Patient Family Advisory Councils

2019 TOOLKIT

c|a
Colorado Hospital Association

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Introduction

Why build a patient and family advisory council?

With the shift in the health care landscape from volume to value, more hospitals are engaging patients in their everyday hospital activities. Like any profession, learning from the consumer can provide great insight on how to provide better service. Integrating patient and family advisory councils (PFACs) within the hospital setting is an excellent approach to learn from patients and increase the quality of care delivered in a hospital. Hospitals across the country are beginning to recognize the many benefits of working with patients and families such as: [1]

- Improved quality and patient safety
- Improved financial performance
- Improved HCAHPS® Hospital Survey scores
- Improved patient outcomes
- Enhanced market share and competitiveness
- Increased employee satisfaction and retention
- Response to The Joint Commission standards

Improved quality and patient safety

The Planetree designation program provides a structured, operational framework for evaluating the organizational systems and processes necessary to sustain organizational culture change. Through a set of experience-based and evidence-based criteria, the program transforms the ambition of becoming more "patient-centered" into something that is defined, measurable and attainable. Planetree-accredited hospitals require an active PFAC. Planetree-designated hospitals that implemented patient-centered strategies exceeded Centers for Medicare and Medicaid Services (CMS) national averages on several core quality measures, including care for heart attack, pneumonia, heart failure and surgical sites infections.[2]

Improved financial performance

Research from the Gallup Management Journal shows that patient and family engagement (PFE) consistently predicts hospital performance on an array of crucial business outcomes, including EBITA (earnings before the deductions of interest, tax and amortization) per adjusted admission and net revenue per adjusted admission.[3] Patient-centered and family-centered care also decreases litigation and malpractice claims[4] and leads to lower costs and shorter lengths of stay per case due to fewer complications.[5, 6]

Improved HCAHPS® Hospital Survey scores

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®), developed in 2012 by CMS, is a survey to measure patient satisfaction. This value-based purchasing program was created to incentivize hospitals to focus on key quality indicators. Under the program, achievement and improvement on patient experience of care scores (based on the HCAHPS® Hospital Survey) are used to calculate value-based incentive payments.[7, 8] Hospitals that have implemented strategies to improve PFE have seen subsequent improvements in patient ratings of care.[9]

Improved patient outcomes

Better communication with patients and families has a positive effect on patient outcomes – specifically, emotional and physical health, symptom resolution, pain control and physiologic measures such as blood pressure and blood sugar levels.[10, 11]

Enhanced hospital market share and competitiveness

For hospitals in a competitive marketplace, enhancing patient experiences can serve as the foundation for brand identity. In a survey of more than 2,000 patients, 41 percent indicated they would be willing to switch hospitals for a better patient experience.[12]

Increased employee satisfaction and retention

At Bronson Methodist Hospital in Michigan, implementing patient-centered and family-centered care practices led to a decrease in the average nurse turnover rate (from 21 to 7 percent).[13] The hospital estimated that higher nursing staff retention has led to savings of $3 million over the span of five years. In addition, a nurse bedside change-of-shift report increased both nurse and physician satisfaction, as assessed by a staff survey.[14]
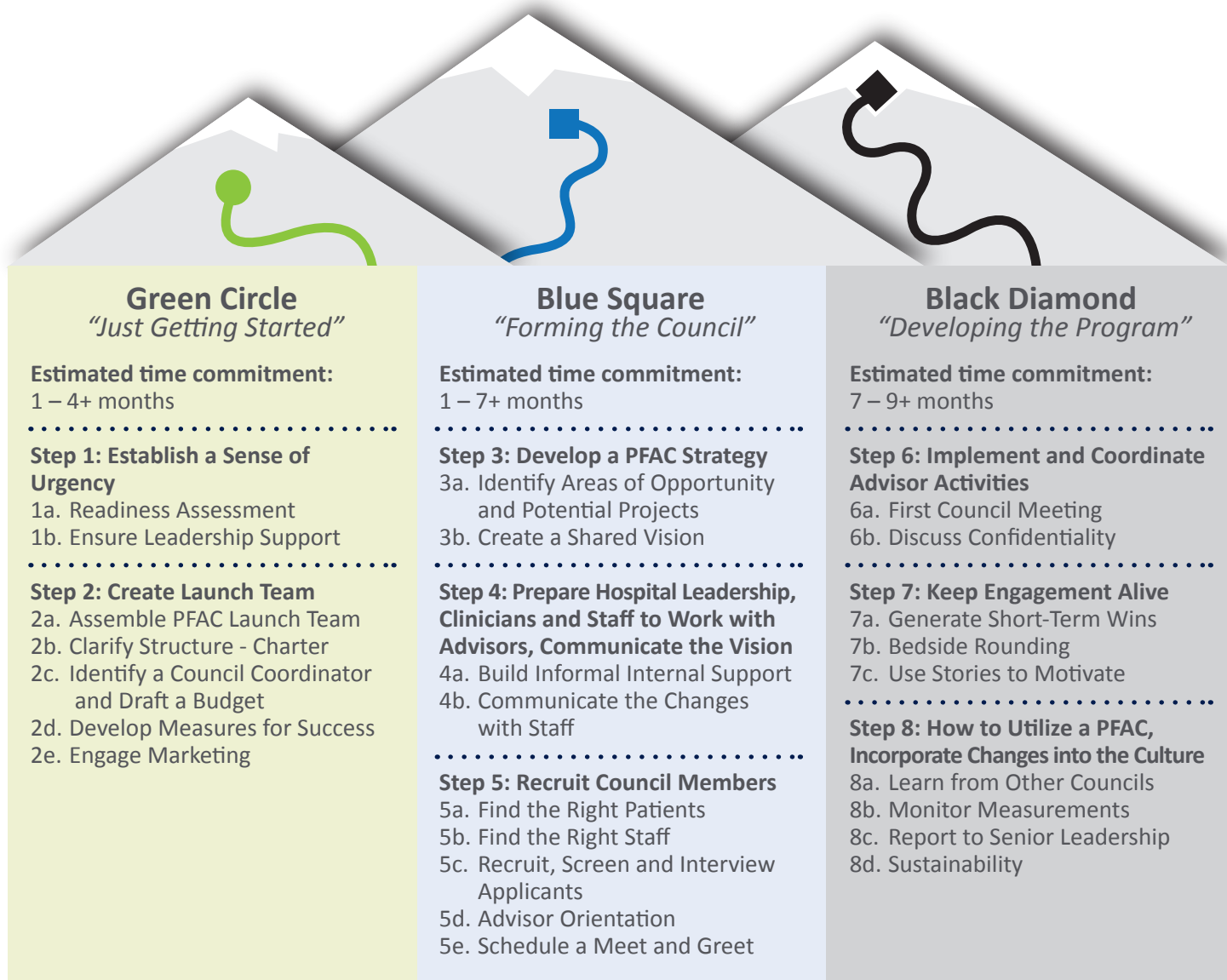
Response to The Joint Commission standards

