services department formed a Patient and Family Advisory Council (PFAC) Committee. The goal of this committee was to explore best practices for the development of PFACs across the country and locally in the metropolitan Chicago healthcare marketplace. The *MCHC Road Map to the Successful Implementation of Patient and Family Advisory Councils: Local Lessons Learned* document was developed collaboratively by members of this committee.

To aid in the development of this toolkit, MCHC collected PFAC tools and resources from six member organizations. Additionally, a local market survey was conducted to identify lessons learned from existing PFACs across metropolitan Chicago. This information served as the basis for the creation of this resource guide. MCHC would like to thank all those who shared their resources with us to aid in the development of this toolkit.

The goal of this toolkit is to serve as a valuable resource for all member organizations, regardless of where they are on the PFAC continuum.

- For those organizations who have already established a PFAC, this resource guide is intended to assist them in sustaining and improving their councils.
- For those organizations who have not yet established a PFAC, this resource guide is intended to help them recognize the potential benefits of a PFAC, remove barriers to successful implementation, and to provide the resources to build an infrastructure for their council.

It is our hope that this work continues to move our member organizations towards a culture of patient-centered care in which PFACs are viewed as an essential element of the care environment and an integral part of the decision-making process.

The following topics are addressed in this toolkit:

- **Purpose and Benefits of PFACs** – Provides a customizable PFAC educational PowerPoints for patient advisors and staff
- **PFAC Development** - Provides examples of PFAC charters and operational guidelines
- **PFAC Member Recruitment** - Provides a number of resources for recruiting, interviewing, and selecting PFAC members
- **Managing and Sustaining PFACs** - Provides helpful information and lessons learned for managing and sustaining PFACs
- **Measuring PFAC Success and Evaluating Outcome** - Provides helpful information and lessons learned for measuring the success and outcomes of PFACs
- **Additional Resources** - Provides a comprehensive list of national PFAC resources
PATIENT & FAMILY ADVISORY COUNCILS

PURPOSE & BENEFITS
PURPOSE & BENEFITS

What is a PFAC?

Patient and Family Advisory Councils (PFAC) allow for a collaborative partnership between patients, families, and members of the healthcare team. PFACs serve to capture patient and family input and perspectives and to ensure their involvement in policy, decision making, and program development. When successfully implemented, these councils enable enhanced communication between patients, families, and staff resulting in a unique and innovative way to receive and respond to consumer input.

Patient and family advisors serve as members of the PFAC. Generally, these individuals or their family members have received care within the organization. They can offer insights and input to assist healthcare providers based on patient- and family-identified needs rather than the assumptions of clinicians or other staff. PFACs ensure that the healthcare consumer’s point of view, perspective, and experience are not only heard, but integrated into service and quality improvements. Through the development and sustained use of PFACs, patients and families are invited to be collaborative partners, offering their unique perspective to help guide service and quality improvements that will ensure high-quality, patient-centered care (BJC HealthCare).

Why support PFACs?

With the shift in the healthcare landscape focusing on consumerism and increasing value, more and more healthcare organizations are engaging patients in everyday activities. Like most industries, learning from the consumer can provide great insight on how to provide better service. The integration of PFACs into the organizational culture is an excellent approach to gain insight from patients and families. According to the Agency for Healthcare Research and Quality (AHRQ), healthcare organizations across the country are beginning to recognize the many benefits of working with patients and families such as:

- Improved quality and patient safety
- Improved financial performance
- Improved patient satisfaction scores
- Improved patient outcomes
- Enhanced market share and competitiveness
- Increased employee satisfaction and retention
Benefits to Healthcare Organizations*

- Provide an effective mechanism for receiving and responding to consumer input
- Ensure that services truly meet consumer needs and priorities
- Better understand and cooperate with patients, families, and staff
- Promote respectful, effective partnerships between patients, families, and clinicians.
- Transform the organizational culture toward patient-and family-centered care
- Develop programs and policies that are relevant to patient and family needs
- Strengthen community relationships

Benefits to Patients and Families*:

- Gain a better understanding of the healthcare system
- Appreciate being listened to and having their opinions valued
- Become advocates for patient-and family-centered healthcare in their community
- Encourage active participation in the healthcare experience
- Develop close relationships with other members of the council
- Provide an opportunity to learn new skills (facilitating groups, listening skills, problem solving)

*Excerpted from BJC HealthCare, A Toolkit for Creating a Patient and Family Advisory Council

Obtaining Buy-In From Leadership:

Engagement of executive leadership is the most critical step in ensuring the success of a PFAC. The importance of achieving leadership buy-in and support for partnering with patients and families cannot be underestimated. Across the organization, there should be a unified and firm belief in the value of the unique perspective and expertise that patients and families bring.

The AHRQ provides the following tips for achieving leadership buy-in and support:

- Talk with executives and leaders about the importance and value of PFACs. Create a clear case to support the use of PFACs and address any privacy and policy concerns early in the process
- Meet with leadership both individually and in groups. Focus discussion on the benefits of PFACs, but also be realistic about the resource commitments
- Identify PFAC champions. Support and encourage them as they learn about PFACs and successfully partnering with patients and families for they will become positive influencers for the rest of the team
- Lay out long-term and short-term visions and goals with clearly defined outcomes
- Prepare for challenges
Identify Barriers to Collaboration and Dispel Myths

Despite the documented success of PFACs, many organizations are still hesitant to fully implement these programs. Research and experience reveal a number of common barriers to the implementation of PFACs including the following (BJC HealthCare):

- Fear that patients’ and families’ suggestions will be unreasonable
- Fear that patients and families will compromise confidentiality
- Fear that patients and the healthcare organization will be unable to find a common ground
- Perception that there is a lack of evidence to support the development of a PFAC
- Belief that PFACs are not necessary
- Belief that PFACs consume a lot of time and staff resources
- Belief that patients cannot be engaged
- Lack of leadership understanding of PFACs and their benefits OR lack of leadership support
- Organizations are not prepared to provide patient and family members with the training and support needed to participate effectively in collaborative endeavors
- Tendency to implement a top-down approach to initiating partnerships with insufficient effort put in to building staff commitment OR tendency to implement a grass-roots effort that lacks leadership, commitment, and support
- Organizational culture

In most cases, these barriers and fears have proven to be unfounded. However, it is recommended that true barriers be addressed head-on and dispelled using real-life and evidence-based examples.

Two customizable PFAC informational presentations have been provided for your use:

- Introduction to Patient and Family Advisory Councils for Healthcare Leaders & Staff
- Introduction to Patient and Family Advisory Councils for Patient Advisors

Local Lessons Learned: PFAC Purpose & Benefits

- Engage stakeholders early in the process
- Create a clear, organization-specific definition of patient and family engagement and the role of the PFAC within the system as a whole
- Identify champions to articulate the need for the PFAC
- Select a coordinator with an understanding of the role of the PFAC and a strong passion for patient- and family-centered care
- Be prepared to explain how the PFAC will provide improvements and how success will be measured
- The benefits of PFACs far outweigh the risks
- PFACs come with a time commitment, but outcomes prove that it is the right thing for patients.
An Introduction to Patient and Family Advisory Councils for Healthcare Leaders & Staff

Add your logo here

What is a Patient and Family Advisory Council (PFAC)?

- **Partnership**
  - PFACs partner patients and families with members of the healthcare team to provide input and guidance on how to improve the patient and family experience

- **Voice**
  - Gives patients and family members a voice to help drive improvement efforts through meaningful dialogue
  - Ensures that the customer’s point of view is not only heard, but integrated into service and quality improvements

- **Shared Expertise**
  - A collaborative team that welcomes all perspectives as a means of finding innovative ways to continuously improve quality of care and patient experience

mchc.com
Why?

