Patient and Family Advisory Councils
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Objectives for the Day

- Understand the beginning structures of a PFAC and it’s major components

- Involvement and importance of Volunteer Services departments

- Identifying an owner of the PFAC, membership and leadership
CMS PFE Metric 4

• Hospital has an active Patient and Family Engagement Committee (PFEC) OR at least one former patient that serves on a patient safety or quality improvement committee or team
Defining a Patient and Family Advisory Council (PFAC)

• An advisory council is a formal group that meets regularly for active collaboration between clinicians, hospital staff, and patient and family advisors on policy and program decisions.
  - (AHRQ, 2013)
What is a Patient and Family Advisor (PFA)?

- A PFA is a former or current patient and family member of the hospital, who is emotionally, physically, and mentally ready to volunteer and partner with the organization to make improvements. This is typically a patient who is interested in being actively involved in their care or the care of a family member and has offered constructive feedback in the past.
  - (AHRQ, 2013).
What a PFAC Is…

• A council made up of loyal and collaborative patients and families and staff that want to help other patients and families
• Support and believe in Patient and Family Centered Care and Patient and Family Engagement
• PFAs offer advice, thoughts, ideas, and opinions based on their experiences at the hospital
• PFAs are responsible and professional
• PFAs want to give back to their hospital and their community
What a PFAC Is Not…

• A group of angry patients and families
• Patients and families taking over and telling the hospital and it’s staff what to do
• Patient and family members out for their own agenda
• Patients and families who have no understanding of the healthcare system
• A group of patients and families spending the hospital’s resources
PFAC Structure and Guidelines

- PFAC membership
- Roles and responsibilities
- Time commitment
- Mission and vision statement
- Bylaws
- Budget considerations
- Annual goals
- Strategies for successful meetings
PFAC Membership

- Diverse patient and family advisors
- Executive and/or senior leaders
- Nurse managers or bedside nurses
- Physicians
- Social work
- Volunteer administrator
- PFAC should be 60-70% PFAs and 30-40% hospital leadership and staff
Time Commitment

• Average number of meetings per year and time duration
• Hours of homework between meetings
• Appointment of action items
• Incentives for PFAs
• PFAC term limits
• Additional activities for PFAs
What is included in PFAC bylaws

- Why have bylaws?
  - Eligibility for membership
  - Term limits
  - Meeting schedule
  - Roles and responsibilities
  - Required training and orientation
  - PFA expectation
  - Annual and other review process
  - Mission and vision
Strategies for Successful Meetings

- Introduction of every member & guests
- Senior leadership presence, presents and discusses organizational goals and priorities
- Tables tents with name and role
- Visible PFAC goals at every meeting with review & assessment of progress
- Staff liaison and PFA co-chair leading meetings
- More work and less presentations
- Time keeper
Strategies for Successful Meetings
Continued…

- Agenda put together with PFAC input, staff liaison, and PFA co-chair
- PFAC secretary to record minutes
- Open discussion at every meeting for ways to improve and other ideas
- Close every meeting with time for questions, staff contact information, comments, etc.
- Action items to complete before next meeting
Questions to consider:

Who might “own” your PFAC?

Why does your hospital want a PFAC?

Who has an example of when it worked well and when it did not?
Barriers, Concerns Include:

- Being a "small facility with limited staff"
- "We tried in the past and it didn’t go well”
- “Need guidance getting it started and off the ground”
- “There is a concern with confidentiality of the materials we discuss at our meetings and having a patient on the committee being privy to confidential information and maintaining that confidentiality.”
Leadership and Medical Staff

• Who from the executive committee should lead the strategy and mission for PFACs?
  – Most common is patient experience or quality

• How is leadership aligning health system strategies with PFE and PFACs?

• How do you plan for alignment?
Aligning With Leadership and Buy-In

- Determine the goals of the organization
- Where would the patient/family voice benefit the organization?
- Explain volunteer vetting process and confidentiality
- Minimal resources
- Responsibility could be a part of an existing FTE
Medical Staff Involvement

• Education of medical staff
  – What is patient and family engagement
  – How the PFAC functions
  – Inclusion of the PFAC during development stage of initiatives
  – How to meet with the PFAC
  – Follow up
PFA Volunteer Application and Review Process

• Formal process is necessary
• 2 step interview with volunteer services and the staff liaison and PFA co-chair
• Background check, health screening, HIPAA, safety training, compliance and ethic
• 12-month policy for patients or families that had a less favorable experience before they can join
• Recruitment can come from MDs, RNs, patient advocacy, social workers, self referral, etc.