The Joint Commission has established standards that relate to patient-centered and family-centered care. Hospitals with PFACs can be better prepared for inspections by meeting the following guidelines:[15]

- PC.02.01.21 The hospital effectively communicates with patients when providing care, treatment and services.
- PC.02.02.01 The hospital coordinates the patient's care, treatment and services based on the patient's needs.
- PC.02.03.01 The hospital provides patient education and training based on each patient's needs and abilities.
- PC.04.01.05 Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment and services.
- R1.01.01.03 The hospital respects the patient's right to receive information in a manner he or she understands.
- R1.01.02.01 The hospital respects the patient's right to participate in decisions about his or her care, treatment and services.

Determining a Level of Engagement

When considering integrating a PFAC into an organization, it is important to determine the level of engagement the hospital is prepared to implement. Just like learning to ski or snowboard, there are different levels of skill and difficulty. The first tier, Green Circle, is the introductory level of engagement and includes steps one and two. The second tier, Blue Square, involves moderate engagement and includes steps one through five. The final tier, Black Diamond, indicates a high level of engagement and encompasses all eight steps for creating, implementing and sustaining a PFAC. The chart below illustrates the three tiers of engagement and corresponding steps.

Green Circle
"Just Getting Started"

Estimated time commitment:
1 – 4+ months

Step 1: Establish a Sense of Urgency
1a. Readiness Assessment
1b. Ensure Leadership Support

Step 2: Create Launch Team
2a. Assemble PFAC Launch Team
2b. Clarify Structure - Charter
2c. Identify a Council Coordinator and Draft a Budget
2d. Develop Measures for Success
2e. Engage Marketing

Blue Square
"Forming the Council"

Estimated time commitment:
1 – 7+ months

Step 3: Develop a PFAC Strategy
3a. Identify Areas of Opportunity and Potential Projects
3b. Create a Shared Vision

Step 4: Prepare Hospital Leadership, Clinicians and Staff to Work with Advisors, Communicate the Vision
4a. Build Informal Internal Support
4b. Communicate the Changes with Staff

Step 5: Recruit Council Members
5a. Find the Right Patients
5b. Find the Right Staff
5c. Recruit, Screen and Interview Applicants
5d. Advisor Orientation
5e. Schedule a Meet and Greet

Black Diamond
"Developing the Program"

Estimated time commitment:
7 – 9+ months

Step 6: Implement and Coordinate Advisor Activities
6a. First Council Meeting
6b. Discuss Confidentiality

Step 7: Keep Engagement Alive
7a. Generate Short-Term Wins
7b. Bedside Rounding
7c. Use Stories to Motivate

Step 8: How to Utilize a PFAC, Incorporate Changes into the Culture
8a. Learn from Other Councils
8b. Monitor Measurements
8c. Report to Senior Leadership
8d. Sustainability

Timeline

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10
1a. Readiness Assessment 1b. Ensure Leadership Support									
	2a. Assemble PFAC Launch Team 2b. Clarify Structure – Charter 2c. Identify a Council Coordinator and Draft a Budget 2d. Develop Measures for Success 2e. Engage Marketing								
			3a. Identify Areas of Opportunity and Potential Projects 3b. Create a Shared Vision						
			4a. Build Informal Internal Support 4b. Communicate the Changes with Staff		**Begin Meetings** →				
			5a. Find the Right Patients 5b. Find the Right Staff 5c. Recruit, Screen and Interview Applicants 5d. Advisor Orientation 5e. Schedule a Meet and Greet						
						6a. First Council Meeting 6b. Discuss Confidentiality			
	Preparation and Planning →						7a. Generate Short-Term Wins 7b. Bedside Rounding 7c. Use Stories to Motivate		
								8a. Learn from Other Councils 8b. Monitor Measurements 8c. Report to Senior Leadership 8d. Sustainability	

Step One

Establish a Sense of Urgency: Is This Hospital Ready to Engage in a PFAC?