- The Institute of Medicine’s 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, called for:
  - Transformational change in healthcare
  - Need to establish new partnerships with patients and families
  - Recommended that patients and families be more involved in decisions about their health care

How?

- Move towards a patient and family centered care model

Why work with Patients and Families on a PFAC?

- Patient and family advisors help healthcare organizations provide care and services based on patient- and family-identified needs rather than our assumptions
- Patient and family advisors offer:
  - Insight on strengths and areas for improvement
  - Feedback on practices and policies that can help patients and families be active partners in their care
  - Feedback that is timely and gives a more complete picture of the care experience than standard patient satisfaction surveys
The Under-Utilized Resource

“Patients are the most under-utilized resource, and they have the most at stake. They want to be involved and they can be involved. Their participation will lead to better medical outcomes at lower costs with dramatically higher patient/customer satisfaction”.

Charles Safran, M.D., Harvard Testimony before the Subcommittee on Health of the House Committee on Ways and Means

Patients & Family Members as Leaders

“Put Patients and Families on the Improvement Team” is noted by IHI as the leverage point with the greatest potential to drive the long-term transformation of the entire system.”

IHI Seven Leadership Leverage Points to Drive Organizational Improvement 2008 IHI Innovation Series
Who From Benefits From PFACs?

- The patients and families
- The staff
- The program, service line, and organization
- The community
- Everybody!

Benefits To Patients and Families

- Facilitates a better understanding of health care systems
- Allows for opinions and concerns to be heard and valued
- Encourages active participation in the healthcare experience
- Provides an opportunity to learn new skills (i.e. group facilitation, listening skills, problem solving)
Benefits To the Organization

- Provide an effective mechanism for receiving and responding to consumer input
- Ensure that services truly meet consumer needs and priorities
- Promote respectful, effective partnerships between patients, families, and clinicians
- Transform organizational culture toward patient-and family-centered care
- Develop programs and policies that are relevant to patients’ and families’ needs
- Strengthen community relationships
- Improve safety and quality

Benefits To Staff

- Become more aware of the patient’s perspective
- Result in more efficient planning to ensure that services meet customer needs and priorities
- Increased understanding and cooperation between patients, families, and staff
- Appreciate patient barriers (and opportunities)
- Identify system issues that need improvement in order to increase quality and patient satisfaction
The Voice of Patients and Family Members Can Contribute to Projects That:

- Increase patient satisfaction scores
- Improve safety and quality
- Prevent malpractice and litigation
- Reduce costs by streamlining care
- Improve the experience for patients and family members
- Increase work satisfaction for staff and physicians

What does a PFAC look like?

- Comprised of patients, families, clinicians, staff, and leadership
- Patients and families serve as advisors
  - As such, they are empowered to have direct input on policies, programs, and practices affecting care and services for patients and families
- Usually a 2:1 patient to staff ratio, size varies, but typically 12-20 members
- Has defined terms of membership
- Defined roles and member expectations
Role of a Patient Advisor

May include, but are not limited to:

- Provide advice, input, feedback, and ideas to the healthcare organization
- Generate new program ideas to benefit patients, family members and caregivers
- Enhance ongoing collaboration and cooperation among clinicians, patients and families
- Participate in organizational development, planning, and patient satisfaction initiatives

Concerns and Barriers to PFAC Implementation

- Fear that patients’ and families’ suggestions will be unreasonable
- Fear that patients and families will compromise confidentiality
- Fear that patients and the healthcare organization will be unable to find a common ground
- Perception that there is a lack of evidence to support the development of a PFAC
- Belief that PFACs consume a lot of time and staff resources
- Belief that patients cannot be engaged
Addressing Barriers and Concerns

- In most cases these concerns and barriers are UNFOUNDED or can be EASILY ADDRESSED!
- The risks are real, but actual problems are few
- Benefits far outweigh the perceived risks
- Have confidence in your patients and staff

Lessons Learned

- Leadership commitment and support early in the process is essential to success
- Communicate expectations to all stakeholders
- Set achievable goals
- Train and support your patient advisors
- Measure your outcomes
- Anything can be improved upon
- Be open and listen to all ideas
- PFACs come with a time commitment, but outcomes will prove that it’s the right thing for patients.
- View as a quality initiative
- Celebrate and publicize successes
An Introduction to Patient and Family Advisory Councils for Patients and Families

Add your logo here

What is a Patient and Family Advisory Council (PFAC)?

• **Partnership**
  • PFACs partner patients and families with members of the healthcare team to provide input and guidance on how to improve the patient and family experience

• **Voice**
  • Gives patients and family members a voice to help drive improvement efforts through meaningful dialogue
  • Ensures that the customer’s point of view is not only heard, but integrated into service and quality improvements

• **Shared Expertise**
  • A collaborative team that welcomes all perspectives as a means of finding innovative ways to continuously improve quality of care and patient experience
Who From Benefits From PFACs?

- The patients and families
- The staff
- The program, service line, and organization
- The community
- Everybody!

Benefits To Patients and Families

- Facilitates a better understanding of health care systems
- Allows for opinions and concerns to be heard and valued
- Encourages active participation in the healthcare experience
- Provides an opportunity to learn new skills (i.e. group facilitation, listening skills, problem solving)
What does a PFAC look like?

- Comprised of patients, families, clinicians, staff, and leadership
- Patients and families serve as advisors
  - As such, they are empowered to have direct input on policies, programs, and practices affecting care and services for patients and families
- Usually a 2:1 patient to staff ratio, size varies, but typically 12-20 members
- Has defined terms of membership
- Defined roles and member expectations

Role of a Patient Advisor

May include, but are not limited to:

- Provide advice, input, feedback, and ideas to the healthcare organization
- Generate new program ideas to benefit patients, family members and caregivers
- Enhance ongoing collaboration and cooperation among clinicians, patients and families
- Participate in organizational development, planning, and patient satisfaction initiatives
Expectations of a Patient Advisor

- Attend regularly scheduled PFAC meetings
- Share personal perspectives while appreciating the perspective of others
- Ask questions and request presentations of particular interest
- Partner with staff and presenters to effect meaningful change
- Represent both personal experiences and the experiences of all families
- Maintain confidentiality of patient perspective and organizational strategy
- Have fun and recognize the importance of your unique contribution

Next Steps....

Enter organizational specific information here such as:
- Application/selection process
- Orientation
- Logistical information
- Organization specific policies or requirements
PFAC DEVELOPMENT

The development of a PFAC is both exciting and challenging. In the initial phase of development, a small planning committee should be formed to execute the development of the PFAC. The planning committee should start by building leadership and staff support, clarifying the PFAC structure, creating a shared mission and vision for the PFAC, and developing charters and operating guidelines. Eventually the planning committee will assist with the recruitment and orientation of a diverse group of patient and family advisors.

PFAC Structure

PFAC structure varies greatly across healthcare organizations. While many PFACs in the metropolitan Chicago area report to the Quality Committee, others report to Nursing, Administration/Leadership, Patient Satisfaction/Experience, Patient Advocacy, and Risk Management.

Also, while some local PFACs have are chaired by a PFAC member and/or the organization’s PFAC Coordinator, many are facilitated by a senior member of the organization’s leadership staff such as the CNO, a Vice President, or a Director level staff member.