Refer to flow chart hand out
Volunteer Flowchart

- Self referral vs care team referral
- Interview process
- Final candidate evaluation
- Candidate accepted or not accepted
Why Volunteer Services?

- Volunteer department “acts” as HR
- PFAs are volunteers!
- Formalized orientation process
- Expert insight on volunteers who may or may not be ready for PFAC
- Direct contact for the PFA
The READI™ Patient and Family Advisor is:

- Respectful
- Experienced
- Appreciative
- Dedicated
- Involved

*Characteristics on how to identify a patient or family member to participate on a PFAC.

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Orientation for Patient and Family Advisors

- General volunteer services orientation
- Checklist for PFAs
- Hospital orientation
- Who are the leaders in the organization
- Roles and responsibilities
- Accessibility of the staff liaison
Roles of the PFA

- Trained and educated to serve on quality, safety, root cause analysis, or patient experience committees at varying levels (senior leadership committees, board of directors, etc.)
- Trained and educated to serve on hospital units and/or departments working with inpatient or outpatient patients and families
- Document and literature review
- Organize social events for hospitalized patients and families
- Trained and educated to speak publicly and educate physicians, nurses, students, and other hospital staff about their own story as a patient or caregiver, PFACs, Patient and Family Centered Care, and Patient and Family Engagement.
- Recruitment of other potential Patient and Family Advisors
- Public speaking at community events
- Based on budget, PFAs may attend local, state, or national conferences to learn more about being a PFA, Patient and Family Centered Care, safety and quality, and more
- Development of creative ideas and initiatives to help patients and families who may be hospitalized or in the outpatient setting
- Assisting and partnering in hospital initiatives and programs
- Some PFAs may get involved in other local, state, or national organizations also serving as a PFA
Responsibilities for PFAs

• Maintain professional and passionate
• Respect and listen to those around you
• Be timely
• Acknowledge that conflict will arise
• Be a team player
• Follow through
• Use your talents and skills
• Ask if you don’t understand

*Refer to page 8 in the PFAC Toolkit
The REAIDI PFA Co-chair™

Is **RESPECTED** by the other PFAC members and the organization’s staff.

Has the skills to **EXECUTE** the mission and vision of the PFAC.

Is **ACCOUNTABLE** for the PFAC, PFAs, the structure, the activities, and leading, supporting, and assisting in the PFAC goals.

Has **DRIVE** and is well connected, with the help of the Staff Liaison, to other hospital administrators and staff.

Is **INSPIRATIONAL** and sets by example the roles and responsibilities of a PFA.

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Is **RESPECTFUL** of the patient and family perspective.

Is well connected and **ENGAGES** and educates PFAs on how the hospital works, and staff and clinicians on partnering with patients and families.

Leads, **APPRECIATES** and champions Patient and Family Centered Care.

Has patience and is **DEDICATED** to learn, persevere, and see strengths in all people in all situations.

Looks for and **IDENTIFIES** opportunities for PFAs to be involved throughout the organization.
Roles and Responsibilities-Staff Liaison

Responsibilities to hospital leadership:
• Work with administration to get their buy-in and commitment
• Keeping leadership informed about the PFAC

Responsibilities to staff and clinicians:
• Educating about PFAs and opportunities to work with them
• Staff development of plans for involving PFACs
• Helping staff understand how to interact with PFAs and how to implement their suggestions or to provide feedback about why changes may not be possible.
• Problem solving in challenging situations

Responsibilities to PFAs:
• Obtaining necessary resources and cultivating opportunities for PFAC involvement.
• Overseeing the recruitment and selection of PFAs.
• Communicating with PFAC in a timely manner about recruitment status and potential opportunities.
• Overseeing PFAC activities, and facilitating the ongoing engagement of PFACs.
• Bringing concerns of PFACs to leadership, or connecting PFAs with leadership
• Tracking and communicating PFAC accomplishments.
What to Do Next Tuesday?

• Talk to your colleagues and volunteer services
• Consider who might want to be the staff liaison
• Plan a strategic approach to talk with leadership
• What if your organization already has a PFAC established?
Thank You!

Q & A

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