The strategic goal of working with patients and families as advisors is to bring the perspective of patients and families directly into the planning, delivery and evaluation of care.[16] PFE encompasses behaviors by patients, family members, clinicians and hospital staff, as well as the organizational policies and procedures that support these behaviors.[17] However, it can be a challenge to determine if the hospital, staff and the patients being served are ready to embrace a PFAC.

1a. Readiness Assessment

Before moving forward, it is essential to gauge the readiness of the stakeholders involved and establish a sense of urgency.[18] A HCAHPS® Hospital Survey score, recent feedback from patients or a desire to be more connected with the community are just a few factors that can contribute to a hospital's sense of urgency.

Recommended:
- Are Families Considered Visitors in our Hospital or Unit? This tool, created by the Institute for Patient and Family-Centered Care (IPFCC), is a checklist to assess how well family presence and participation is supported through examining the infrastructure of the hospital and the priority for change within staff practices.

Optional Tools:
- A Checklist for Attitudes About Patients and Families as Advisors
  Developed by the IPFCC, this tool offers a list of discussion questions to explore attitudes about patient and family involvement in the delivery of their health care and as advisors. It can be used for self-reflection and to spark discussion among staff and physicians prior to working with patients and families.
- Family-Centered Care Self-Assessment Tool
  Developed by Family Voices and the Maternal and Child Health Bureau, this survey tool provides an organized methodology for health care facilities to assess current areas of strength; identify areas for growth; plan future efforts; and track progress. The survey provides feedback on a hospital's readiness to improve the family/provider partnership.
- Leadership Readiness Assessment
  Developed by the National Institute for Children's Health Quality (NICHQ), this self-assessment survey is designed for senior leaders and serves as the basis for conversations among the hospital's leadership when determining the level of readiness for launching a PFAC.

1b. Ensure Leadership Support

Leadership support is the most critical step in the initial stages to creating a PFAC.[19] Support from senior leaders allows for the assembly of a team with enough power to develop a PFAC.[19, 20] Clear communication with hospital leadership will aid in gaining their support. At this stage, consider consulting the legal department on any barriers that may impede the hospital's ability to create and implement a PFAC.

Recommended:
- Kaiser Permanente Proposal Template
  Developed by Kaiser Permanente, this template provides a good example and overview of the components needed for a PFAC. This three-page document is aimed at senior leaders and includes purpose, goals and objectives for starting a PFAC.

Step Two

Create the PFAC Launch Team (Guiding Coalition)

Launching a PFAC is an exciting and challenging endeavor. **Plan to spend at least six months from the initial concept to holding the first council meeting.**[21] Before beginning, create the guiding coalition that will execute the creation of the PFAC and include all necessary stakeholders within the hospital.

2a. Assemble a PFAC Launch Team

A champion liaison/coordinator and key launch partners are critical to creating an effective PFAC launch team. Champions are typically senior leaders, physicians or nursing leaders that are well-respected within the organization. A core planning group will help define the focus and scope of the council and will assist with recruiting members, staff and patients. The core planning group should bring together key leadership, providers, administrators, the quality department, a front-line staff member and at least one patient. Consider including communications staff on the PFAC launch team so they can be involved in the recruiting of patients and staff, notifying staff of changes and spreading achievements across the organization.[22] Some examples of PFAC launch team members could include: physicians, advance practice nurses, nurse managers, administrators, care experience/service excellence leaders, spiritual care leaders, health care ombudsperson mediators, social workers, risk management staff, human resources, an environmental services representative and legal counsel.

2b. Clarify Structure

Will this PFAC be informal or formal? There are many ways in which a PFAC purpose and structure can be determined. Keep in mind the staff members who participate in launching the group may not be the same staff members who sit and facilitate the council. It is important to create a PFAC that is unique to the hospital's culture and level of readiness. Creating a mission statement and identifying objectives for the PFAC will help the hospital have a good idea of why this is an important project. It is recommended to create a charter for the PFAC.

Recommended:
- Sample Hospital Charter
  This template provides a good example and overview of the structure of a PFAC charter.