Suggested PFAC Roles*

Patient and Family Advisory Council Leadership Sponsor
- A leader within the organization
- Helps to motivate and guide the PFAC effort
- Advocates to educate staff/leadership about the PFAC
- Attends regular planning committee meetings
- Attends regular PFAC meetings
- Time commitment:
  Preparation/Planning Phase: 2 hours a week
  On-going Support: 2-4 hours per council meeting

Patient and Family Advisory Council Coordinator
- Works closely with the leadership sponsor to develop the PFAC implementation plan
- Helps recruit planning committee members
- Creates the PFAC charter and operating guidelines
- Leads the planning committee meetings and establishes expected outcomes for each meeting
- Coordinates the recruitment, interview, selection, and orientation process for PFAC members
• Assists the PFAC co-chairs in planning and facilitation of the PFAC meetings (may also serve as a PFAC co-chair)
• Time commitment:
  Preparation/Planning Phase: 4-6 hours per week
  On-going Support: 4 hours per meeting

Planning Committee Members (comprised of 4-5 leaders and staff and 4-5 patients/family members)
• Assist with the development of the PFAC mission statement, charter, goals and operational guidelines
• Assist with the development of the PFAC structure (membership, frequency of meetings, length of meetings, etc.)
• Time Commitment:
  Planning Phase Only: 2 hours per week, may include additional assignments between meetings

Patient and Family Advisory Council Members: Opportunities can include, but are not limited to:
• Provide advice, input, feedback, and ideas to the healthcare organization
• Generate new program ideas to benefit patients, family members and caregivers
• Enhance ongoing collaboration and cooperation among clinicians, patients and families
• Participate in organizational development, planning, and patient satisfaction initiatives
• Time Commitment:
  2 hours per meeting. May include additional responsibilities such as participation in specific organizational improvement and committees

Patient and Family Advisory Council Administrative Assistant
• Coordinate meeting logistics including rooms, food, AV, etc.
• Take meeting minutes and send out meeting correspondence
• Time Commitment:
  On-going Support: 1-2 hours per meeting cycle

*Excerpted from BJC HealthCare

PFAC Mission Statement, Charters, and Operational Guidelines

The creation of a mission statement helps guide and focus the work of the PFAC. Mission statements typically indicate the PFAC’s purpose, outline major goals, and identify key stakeholders. The mission statement sets the tone for future council activities and collaboration and should align with the organization’s mission statement. It can also provide a common basis for decision-making (IPFCC, 2000). Examples of PFAC mission statements can be found in the ‘Additional Resources’ section of this toolkit.

Operating guidelines or charters help the PFAC operate more efficiently by legitimizing the group and promoting a feeling of unity and organization. At a minimum, a simple written
document should be created that sets forth key operating principles to facilitate group decision-making and explain how the council works to new members. It is suggested that the following items be addressed in the PFAC operating guidelines or charter (IPFCC, 2000):

- Purpose and mission
- Goals and activities
- PFAC structure
- PFAC size
- Membership qualifications
- Procedure for the nominations and election of members and chairs
- Attendance requirements and expectations of members and chairs
- Any associated committees and task forces
- Meeting time and frequency
- Reporting mechanisms
- Guidelines of authority
- Confidentiality

The following resources have been provided for your use:

- Sample PFAC Charters
- Sample PFAC Operating Guidelines

Local Lessons Learned: PFAC Development

Remember, there is no single model for a successful PFAC. PFACs vary in formality and size. Some PFACs are highly structured, with bylaws, officers, term limits, membership applications and a formal interview process. Others are much less structured, functioning more as a series of stand-alone focus groups open to any patient and family member who would like to attend. However, a focus group, while helpful, is not a substitute for the establishment of a PFAC. It is possible to start with a less formal group and let it organically evolve, but keep in mind that the goal is to move toward full patient-and family-engagement and quality improvement strategies (NICHQ, 2013).
Sample Patient Advisory Committee Charter

**Purpose**
Traditionally healthcare staff/administrators assumed that they understood the needs and preferences of their customers, namely the patient and their family members. The Patient Advisory Committee provides a formal mechanism for integrating the voices of the patient and family into the healthcare operations. Staff will be able to get the patient and family’s perspective when designing or evaluating processes, services, environment, equipment or patient communication.

**Scope**
The Committee is authorized to provide recommendations. There are no limits to the types of projects in which the Patient Advisory Committee or individual Patient Advisory members may be involved.

**Benefits and Success Factors**
Success will be measured by tracking the changes that are adopted as a result of Patient Advisory Committee recommendations.

**Responsibilities**
The Patient Advisory Committee provides a means for an active partnership with staff. The members are responsible for reviewing and providing recommendations on proposed processes, services or communication that directly affect the way in which patients receive care.

Potential areas for input include:
- **Process**
  - Patient access / scheduling
  - Improving the patient experience
- **Patient Services / Safety**
  - Food service / menu
  - Outreach needs
  - Proposed services
  - Family activated rapid response team
- **Patient Communications**
  - Way finding
  - Patient and family education
  - Welcome video
  - Patient Portal
  - Advance Directives
  - Community education
  - Marketing material
- **Environment**
  - Facilities / general design concepts
  - Equipment / furniture selection
- **Staff orientation, selection, and education**
**Membership**
The Patient Advisory Committee will consist of a pool of a maximum of 12 volunteer patients or patient family members who have received services and have a passion for excellence. The membership will be diverse to reflect the patient population served.

Administrative members of the Patient Advisory Committee will include the Patient Advocate, Vice President & Chief Nursing Officer, Vice President, Marketing & Government Relations, and representatives from Planning, Operations, and Risk Management.

In order to keep the perspective of the Patient Advisory Committee fresh and patient oriented, the maximum term of a patient/family committee member is 2 years. The Chairman position is a 3 year term, with the first year sitting as a member, followed by a 2 year term as the Chairman. Termed Patient Advisory Committee members may serve on another committee.

**Member Selection**
Potential members can be suggested by board members, physicians, staff or volunteers, or may be recruited through community resources. Potential candidates will be asked to fill out an application form. The Patient Advocate will do an initial telephone screening of the candidate, followed by an interview by the Patient Advisory Committee chairman. Appropriate candidates will be invited to observe a Patient Advisory Committee meeting. If there is mutual interest, the candidate will be invited to be a Committee member.

If the committee member is later determined not to be a good fit for the Committee, the Committee Chairman or Patient Advocate will ask the member to step down.

**Meetings**
The Patient Advisory Committee meets approximately 8 times per year for up to 2 hours. Patient Advisory Committee members are asked to participate in the majority of meetings per year. Missing 3 meetings could result in dismissal. Committee members may commit additional time by serving on other hospital-based committees or task forces.

Meetings are facilitated by a community member chairperson. Committee support is provided by the Patient Advocate and Risk Management administrative assistant.

The Committee meets to address issues referred from staff. Requested agenda topics are forwarded to the Patient Advocate.
**Other Patient Advisor Roles**
The Patient Advocate maintains a database of willing Patient Advisor volunteers who may be used on an as needed basis. These Patient Advisors do not necessarily need to be members of the Patient Advisory Committee.

Staff that needs an ad hoc Patient Advisor to participate on a focus group or task force can independently recruit/orient volunteers from the population that they serve. Screening of these Patient Advisors by the Patient Advocate is optional. Staff can also contact the Patient Advocate for potential Patient Advisor names from the database.

**Reporting**

The Patient Advisory Committee provides their opinions to the body (committee, task force, etc.) requesting their input.

