

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 READI 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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The READI Staff Liaison™

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.

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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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