Optional Tools:
- Chartering Your PFAC: Purpose and Structure
  Developed by NICHQ, this list of questions will help the team develop the purpose and structure of the PFAC, including what skills and resources will be needed to ensure success.
- Kaiser Permanente North California Regional Life Care Member Advisory Council Charter
  This tool, established by Kaiser Permanente North California Regional Life Care Member Advisory Council, is a team charter example that clarifies the role of sponsors, stakeholders, co-leaders and members. It also provides valuable background information on developing a PFAC mission, establishing desired outcomes and deliverables and offers a timeline for PFAC implementation.
- Your Practice PFAC and Bylaws
  Developed by NICHQ and IPFCC, this checklist provides information on what is needed to complete the PFAC bylaws and includes two hospital examples.

Step Two ● continued

2c. Identify a Council Coordinator and Draft a Budget

The budget should include the council's coordination, a meal or refreshments served at each council meeting, mileage reimbursement for travel to the council meetings, 0.25- 0.33 FTE council coordinator to ensure a successful implementation and printing materials.[23] Plan for compensation of time, expertise and expenses for patients and families. However, keep in mind that the budget will differ for each hospital. Along with the budget, determine the council coordinator. This individual will be responsible for leading the launch team throughout the planning and implementation period.

Optional Tools:
- Essential Allies Patient, Resident, and Family Advisors A Guide for Staff Liaisons
  Developed by IPFCC, this guide for staff liaisons includes a job description for the council's coordinator.
- Budget Template
  Developed by Colorado Hospital Association (CHA), this tool is an excel workbook that outlines a basic three-year budget for quality improvement projects such as the implementation of a PFAC. Budget items should include meals for the council and marketing materials.

2d. Develop Measures for Success

What are the hopes for what the PFAC will accomplish in this hospital? It is important when setting up the launch team that there are clear goals and success measurements. Kaiser Permanente offers three types of measures (structural, process and outcome) recommended for PFAC launch teams.[24]

- Structural Measures:
  Number of councils, committees, workgroups, events, etc. in which advisors participate and alignment of council activities with organizational and national quality and patient safety priorities.
- Process Measures:
  Council member evaluations of, and feedback on, the council, tracking council accomplishments and impact of council input and using ethnography (the study of culture) as an approach to storytelling.
- Outcome Measures:
  Impact of specific outcome measures such as hospital-acquired infections, nursing sensitive measures and avoidable hospital readmissions.
- SMART Goals:
  SMART goals can be useful for every project. SMART (Specific, Measurable, Attainable, Relevant and Time-Bound) goals are specific goals for each project or task the council works on.

2e. Engage Marketing

The marketing or communications department will be critical to success in creating a shared vision, building informal internal support and recruiting the right patients and staff to the council. The marketing department can help create recruitment materials for the council. Example templates to help recruit patients can be found in step five of this toolkit. Engaging the marketing department in early will likely increase participation in the PFAC.

Step Three

Develop a PFAC Strategy

Now that the PFAC launch team has been established, it is time to begin refining some strategic goals. By now, the launch team has determined some key structural, process and outcome measures that will help guide the direction of the PFAC. The next step is to create a vision that will help steer the PFAC and develop strategies for achieving that vision.[24]

3a. Identify Areas of Opportunity and Potential Projects

A good place to start would be with the quality department, as they typically have patient safety and patient experience data. Areas of opportunity can be evaluated through quality, safety and service metrics for the hospital, department or unit. Many organizations begin with HCAHPS® Hospital Survey or current literature related to PFE. Also, review the hospital readiness assessment from step one to help identify areas of opportunity and interest.

3b. Create a Shared Vision

In order to establish a shared vision, it is important to set up an action plan. All team members and stakeholders must approve the action plan before moving forward. Starting with small, tangible goals can aid in the process of launching and implementing a PFAC.

Recommended:
- Action Plan Template
  Developed by CHA, this tool is used to set up an improvement project. This template helps document small tests of changes, evaluate new ideas, capture metrics and implement positive changes.

Step Four

Prepare Hospital Leadership, Clinicians and Staff to Work with Advisors

One of the most important factors for ensuring the success of a PFAC is the belief by hospital leaders, clinicians and staff that partnering with patient and family advisors is absolutely essential to improving hospital quality and safety.[25] By creating a shared vision and strategy, the PFAC launch team will be able to build strong partnerships and garner support for patient and family advisors among hospital leadership, clinicians and staff.[26] Make sure as many staff as possible understand and support the PFAC vision and strategy.[27]

4a. Build Informal Internal Support

Just as it is important to gain the support of hospital leadership, it is equally important to gain the support and momentum of clinicians and other hospital staff before the council is built so that all stakeholders feel that they have a voice in the process. Before getting started, gather information about the hospital's culture by using these key strategies:

- Identify and get to know the formal and informal leaders in the hospital
- Learn how organizational decisions are made
- Learn about the clinicians and hospital staff
- Assess the hospital's experience from the patient's perspective[28]
- Identify the patient safety champions

4b. Communicate the Changes with Staff

With internal support, the launch team may now communicate the action plan on implementing the PFAC by following these steps:

- Meet with clinicians and staff individually and in groups to discuss the action plan and what it means to work with patient and family advisors.
- Identify staff members who can help champion the idea of patient and family advisors and the PFAC launch team's action plan.
- Invite staff and leadership to participate in a walkabout to explore how the hospital welcomes, engages and supports patients and families.[29] Engage with individuals willing to support the PFAC and begin implementing the action plan with small, achievable goals. Remember, there may be some staff that will be resistant to the new change that is being implemented.