If the Patient Advisory Committee has an unsolicited concern, the issue is referred to the appropriate VP for consideration.

A summary of Patient Advisory Committee opinions/activities is submitted to Senior Administration and the Quality Committee of the Board annually.
The quality council identified below is an internal quality and safety control council formed for the purpose of reducing morbidity and mortality, and improving overall patient care. The council has been given authority by the Professional Standards Committee (PSC) to initiate internal review and investigation of all incidents and issues relating to patient care and safety within the council’s scope of responsibility. All information, interviews, reports, statements, memoranda, recommendations, letters of reference, or other third party confidential assessments of a healthcare practitioner’s professional competence, or other data of this council is intended to be used in the course of internal quality control.

<table>
<thead>
<tr>
<th>COUNCIL NAME:</th>
<th>Patient / Family Advisory Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNCIL INITIATED DATE:</td>
<td>October 24, 2013</td>
</tr>
<tr>
<td>CHARTER REVIEW:</td>
<td>August 6, 2013, October 30, 2014</td>
</tr>
<tr>
<td>PURPOSE:</td>
<td>To enrich the partnership between Patient, Families and Hospital Leadership. Work with Administration, Nursing and Medical Advisory, Volunteers and Clinical Staff to promote and enhance patient-family centered care.</td>
</tr>
<tr>
<td>MEETING FREQUENCY:</td>
<td>Monthly – buffet supper</td>
</tr>
<tr>
<td>REPORTS TO:</td>
<td>PCLC, NEC, QMSC, Patient Satisfaction Council</td>
</tr>
<tr>
<td>MEMBERSHIP &amp; VOTING MEMBERS:</td>
<td>Members serve a one year term or more beginning October 2013 and end the following July. Members will notify Committee of choice to discontinue rolling membership.</td>
</tr>
<tr>
<td>Hospital Members:</td>
<td>Vice President Operation &amp; CNE</td>
</tr>
<tr>
<td></td>
<td>Vice President, Operations</td>
</tr>
<tr>
<td></td>
<td>Director, Rehabilitative Services</td>
</tr>
<tr>
<td></td>
<td>Director, Quality Management</td>
</tr>
<tr>
<td></td>
<td>Nurse, Intensive Care Unit</td>
</tr>
<tr>
<td></td>
<td>Nurse, Cardiopulmonary Rehabilitation</td>
</tr>
<tr>
<td>Community Members:</td>
<td>18 PFAC members</td>
</tr>
<tr>
<td>TERMS OF MEMBERSHIP:</td>
<td>• Share personal perspective while appreciating the perspective of others.</td>
</tr>
<tr>
<td></td>
<td>• Ask questions and request presentation of particular interest.</td>
</tr>
<tr>
<td></td>
<td>• Partner with hospital staff to effect meaningful change.</td>
</tr>
<tr>
<td></td>
<td>• Represent both personal experiences and the experiences of all families.</td>
</tr>
<tr>
<td></td>
<td>• Promote trust and support while maintaining confidentiality</td>
</tr>
<tr>
<td></td>
<td>• Have fun and recognize the importance of unique contributions.</td>
</tr>
<tr>
<td>CHAIR ELECT CO-CHAIR:</td>
<td>Community Chair – PFAC Member</td>
</tr>
<tr>
<td></td>
<td>Community Co-Chair - PFAC Member</td>
</tr>
<tr>
<td></td>
<td>Nursing Co-Chair – Nurse, Cardiopulmonary Rehabilitation</td>
</tr>
<tr>
<td>PARTICIPATION AND ATTENDANCE:</td>
<td>Members are required to make every effort to attend meetings. Attendance at the majority of meetings is appreciated.</td>
</tr>
<tr>
<td>NON-VOTING MEMBERS:</td>
<td>Invited Guests</td>
</tr>
<tr>
<td>EXECUTIVE SPONSORS ADVISORS (STAFF RN)</td>
<td>Vice President Operation &amp; CNE</td>
</tr>
<tr>
<td></td>
<td>Vice President, Operations</td>
</tr>
<tr>
<td>TOPICS/INDICATORS/DATA TO TRACK AND REPORT:</td>
<td>Meeting format includes guest presentation and discussion. Topics may include but not limited to service matters, quality metrics and outcomes, Magnet, patient portal and campus revitalization.</td>
</tr>
<tr>
<td>REGULATORY/ CREDENTIALING REQUIREMENTS:</td>
<td>The Joint Commission (TJC) standards, Magnet Standards</td>
</tr>
</tbody>
</table>

27
Purpose
Our partnership with families is pivotal to ensuring the best possible care of those we are privileged to serve. The Family Advisory Board (FAB) is a key committee that works with administrative, nursing and medical staff to promote and enhance family-centered care throughout our organization. Founded in XXXX to formalize the partnership between parents and hospital leadership, members are consulted on an ongoing basis regarding decisions about hospital programming, policies and strategic goals related to patient and family experience and engagement.

Membership
FAB members are parents/guardians of patients currently being treated who have had extensive inpatient and/or outpatient experiences. New members will be orientated and start at the beginning of the new fiscal year (September 1). Our goal is to ensure that FAB members reflect the diversity of the patients and families we serve. Additional members are hospital staff who represents the departments of Patient-Family Experience, Family Services and Clinical & Organizational Development. The FAB is co-led by the elected FAB president and the Administrator of Patient-Family Experience.

Participation
Members meet monthly on the first Monday of every month at 6:30pm, beginning in September and ending in June. Exceptions include September when the committee meets on the second Monday and on occasions when holidays may prohibit meeting on the first Monday. A buffet supper is offered and starts at 6:15pm. Complimentary parking tickets are provided at the end of the meeting. Prior to meetings an agenda is e-mailed along with minutes from the previous meeting. Meeting format includes guest presentations and board business. Members may also be asked to participate in a variety of other important projects and committees outside of the regular standing meetings on an as needed basis and subject to their availability. Such projects and groups have included:

- Conferences
- Family Experience Advisory Council
- Hospital committees
- Nursing orientation
- Project DOCC (resident training)
- Lobbying and letter writing campaigns

Members are encouraged to:
- Share their personal perspective while appreciating the perspective of others
- Ask questions and request presentations of particular interest to the board
- Partner with hospital staff and presenters to impact meaningful change
- Represent both personal experiences and the experiences of all families
- Promote trust and support while maintaining confidentiality
- Have fun and recognize the importance of your unique contribution
Attendance
Recognizing that your participation is voluntary and may be impacted by the health of your child and family or work considerations, we ask that members make every effort to attend meetings. Attendance at the majority of meetings is appreciated and we are able to utilize phone conferencing in the event you are unable to physically be present. If you are unable to attend we kindly ask that you e-mail.

Terms
Members serve a three year (3) term that begins in September and ends the following June. Toward completion of the initial three year term, members may request to continue for an additional two year (2) term. To ensure we are able to accommodate as many interested parents as possible, there is a maximum of five years (5) service on the board.

Board Officers
President, vice-president and secretary are voted in and begin their term in September. With the Administrator of Patient-Family Experience, the president leads the monthly meetings, helps create annual goals and meeting agendas, participates in other committees and projects as able, and presents an annual report. The vice-president works closely with the president to prepare for their term as president and the secretary takes meeting minutes and corresponds with presenters. Questions about becoming a board officer may be directed to XXXX.

We appreciate your interest and participation in our Family Advisory Board and look forwarding to working with you!
The process for recruiting PFAC members should be well thought-out and strategic. One of the best ways to ensure successful partnerships is to recruit patients and family members who are a good match with your organization’s values and to ensure they receive appropriate training and orientation. The recruitment process should focus on creating diversity within the group through screening and interviewing applicants.

It is important that PFAC membership reflects the patients and families served by the organization. This can be accomplished by (IPFCC, 2000):

- Seeking out patients and families who represent a variety of clinical experiences (e.g. medical conditions and programs utilized)
- Including families who have had a broad range of experiences, both positive and negative
- Seeking out patients and families who reflect the diversity of those served by the organization (i.e. diverse racial, cultural, religious, sexual orientation, socioeconomic status, age, educational background, disease and disability, and family structures)
- Identifying sources that can recommend potential members such as patient representatives, child life personnel, physicians, nurses, managers, and social workers

**Ideas for PFAC Member Recruitment**

- Place advertisements in hospital publications and local newspapers
- Ask hospital staff and physicians for recommendations
- Recruit patients and families who are connected to adverse events or grievances, who are willing to help the organization improve
- Send direct mail to current and former patients
- Post information about the PFAC on the hospital’s website or patient portal
- Distribute PFAC brochures to key areas (waiting rooms, physicians offices, patient care unit, and during community events)
- Ask community or church leaders

**Local Lessons Learned: PFAC Recruitment**

- Create a recruitment plan
- Start early with recruitment activities to allow plenty of time to identify the right people with passion and experience
- Be creative! Use social media sites like Facebook or Twitter to recruit PFAC members
- Conduct a pilot PFAC using hospital volunteers and/or employees who have had personal experiences within the healthcare system
Ensuring Diversity Within the PFAC

Recruiting a PFAC membership that reflects the diversity of the community served takes effort. Healthcare organizations typically serve a very diverse population, therefore it is suggested that the interests and opinions of all patient types are represented. Some ideas for ensuring diversity within the PFAC membership include (NICHQ, 2013):

- Remove as many participation barriers as possible. Offer childcare, food, parking vouchers, and even stipends in the form of cash or a gift card to a local grocery store as recognition of the member’s contribution
- Ask patients and families what would make it easier for them to attend meetings on a regular basis
- Be aware of language barriers. Ensure that recruitment materials are available in a variety of different languages; make arrangements for interpreters at meetings
- Use simple and welcoming language and make sure it is easy to read and understand
- Recruitment materials should use the term “family” in a broad sense. Allow families to define themselves, this helps to include a wide range of family structures
- Seek help from others in your organization who have expertise in multi-cultural affairs or who have close community connections
- If possible, connect with community organizations for member recommendations
- Depending on your community and patient population, consider creating a PFAC specially for non-English speaking/English as a Second Language (ESL) community members

PFAC Informational Sessions

Before patients or family members can decide whether or not they are interested in serving on the PFAC, they should understand the responsibilities associated with the role. It maybe be helpful to host a PFAC informational session for potential patient advisors in order to provide an overview of the role, responsibilities, benefits, and expected time commitment.

PFAC Application & Interview Process

Due to the time commitment and value of the role, the process for selecting PFAC members is very important. It is recommended that potential PFAC candidates complete an application. At a minimum, PFAC applications should include a number of open-ended questions regarding:

- Demographic information
- Connection to the hospital
- Experience and background
- Examples of team work
- Why they are interested in joining the PFAC

All PFAC applicants should be interviewed by the PFAC Coordinator. It is important to screen and interview candidates to ensure a good fit. Interviews can be conducted in person or by
telephone. During the interview, explore the applicant’s responses to the application questions and ask them to explain why they want to become a patient advisor. Additional interview questions may include (AHRQ, 2014):

- As a patient advisor, what strengths and skills would you bring to the organization?
- Discuss a situation where you were involved in a disagreement with a group or had a different opinion than others. How did you attempt to resolve the situation?
- How much time are you willing to give to participate as a patient advisor?

**Tips for PFAC Size**

A typical PFAC includes between 12-30 members; 12-18 members is considered a manageable group in terms of size, but there are various factors to consider when determining the size of the PFAC.

Smaller groups offer the benefit of allowing each member a greater opportunity to participate in discussions and be heard, but can also be more easily dominated by one or two individuals. Also, sporadic attendance becomes more of an issue in smaller groups.

Larger groups often provide a broader representation of perspectives and experiences, but most often require the guidance of an experienced facilitator.

A patient advisor to staff ratio of 2:1 is recommended as patient advisors may feel more confident in sharing their ideas and speaking up when they are in the majority. Too many staff can result in the patient advisors feeling removed from the PFAC.

**Ideal Qualities of PFAC Members***

- Ability to share insight and information in ways that others can learn from
- Ability to see beyond their own personal experiences to help the organization improve
- Ability to show concern for more than just one issue or agenda item
- Ability to listen well, respect the perspectives of others, interact with many different kinds of people, and work in partnership
- Ability to speak comfortably and candidly in a group
- Enjoy working with others
- Constructive and committed to partnership
- Demonstrate a passion for improving healthcare for others
PFAC members may not be a good fit if:

- They cannot get past their own personal event or experience for the good of improving the healthcare organization
- They are only concerned with one particular issue or agenda item
- They are unable to work within a team environment
- They are disinterested in the agenda topic or PFAC focus

*Excerpted from *Developing a Community-Based Patient Safety Advisory Council*, AHRQ and *Creating a Patient and Family Advisory Council*, National Institute for Children’s Health Quality (NICHD)

**Compensation and Reimbursement of PFAC Members**

Hospitals may want to reimburse patients and families for expenses (i.e. parking, transportation, childcare, meals) incurred during their participation on the PFAC. Some programs also offer stipends for participation in meetings. Many PFACs celebrate accomplishments or a membership anniversary with small tokens of appreciation, such as gift cards.

**Orientation of New PFAC Members**

Many PFAC members may be new to serving on a committee or working collaboratively with healthcare professionals and will therefore require additional support while acclimating to the role. A thorough orientation should be provided for all PFAC members. Orientation may be conducted in either a group setting or on a one-to-one basis and should include the following (IPFFC, 2000):

- An overview of the healthcare organization; provide a tour if possible
- An overview of the PFAC itself, including its mission and operating guidelines
- HIPAA training and expectations for honoring privacy and confidentiality
- The roles and responsibilities of PFAC members
- Overview of typical PFAC meeting
- Tips on becoming an effective PFAC member
- Attendance expectations and responsibilities
- How to present issues effectively
- How to effectively communicate and collaborate within a group setting
- For existing PFACs, brief presentations by patient advisors who have previously served as council members
- Logistical details (reimbursement, contact information, PFAC meeting logistics, etc.)

Some organizations have found it beneficial to treat PFAC members as they do volunteers. In this case, PFAC members should go through the same orientation processes as volunteers which may include a background check, mandatory vaccinations, and TB testing. They should also be issued an ID badge and provided with the same benefits and organizational privileges.
as volunteers. The benefit of on-boarding PFAC members in such a manner helps contribute to them feeling like an equally valuable member of the organization and reinforces their commitment and responsibility to the PFAC and the organization as a whole.

PFAC Membership & Time Commitment

- Most PFACs meet once a month for 9-10 months out of the year, taking off one or two summer months and the month of December. A typical PFAC meeting lasts between 1 ½ to 2 hours.
- Additional work that is assigned for PFAC members to complete in between meetings, should not take more than 2-4 hours per month
- In order to maintain objectivity, productive feedback, and a fresh perspective, PFAC members usually serve 1-2 year terms, although membership may continue on a case-by-case basis; term limits are recommended.
- It is helpful to stagger membership terms to ensure a balance of new and experienced members.