Recommended:
- Working with PFAC for Staff
  Developed by the Agency for Healthcare Research and Quality (AHRQ) for clinicians and hospital staff, this document outlines the benefits of working with patient and family advisors as part of patient-centered and family-centered care programs.

Step Five

Recruit Council Members

It's now time to start recruiting patient and family advisors, but where should the team begin? When recruiting patients for the PFAC, it is important to eliminate obstacles and change systems or structures that seriously undermine the vision. This includes patients characterized as negative or extreme.[30] Also, confirm that any documents that will be distributed to patients or family members have been approved by senior leadership and legal counsel. When recruiting patients, plan to recruit at least three times the number that will be seated on the council to select the best candidates and to allow for candidate attrition.[31]

Recommended:
- Sample Patient and Family Advisor Recruitment Flyer
  This customizable brochure, developed by AHRQ, offers a description of the patient and family advisor role, addresses responsibilities of the advisors and provides tips for recruitment.

Optional Tools:
- Tips for Recruiting Patients and Families to Serve in Advisory Roles
  Developed by IPFCC, this tool helps hospitals identify areas best for recruiting patients and family members to serve in advisory roles.
- Become a Patient Advisor: Information Session
  Developed by AHRQ as a part of its Guide to Patient and Family Engagement, this customizable slide deck is to be used by the hospital at presentations intending to recruit patients or family members to serve as PFAC advisors.
- Recruitment Plan Worksheet
  Developed by NICHQ, this worksheet helps clarify which patients and families would serve as effective participants in an advisory council.

5a. Find the Right Patients
Review the tools provided below to help find the characteristics of an effective family advisor. The criteria should involve finding previous patients or family members who want to play an active role in improving quality and patient safety. It is crucial to find advisors who are active members of the community, well-respected and who will help bring positive change to the hospital. It is recommended to recruit advisors who have received care at the hospital within the past three to five years, have had diverse health care experiences and who mirror the diversity of the patients and families the hospital serves.[32]

Recommended:
- Patient and Family Advisor Application Form
  This three-page application form, created by AHRQ, can be customized for each individual facility to retrieve basic information on potential candidates.

Optional Tools:
- Patient and Family Advisor Application Form
  Developed by the Healthcare and Patient Partnership Institute (H2Pi), this application form offers hospitals the basis for obtaining basic information on potential patient and family candidates.
- Characteristics of Effective Family Advisors
  This tool, established by NICHQ, is a checklist of advisor attributes to provide to staff and PFAC launch team members for review when recruiting a patient or family member. The list outlines the most effective behaviors recognized in successful patient and family advisors.

5b. Find the Right Staff

As important as it is to find the right patient, it is equally important to find the right staff members that will serve on this PFAC. It is important that all members of the council, whether they are staff or patients, go through the same recruitment, screening and interview process.

Recommended:
- Readiness to Partner With Patient and Family Advisors
  Developed by AHRQ as a part of its Guide to Patient and Family Engagement, this tool is a checklist for clinicians and other hospital staff to determine their willingness to work with patient and family advisors.

Optional Tools:
- Staff Readiness Assessment
  Developed by NICHQ and adapted from IPFCC, this self-assessment survey tool is designed to determine staff's level of readiness for launching a PFAC.

5c. Recruit, Screen and Interview Applicants

When choosing patients, ask the staff for suggestions and post recruitment flyers in all hospital units.[33] Speak with departments or people who take complaints, grievances and compliments. This department or person may be able to identify patients and/or family members that are able to discuss improving the hospital in an effective way. Translation services or patient navigation groups may also be able to suggest a potential member of the council who represents the population being served. Colleagues that could serve as key stakeholders on the advisory council should be represented and can include physicians, advanced practice nurses, nurse managers, administrators, care experience/service excellence leaders, spiritual care leaders, health care ombudsperson mediators, social workers, risk management, human resources, an environmental services representative and legal counsel. Hospital employees should comprise no more than half of the council; the remaining members should include patients and family members.

Colorado Hospital Association (CHA) recommends that all potential candidates fill out an application form. Once all nominations have been submitted, call potential candidates to screen for sustainability and level of commitment. Contact the hospital's legal counsel to see if the candidate has a history of legal action within the organization. This will not disqualify the candidate from serving on the council but is important information of which to be aware.[34] Most hospitals will have the PFAC launch team determine which applicants should be interviewed. An interview should last approximately 30 minutes, either in-person or via telephone, with at least two members of the PFAC launch team. After all interviews are conducted and the launch team has selected the council members that will be appointed to the PFAC, it is important to make sure all applicants are notified if they will be on or off the council. Use the sample letter of invitation or regret.

- Patient Advisory Candidate Review Form
  This checklist, established by H2Pi, can be used by the PFAC launch team to review candidates in a standardized approach and score favorable applicants.
- Guide to Interviewing Potential PFAC Members
  This guide, created by Health Research and Education Trust subject matter expert Tanya Lord, can be used to help prepare and guide the interview process.*
- Sample Letter of Invitation and Regret
  Developed by AHRQ, this sample invitation, welcome letter and letter of regret can be customized to the specifics of the council and hospital.

*used with permission from Tanya Lord PhD, MPH

5d. Advisor Orientation

After the PFAC launch team has decided on council members, the next step is for all patient and family advisors to participate in training at the hospital. Training for patient and family advisors is similar to the training conducted for hospital volunteers. It is customized to the individual hospital depending on the action plan of the PFAC. Volunteer training may include background checks, health screenings, confidentiality requirements and vaccination compliance. Some hospitals may need to train the patient and family advisors in specialty areas such as Health Insurance Portability and Accountability Act (HIPAA) guidelines. It is also important to show patient and family advisors where to access to information on hospital quality and patient safety, patient and family engagement and principles of patient- and family-centered care.[35] In addition, ensure the patient and family advisors receive a hospital tour, understand expectations from the hospital about the role and responsibilities of the advisors, are offered a review of the council charter and an opportunity to ask questions and are provided an explanation of the PFAC action plan.

Recommended:
- Sample PFAC Orientation Manual
  This orientation manual, created by AHRQ, can be customized to a hospital and council. It includes five sections: responsibilities and expectations; resources on how to be an engaged advisor; working with advisors to improve the quality and safety of health care; hospital review of hospital culture and infrastructure; and additional resources.

Optional Tools:
- Tips for How to Be an Effective Patient and Family Advisor: A Beginning List
  Developed by IPFCC, this two-page checklist helps direct patient or family advisors on how to work on the advisory council and offers a concise overview of the characteristics of an effective advisor.

Resources:
- PFE Fundamentals PFAC Orientation

5e. Schedule a Meet and Greet

To ensure best success, it is recommended to provide food or refreshments for all council members before the first council meeting. This will allow time for building trust and confidence in the process before the first council meeting begins. The meet and greet is a great time for the CEO or senior leadership to meet the council and welcome their feedback to the hospital. In addition, the meet and greet is a time where the launch team can hand out the orientation materials, confidentiality waivers and important documents so that council members have time to read and review all the documentation prior to the start of the first council meeting.

Step Six ◆

Implement and Coordinate Advisor Activities

The launch team is now ready to begin the first round of advisory council meetings. During the first few meetings, include time on the agenda for introductions, sharing stories and ice-breaker activities to help council members get to know one another, build trust and develop supportive working relationships.[36] A good tip for success is to establish a designated mentor for new advisors – this will help ensure that advisors remain confident in their participation on the council. Offer advisors sufficient information to help them understand the project background, action plan and timeline of implementation.

6a. First Council Meeting

The goal of the first council meeting is to build trust within the council and between the patient and family advisors and the hospital. Frame all discussion of safety issues in a way that embraces culture and the view that errors represent system breakdowns, as opposed to an individual's mistake.[37] Make sure to make name tags for all members of the council and to continue to track measures of success starting with the first council meeting.

Recommended:
- Medical Center of the Rockies Example Draft One and Medical Center of the Rockies Example Draft Two
  Provided by the Medical Center of the Rockies, these two agendas provide an overview of the content discussed at a PFAC meeting, items to be addressed and which team member will lead discussions.

Optional Tools:
- Tips for Group Leaders on Involving Patients and Families on Committees
  This checklist, created by IPFCC, offers activities for the coordinator to help keep the PFAC launch team, planning and implementation on track.
- Tips for Using a Focus Group in a PFAC Meeting
  This fact sheet, established by NICHQ, offers helpful tips for facilitating successful PFAC meetings.
- Understanding Difficult Conversations with Patients
  Developed by NICHQ, this tool details how to effectively overcome the most challenging council conversations by providing three useful guidelines that help identify common patterns when opinions differ.

Resource:
- PFE Fundamentals Session 4 - PFA's: You got them, Now What?

6b. Discuss Confidentiality

Confidentiality can be a tricky issue for many PFACs. Hospital legal counsel should be involved in the creation of the advisory council and have the opportunity to provide recommendations. Ensure the patient and family advisors have proper training, such as how to carefully review HIPAA guidelines, and have signed and submitted any confidentiality agreements.

Recommended:
- Sample Confidentiality Statement for Advisors
  Developed by AHRQ, this one-page confidentiality statement for advisors can be customized to meet the needs of a hospital and council.

Step Seven ◆

Share The Story: Keeping Engagement Alive
It is critical that the momentum of the PFAC continuously thrives. This can be achieved by generating short-term wins, learning from other PFACs and using patient stories to motivate the council at large. When sharing stories, it can be challenging to stay on track with the improvement efforts underway. Below are some valuable resources on how to inspire continuous engagement from the council while staying focused.

7a. Generate Short-Term Wins
When creating the advisory council, the PFAC launch team is likely to lose steam over time. Keep the team motivated by celebrating short-term wins. Plan for achievements that can be made easily visible, follow through with those achievements and recognize hospital employees who were involved.[38] Engaging the communications department may be useful for sharing the news of short-term wins throughout the hospital.