Local Lessons Learned: PFAC Orientation

- Encourage PFAC members to attend a new employee or volunteer orientation, but provide them with orientation materials specific to their role in the PFAC
- Work with volunteer services to organize an orientation for PFAC members
- Create a buddy system and provide opportunities for peer mentoring
- Ensure all orientation materials are available in languages other than English, as appropriate for your organization

The following resources have been provided for your use:

- Sample PFAC Press Release for Recruitment
- Sample PFAC Applications
- Sample PFAC Confidentiality Agreement
Patient/Family Committee Seeks New Members

XYZ Hospital is seeking new members to fill openings on its Patient/Family Advisory Committee, which is made up of XYZ Hospital patients, family members of patients and XYZ Hospital employees. The deadline to apply is June 30.

The committee’s goal is to incorporate the perspective of patients and families into the evaluation and design of XYZ Hospital processes, services, environment, equipment and patient communication.

Membership on the committee is limited to two years and requires attendance at monthly meetings.

For more information and to submit an application, visit www.xyzhospital.com
The experience of care as perceived by the patient and family is a key factor in healthcare quality, safety and service. In our ongoing efforts to “be the best place to receive care,” we are bringing the patient and family perspectives of care to the table.

We are currently in the process of selecting patients and family members to join a Patient & Family Advisory Council. Membership on the Council will allow input on planning, programs and policies; identify patient and family concerns; and partner with staff to advise and promote patient family centered care. (Time Commitment: Attend at least 75 percent of meetings for a term of 1-2 years. Meetings will be no longer than two hours.)

Please complete this short questionnaire. Members commit to serve on the committee for six months and attend at least 75 percent of meetings. Select applicants will be contacted to schedule an interview. If you have any questions, please call or email.

APPLICANT INFORMATION

Last Name _______________________________________ First _______________________________________ M.I. _____

Address ______________________________________________________________________________________________

City                                                                Zip

Day Phone (_________)_____________________________   Evening Phone (_________)_____________________________

Email _________________________________________________________________________________________________

Best way to reach you. □ Day Phone   □ Evening Phone   □ Email

Age  □ 20-30  □ 21-40  □ 41-50  □ 51-60  □ 61-70  □ 71 or greater

Primary Language Spoken ______________________________________ Other languages ___________________________

We believe the Council should reflect the diversity of patients, families and friends who use our hospital and clinics. In light of this, please share anything about yourself that you think would add to the diversity of our committee. You might consider your diversity to be ethnic, racial, spiritual, social, economic, gender, disability related, etc.

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

Why would you like to be on the Patient and Family Advisory Council?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________
In what area(s) are you interested in representing? (Please check all that apply.)
☐ Maternity ☐ Pediatrics ☐ Medical ☐ Surgical ☐ Emergency
☐ Home Health ☐ Hospice

Would you be able to make a commitment of at six months?
☐ Yes ☐ No If no, how long could you commit? ________________________________

Best time for meetings ☐ Days ☐ Evenings

The list below shows you some of the ways you can be a part of a group. You do not need experience in health care. We are more interested in learning about your experience with health care at XYZ Hospital.

SEND COMPLETED APPLICATION TO:

APPLICANT ACKNOWLEDGMENT & SIGNATURE I acknowledge that I have provided accurate information to the best of my ability.

Signature: ____________________________________________ Date: __________________
Patient Advisory Council Membership Application – Patient OR Family Member

Date:   _ _ - _ _ - _ _

Name:  _________________________________

Mailing Address:  _________________________________

City:  _________________ State:  ______ Zip Code:  ______________

Home Telephone:  _ _ _ - _ _ _ - _ _ _

Email Address:  _________________________________

1. What is your preferred way of receiving communication about the council?
   _____ Email  _____ Telephone  _____      Regular Mail

2. Is it ok to share your contact information (address, telephone number, email) with other members of the council?
   _____ Yes   ____ No

3. Are you currently a patient at XYZ Hospital?
   ____ Yes   ____ No

4. Are you a family member of a patient at XYZ Hospital or a friend of a patient?
   ____ Family  ____ Friend

5. Have you ever received care at XYZ Hospital?
   ____ Yes   ____ No

6. Have you ever been part of a council or leadership group before?
   ____ Yes   ____ No

7. Do you have any dietary needs we should be aware of (i.e. vegetarian)?

8. Do you have any special needs we should be aware of?

9. Why would you like to be on the Patient Advisory Council?
10. What issues would you like to see the Council address (i.e. safety, accessibility, diversity, communication)?

11. Do you have any special interests or experiences you would like to offer the Council?

12. Please note any questions or concerns:

Return this application to:
Patient Family Advisory Council

Member / Applicant Information

Please provide this information to be considered as a candidate for the Patient Family Advisory Council at XYZ Hospital.

Name:

Thank you for taking the time to complete this application for XYZ Hospital Patient Family Advisory Council. Please provide brief, descriptive answers to the following questions.

1. Which hospital services or clinics have served you / your family and approximately when?
   - Emergency Room
   - Inpatient
   - Surgery
   - Other

2. What are some of the specific things that XYZ Hospital health care professionals do/have done to help you or your family?

3. What are some of the things you would like XYZ Hospital to do differently to better help patients and their families?

4. Are there certain topics or areas of the hospital in which you have a special interest?

5. Why are you interested in joining the Consumer/Patient Advisory Council?

6. Please outline one activity that you have participated in as a team member – perhaps a sport, community event, work-related activity - and how you view your contribution to effective teamwork.

7. Is there anything else that you would like to add?

If you are selected to be a participant, can you attend a one/half day orientation?

Can you commit to attend one meeting each month, approximately 5:30-7:30 pm?

Are you willing to interview and be interviewed by another council participant?
What positive improvements to patient care would you like to see as a result of your participation in the Consumer/Patient Advisory Council?

Reminders: We do background checks on all members, and a health screening is required before you join, and annually. Members must sign confidentiality agreements. We will keep applicants in mind for potential opportunities for future projects.

Address

Phone #
E-mail Address

What is your preferred contact method and time?

How would you describe yourself? Please check all that apply. (Optional)

□ White
□ Hispanic/Latino
□ Black/African American
□ Other

Age ____

__ Male
__ Female

Are you a current employee, volunteer, or medical staff member at XYZ Hospital?
Confidentiality Agreement

XYZ Hospital is committed to ensuring that all patient and business information is maintained in a confidential and secure manner. It is the policy of XYZ Hospital to ensure that patient specific medical information is handled with strict confidentiality, in accordance with Hospital, State and Regulatory guidelines.

Access to confidential information of any type is granted only to users of that information (affiliated medical staff, employees, students, contracted temporary staff and consultants) whose duties and responsibilities require them to have access to that information. Access can only be granted based on a specific review of their individual duties and responsibilities.

Therefore, during the time you are here you may come into close proximity with patients and their records. Therefore it is important that you understand the following principals governing contact with patient records.

1. Information identifying our patients and describing their clinical conditions is not to be disclosed with individuals or organizations outside XYZ Hospital without the written consent of the individual patient, their parent if the patient is a minor, their court appointed legal guardian or unless required by law, regulation or by subpoena or other court order.

2. You may not use information for any other purpose including, but not limited to, marketing, research, or any other purpose without the express written permission from XYZ Hospital.

3. Any patient information that you may be exposed to may not be re-released or disseminated. You agree to report to the XYZ Hospital Chief Integrity Officer any use or disclosure of the data in violation of this agreement as soon as reasonably possible (usually within 24 hours or one business day) and will cooperate with investigation of such if necessary.