7b. Bedside Rounding
Incorporate the PFAC into the culture of the hospital through bedside rounding. The PFAC can help develop standard protocols and provide valuable feedback to staff on bedside rounding.

Recommended:
- Nurse Bedside Shift Report
  This handbook, created by AHRQ, covers how to include patients and families in bedside rounding.
- AHRQ Nurse Bedside Shift Report – What is it? How Can You Get Involved?
  This pamphlet, created by AHRQ, explains bedside rounding to the patients and why it can be a useful patient family engagement exercise.
- How to Conduct a Walk from the Patient and Family Perspective
  This tool, created by IPFCC, is useful for hospitals when they are interested in viewing their hospital from the patient and family perspective. This activity is intended to obtain perspective and experiences of care.

Optional Tools:
- Applying Patient and Family Centered Concepts to Bedside Rounding
  Developed by IPFCC, this tool outlines the steps involved to apply patient- and family-centered concepts to bedside rounding. It provides guidance for patients, families and staff.

7c. Use Stories to Motivate
Storytelling is a powerful tool that will serve to motivate and re-energize the PFAC launch team. It will help to strengthen the connection and trust within the council, as well as support staff to continue improving their work, with the help of patients and families. Use increased credibility to change systems, structures and policies that don't fit the vision. Hire, promote and develop employees who can implement the vision. Finally, reinvigorate the process by incorporating new projects, themes and change agents.[39]

Recommended:
- Sharing My Story Planning Worksheet
  Developed by AHRQ, this is a one-page document with three key questions that help outline patient and family experiences in the hospital.

Optional Tools:
- Sharing Personal and Professional Stories
  This tool, created by IPFCC, offers ideas for the facilitation of storytelling, with helpful information for sharing personal and professional stories. It helps focus the purpose, introduction, exercise and conclusion of storytelling.
- Sharing Your Story – Tips for Patients and Families
  Developed by IPFCC, this two-page guideline offers best practices for patient and family advisors when sharing their experience in the health care environment.

Resource:
- PFE Fundamentals Using Patient Stories to Impact Change
- Are Patient Stories Valuable in Healthcare?

Step Eight ◆

How to Utilize a PFAC: Incorporating Cultural Changes

Like any new change, it is important that the PFAC becomes a sustainable and integral part of the hospital's culture. By sharing news of short-term wins throughout the hospital, the team is now ready to further pursue the long-term goals. In order to build the PFAC into the culture of the hospital, ensure the council has developed its own agenda of action items. Articulate the connections between the new behaviors and organizational success and develop the means to integrate leadership development and succession.[40]

8a. Learn from Other Councils

PFACs exist in many forms. Learn from others in Colorado on how to help motivate a PFAC launch team and continue the momentum in an organization.

Children's Hospital Colorado

Children's Hospital Colorado has created a PFAC model to fit the unique needs of the hospital. The Family Advisory Council (FAC) focuses on three areas: family advocacy, policy/procedure input and marking on partnership opportunities. There are three levels to the council:

1) The Family Centered Care Council (FCCC) is the Steering Committee of the FAC. The Council consists of parent co-chairs from the FAC and executive leadership of the hospital. The Council sets vision, oversight and guidance for family-centered care. FCCC links the work of FAC to other organizational priorities and initiatives as well as sets, approves and monitors the progress on long-term goals.

2) FAC is a larger group comprised of families and hospital staff. This is the family partner group for the hospital. FAC creates family-centered goals each year and responds and gives feedback from the family perspective to hospital initiatives. FAC put issues of concern to families on the hospital's operational agenda. FAC is responsible for training, orienting and mentoring of families who participate in hospital work. Members play an advisory role on hospital initiatives and in family-initiated projects.

3) Youth Advisory Council (YAC) is a larger group comprised of patients 13 – 18 years of age and hospital staff. YAC operates similar to FAC, initiating work and providing feedback to the hospital.

Children's Hospital Colorado engages and encourages parents to be an active voice in their child's care. Parents and family members are considered a vital resource in the journey of quality and patient safety. The success of the FAC is demonstrated with parent participation in approximately 30 different hospital committees; FAC participation in communication training throughout the hospital; FAC review of Children's Colorado's guidelines to identify a more family-friendly approach; and a creation of a family advocacy program that focuses on enabling families to voice concerns about the patient's care. For more information, please contact Children's Hospital Colorado here.

Step Eight ◆ continued

Longmont United Hospital

Designated as a Planetree hospital in 2008, Longmont United Hospital is a mentor in the state of Colorado for implementing patient-centered initiatives. Such initiatives include annual patient focus groups, story catchers program for end-of-life patients, a quiet campaign and the Health Center of Integrated Therapies, which offers holistic healing services to patients with over 10,000 visits annually. In 1993, Longmont United Hospital developed the Longmont United Hospital Community Advisory Board, which recruited patients who were working to evolve their own health care needs and develop their own goals to align with the Longmont United Hospital patient-centered philosophy. The advisory board focused on transitions of care and developed the "How's Your Health" online health assessment, supported the development of the transitions of care toolkit and started a volunteer care partners program. The care partners were able to help patients at risk for readmission to navigate care at Longmont United Hospital. They also provided phone calls and a home visit based off the care transitions intervention as part of the semi-weekly multidisciplinary rounding.

For more information, please contact Longmont United Hospital here.

University of Colorado Hospital

University of Colorado Hospital has built a patient-centered and family-centered care program (PFCC). Patient-driven councils are comprised of patients, caregivers and select employees. They act as a resource, assisting University of Colorado Hospital departments and units in making more informed decisions that positively affect patients, their families and the University of Colorado Hospital staff. PFCC is present throughout the hospital, striving to be represented at all levels of care and the vast majority of patient advisors are recruited by the staff. University of Colorado Hospital patient advisory council helped to develop a tobacco-free campus which started as a question from one of the advisors who had a lung transplant; the tobacco-free campus was instituted on July 1, 2008. In addition, the PFAC has helped to answer billing questions for patients. They aimed to improve communication to patients and families regarding their health care bills and have created a billing workshop to help answer questions and concerns. For more information, please contact University of Colorado Hospital here. Click here to view the University of Colorado Hospital's presentation.

8b. Monitor Measures of Success

Monitoring the measures throughout the improvement process is key to knowing that the changes have led to hospital improvements. Continue to monitor structural, process and outcome measures to provide evidence of the PFAC's success and the continual upgrades that are being produced in the hospital. SMART goals can help guide the process along the way.

8c. Report Back to Senior Leadership

It is important to keep senior leadership informed of the progress and accomplishments of the PFAC. The changes in the hospital to improve quality and patient safety that the PFAC will recommend need to be approved and supported by senior leadership.

Recommended:
- Patient and Family Advisory Council Report
  Developed by CHA, this one-page document provides a nice summary and recommendations from the PFAC. This report can be used to update or recommend changes to senior leadership for approval.

8d. Sustainability

To ensure the sustainability of the PFAC, it is important to implement plans to address issues of burnout, turnover and developing new projects for the council. Spread the scope of the PFAC and add patient and family advisors on internal committees.
- PFAC Sustainability Worksheet
  Developed by NICHQ, this one-page checklist helps the facilitator brainstorm ideas on how to sustain the life of a PFAC and includes information on communication strategies and outreach to new departments in an organization.
- Engaging Patients and Families in Quality Improvement
  The Guide to Patient and Family Engagement in Hospital Quality and Safety, developed by AHRQ, is a helpful resource for assisting hospitals to work as partners with patients and families to improve quality and safety.

Conclusion

Building and sustaining a PFAC can be an exciting journey. In the beginning, it's best to pursue the first tier, Green Circle. As the team develops its skills, transition to the more challenging runs like the Blue Square or Black Diamond. Just like in any quality improvement project, a deliberate approach to building a solid foundation always produces the best results. CHA commends every hospital that takes on the task of creating a PFAC and making a commitment to engage patients and families in a meaningful way. Through use of national tools, educational resources and local success stories, the Association hopes to have provided the essential building blocks a hospital needs to implement a PFAC. For more information or tailored support, please contact the CHA Quality and Patient Safety Department.

Furthermore, CHA wants to hear from you! If you have a success story or want to share your progress on building PFACs, please email the Association at Patient.Safety@cha.com.

Additional Resources

- A Leadership Resource for Patient and Family Engagement Strategies
- A Roadmap for Patient and Family Engagement In Health Care Practice and Research
  (Gordon and Betty Moore Foundation, American Institute for Research)
- Patients Advisory Council Playbook 2013 Kaiser Permanente (2014 Kaiser Foundation Health Plan)
- Pursing Perfection in Health Care: Involving Patients in Redesigning Care (IHI Open School)
- Strategies for Leadership Patient- and Family-Centered Care a Hospital Self-Assessment Inventory
- Supporting Patient and Family Engagement Best Practices for Hospital Leaders
- Working with Patient and Family As Advisors Implementation Handbook
  (AHRQ Guide to Patient and Family Engagement)
- PFE Fundamentals PFAC Application Process
- Agency for Healthcare Research and Quality
- Health Research and Educational Trust Resource Compendium
- Health Research and Educational Trust Hospital Improvement
  and Innovation Network Patient Family Engagement Roadmap
- Healthcare and Patient Partnership Institute
- Institute for Patient and Family Centered Care http://www.ipfcc.org/

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About CHA

Colorado Hospital Association (CHA) is the leading voice of Colorado's hospital and health system community. Representing over 100 member hospitals and health systems throughout the state, CHA serves as a trusted, credible and reliable resource on health issues, hospital data and trends for its members, media, policymakers and the general public. Through CHA, Colorado's hospitals and health systems work together in their shared commitment to improve health and health care in Colorado. Learn more about CHA at www.cha.com.

About CHA Quality and Patient Safety

The Association's Quality and Patient Safety Department is committed to improving health care quality and patient safety in hospitals across the state. CHA works to create a culture of safety among member hospitals by offering educational opportunities, technical support and guidance on a variety of evidence-based initiatives that both expand the quality of care and advance leadership's commitment to patient safety concerns.

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