4. No copies of personally identifiable patient information may be copied or removed from this facility in any form. Personally identifiable health information includes but is not limited to:
   - Name
   - All geographic subdivisions smaller than a state including street address, city, county precinct, zip code and their equivalent geocodes
   - All elements of dates (except year) for dates directly related to an individual including birth date, admission date, discharge date, date of death
   - Telephone numbers
   - Medical Record Numbers
Any questions about what is appropriate should be referred to the Business Integrity Program. I hope that your time here at XYZ Hospital is both informative and productive. If you have any questions, please feel free to call me at anytime.

Insert Contact

I have reviewed the confidentiality agreement as written above and acknowledge that I understand and will abide by it.

Printed Name  Signature  Date
PATIENT & FAMILY ADVISORY COUNCILS
MANAGEMENT & SUSTAINMENT
PFAC MANAGEMENT & SUSTAINMENT

Setting the Agenda

PFAC meeting agendas should be driven by the needs of the healthcare organization based on where patient and family input and opinions are needed in order to make improvements. When setting the agenda it is also important to determine the scope of the PFAC and to be realistic about what can actually be accomplished.

Local Lessons Learned: Setting the PFAC Agenda

- Solicit agenda topics from leadership, staff, and department leaders who may have projects that need patient input
- Allow patient advisors to make suggestions for agenda topics
- Start small - select a project that will be relatively easy for the council to successfully accomplish within a few meetings.
- Celebrate accomplishments
- Close the feedback loop, provide updates and feedback on the progress and outcomes of past agenda topics

Some examples of PFAC projects from the metropolitan Chicago region include:

- Way finding
- Education on the use of home medications during a hospital stay
- Patient room orientation
- Pain management
- Nurse communication
- Discharges processes
- New construction and facility renovations

PFAC Meetings

- A good facilitator is the key to a successful meeting. PFAC members should be kept engaged and on topic
- Presentations should be limited to 10 minutes. PFAC members want to talk, not just listen
- Set meeting ground rules remind members at the beginning of each meeting
- Remind members that confidentiality is a requirement of participation

Meeting Evaluation

Each PFAC meeting should be evaluated to identify areas of improvement. Evaluations should include feedback from all members of the council. Honest feedback is encouraged.
Embedding PFACs into the Organizational Culture

- Focus on strengthening the communication skills of PFAC members
- Invest in the leadership skills of PFAC members
- Engage dedicated sponsors and staff members
- Build the PFAC into the quality planning cycle. Suggest and eventually require that any project or allocation of resources that affects patients and families first go through the PFAC before it is approved
- Add PFAC input as a step in the data gathering phase for all projects
- Invite Board Members to attend a PFAC meeting
- Post PFAC meeting outcomes on the organization’s website so that you can show staff and the community what is being accomplished
- Include PFAC activities in staff and community newsletters
- Highlight accomplishments, quotes from meetings, volunteer hours, and PFAC representation on the annual report and in ongoing organizational communications (i.e. emails newsletter, etc.)
- Consider the use and implementation of PFACs across the continuum of care
PATIENT & FAMILY ADVISORY COUNCILS
EVALUATING OUTCOMES & SUCCESS
EVALUATING OUTCOMES & SUCCESS

A 2014 research report by the Beryl Institute revealed that nationally there is room for improvement in the use of metrics for accurate measurement and documentation of PFAC successes. This study found that the majority of PFACs are inconsistent with the use of benchmarking, surveys, and evaluating progress and outcomes (Lewis, 2013).

A lack of consistency in assessment prior to and after PFAC interventions also was observed in the local PFAC marketplace. While many institutions see and report improvements due to the work of their PFACs, they have found it difficult to measure success and provide tangible data measures to benchmark and consistently document year after year. This data is vital to validating success over time and maintaining and gaining support for the PFAC.

Local Lessons Learned: Evaluating Outcomes & Success
- Most PFAC successes are measured in terms of process milestones rather than outcome measures
- Measure success using goals set at the beginning of the year

Identify Goals
What do you hope the PFAC will accomplish for your organization? When establishing the PFAC, it is important to be clear about your goals and how you will measure your success. Start thinking about goals early in the development of the PFAC as it will help to create a mutually understood vision and plan for success. There are three types of PFAC goals (McDonald, Sundaram, Bravata, et al., 2007).

- **Structural Goals**
  - Number of councils, committees, workgroups, events, etc. in which patient advisors participate
  - The alignment of council activities with organizational and national quality and patient safety priorities

- **Process Goals**
  - Council member evaluations and feedback on the council
  - Tracking of council accomplishments and the impact of council input.

- **Outcome Goals**
  - Impact on specific outcome measures such as hospital-acquired infections and readmissions.
Monitoring Measures of Success*

Monitoring PFAC measures of success throughout the improvement process is imperative to knowing how changes have led to organizational improvements. It is imperative to continually monitor your structural, process, and outcome measures to provide evidence of the PFAC’s value. Tie measurements of success back to the originally stated benefits of PFACs in regards to improved quality and safety, improved patient outcomes, improved patient satisfaction scores, financial savings, improved employee satisfaction, etc.

Examples of structural and process measures include:

- Number of project teams that include patients or family members as team members
- Number of patients or family members that have been included on project teams
- Number of PFAC meetings in which patients or family members have participated
- Number of PFACs an organization has established
- Number of patients or family members on the PFAC
- Number of interventions, tools, and materials created by the council to meet the project goals and objectives

Examples of outcome measures include:

- PFAC meeting evaluation scores
- Meeting or exceeding specific project goals and objectives
- Impact of the project on patient behaviors and practices, measured through surveys, observations studies, or chart reviews
- Penetration of project impact beyond targeted population
- Patient satisfaction survey results that meet or exceed target
- Employee satisfaction survey results that meet or exceed target

*Excerpted from Developing a Community-Based Patient Safety Advisory Council, AHRQ

Annual PFAC Reports*

The Annual PFAC Report is a comprehensive report on the group’s activities and accomplishments from the preceding year. Annual reports are intended to give organizational leaders information about the collaborative partnerships and activities of the PFAC. An annual report may include the following:

- Number of patient and family advisors, as well as their roles, activities, and number of hours served. These hours can be equated to staff FTEs to show the impact that advisors can have on the organization's overall workforce capacity. Report the baseline number of advisors and growth over the year.
- Number and type of clinical areas influenced by the PFAC.
- Number of staff involved in the PFAC
- Listing of committees, task forces, and quality improvement teams where patients and family members serve as advisors or in leadership positions.
• Issues identified by the PFAC and how they were addressed, products developed, classes taught, peer support programs coordinated, and other activities. Describe issues, materials, activities, and outcomes (when available).
• Data on financial savings as a result of changes made by the PFAC.

*Excerpted from *Creating Patient and Family Advisory Councils*, Institute for Patient-and Family-Centered Care (IPFCC)*
Interdisciplinary teams are an integral part of healthcare systems and promote safe effective quality care. The understanding of this approach has led various health care systems to incorporate yet another team member, the patient. For too long we as health care providers have made assumptions about what our patients want and need, but the patient centered care movement has put the emphasis back on the patient. Although some have been reluctant to involve patients in parts of the planning process, the PFACs pioneers have learned the value in collaboration.

Over the years, many organizations have looked to the Institute for Patient and Family Centered Care, the Picker Institute, Planetree, Agency for Healthcare Research and Quality, and the National Initiative for Children's Healthcare Quality for PFAC guidelines and shared practices. Bylaws, charters, participation barriers, and the councils themselves do not differ widely from group to group, however their individual focus and accomplishments do. There is enormous potential for the future application of PFACs within our evolving health care communities.

The use of this resource guide to create or enhance a PFAC is an excellent demonstration of your commitment to patient-and family-centered care. PFACs can be used as a means of not only supporting patients and families, but also to find ways to integrate new patient-centered concepts and strategies and provide guidance for program and policy development.
PATIENT & FAMILY ADVISORY COUNCILS

ADDITIONAL RESOURCES
**ADDITIONAL RESOURCES**

*Partnering with Patients and Families to Accelerate Improvement*
A tool offered by the Agency for Healthcare Research and Quality (AHRQ) to guide healthcare organizations in the development of a PFAC.  
[http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf)

*A Toolkit for Creating Patient and Family Advisory Councils: A Step By Step Guide*
Developed by BJC Health Care, this toolkit contains a wealth of resources to assist you in implementing a PFAC within your organization.  

*Creating Patient and Family Advisory Councils*
Developed by the Institute for Patient and Family Centered Care (IPFFC), this toolkit contains a wealth of resources to assist you in implementing a PFAC within your organization.  
[http://www.ipfcc.org/advance/Advisory_Councils.pdf](http://www.ipfcc.org/advance/Advisory_Councils.pdf)

*Creating a Patient and Family Advisory Council: A Toolkit for Pediatric Practices*
Developed by the National Institute for Children’s Health Quality (NICHQ), this toolkit contains a wealth of resources to assist you in implementing a PFAC within your organization.  
[http://www.nichq.org/sitecore/content/medical-home/medical-home/resources/pfac-toolkit](http://www.nichq.org/sitecore/content/medical-home/medical-home/resources/pfac-toolkit)

*The Patient and Family Advisory Council Network.*  
Provides a mechanism for people to ask questions and share information and ideas as they work to build or sustain PFACs.  

**Assessing Organizational Readiness**

*Leadership Readiness Assessment*
Developed by the NICHQ, this self-assessment survey is designed for senior leaders and serves as the basis for conversation among leadership when determining an organization’s level of readiness for launching a PFAC.  
[https://app.box.com/s/9m344s8qu3iz99tvptht](https://app.box.com/s/9m344s8qu3iz99tvptht)

*Staff Readiness Assessment*
Developed by the NICHQ and adapted from the IPFCC, this self-assessment survey tool is designed to determine staff’s level of readiness for launching a PFAC.  
[https://app.box.com/s/xkonglp946w8b8kd95m7](https://app.box.com/s/xkonglp946w8b8kd95m7)

**PFAC Development Resources**

*Chartering Your PFAC: Purpose & Structure*
Developed by NICHQ, this list of questions will help your team develop the purpose and structure of the PFAC.  
[https://app.box.com/s/yt8yhkt5b5ohkinxygpv](https://app.box.com/s/yt8yhkt5b5ohkinxygpv)
**Dana-Farber/Brigham and Women’s Cancer Center Adult Patient and Family Advisory Council Bylaws**
A clear and concise example of what should be included in your PFAC bylaws or operational guidelines.

**Southcoast Health Patient & Family Advisory Council Bylaws**
Another clear example of what should be included in your PFAC bylaws or operational guidelines.

**Working with Patient and Family Advisors**
Developed by the AHRQ for clinicians and healthcare leaders, this document outlines the benefits of working with patient and family advisors as part of PFAC programs.
[https://app.box.com/s/qr4z32ev9d9st2ogdekzw](https://app.box.com/s/qr4z32ev9d9st2ogdekzw)

**Working with Patient and Family Advisors**
Developed by the AHRQ, includes a PowerPoint presentation and talking points to introduce clinicians and staff to the idea of working with a PFAC. Customizable to your organization.

---

**PFAC Recruitment Resources**

**Recruitment Plan Worksheet**
Developed by the NICHQ, this worksheet assists in the development of a PFAC recruitment strategy.  [https://app.box.com/s/hhv8qh2i5vnapecce2hu](https://app.box.com/s/hhv8qh2i5vnapecce2hu)

**PFAC Recruitment Brochure from MetroHealth System**

**PFAC Recruitment Brochure from Bronson Healthcare**

**Become a Patient Advisor Information Session**
Developed by the AHRQ as part of their Guide to Patient and Family engagement, this presentation can be customized by the organization and used to recruit patients or family members to serve as patient advisors.  [https://app.box.com/s/6e1e5qyb4foki022aj9q](https://app.box.com/s/6e1e5qyb4foki022aj9q)

**Characteristics of Effective Patient and Family Advisors**
Developed by the NICHQ, a checklist of patient advisor attributes that have been found to be beneficial to PFACs.  The list outlines the most effective behaviors recognized in successful patient and family advisors.  [https://app.box.com/s/f1d1wz47ojtb97you2n7](https://app.box.com/s/f1d1wz47ojtb97you2n7)
**Healthcare and Patient Partnership Institute (H2Pi)**
This customizable PFAC application form offers healthcare organizations the basis for obtaining basic information on potential PFAC candidates. [https://app.box.com/s/2x7udhthnou3shi491ic](https://app.box.com/s/2x7udhthnou3shi491ic)

**PFAC Orientation Manual**
This customizable orientation manual, created by the AHRQ. [http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Tool_9_AdvisorTrain_508.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Tool_9_AdvisorTrain_508.pdf)

**Resources for the Management and Sustainment of PFACs**

**Tips for Using a Focus Group in a PFAC Meeting**
This fact sheet, established by the NICHQ, offers helpful tips for facilitating successful PFAC meetings. [https://app.box.com/s/xdwbmaw3x95sfc46a6cl](https://app.box.com/s/xdwbmaw3x95sfc46a6cl)

**Resources for Measuring Outcomes and Success**

**PFAC Annual Report Template**
Developed by the Health Care for All, this tool will assist organizations in establishing a PFAC improvement project. [http://www.ipfcc.org/advance/topics/Review-of-PFAC-2014-Reports.pdf](http://www.ipfcc.org/advance/topics/Review-of-PFAC-2014-Reports.pdf) p35-37

**National Examples of Patient and Family Advisory Councils in Action**

**Georgia Health Sciences Health System** in Augusta, GA, has more than 225 trained patient and family advisors who are members of patient and family advisory councils, sit on quality and safety teams, and contribute to facility design processes. [http://www.ipfcc.org/profiles/prof-mcg.html](http://www.ipfcc.org/profiles/prof-mcg.html)

**Memorial Regional Hospital** in Hollywood, FL, has Patient and Family Resource Centers that provide useful health information to patients and the community. The organizations’s patient and family advisory councils provide direct input on many organizational policy and engagement efforts. [http://www.ipfcc.org/profiles/prof-memorial.html](http://www.ipfcc.org/profiles/prof-memorial.html)

**Dana-Farber Cancer Institute** in Boston, MA, established the Adult Patient and Family Council to help patients and their families collaborate with healthcare providers, become involved in overall patient care, and participate in cancer programs and services. [http://www.ipfcc.org/profiles/prof-danafarber.html](http://www.ipfcc.org/profiles/prof-danafarber.html)

**Cincinnati Children’s Hospital Medical Center** in Ohio has a 38-member Family Advisory Council that empowers families to take part in their loved ones’ health care experiences. [http://www.ipfcc.org/profiles/prof-cinn.html](http://www.ipfcc.org/profiles/prof-cinn.html)


