



The Roadmap to Success:

Patient and Family Advisory Council (PFAC)



Preparing for Your Journey



Any successful journey begins with planning and preparation. Three key areas should be addressed before beginning any quality improvement or patient safety initiative.



Leadership Commitment

The success of a project can be determined by the level of commitment and support from leadership. It is important for hospital leaders to communicate a consistent, frequent message in support of the project. The executive PFAC project staff liaison can establish accountability, dedicate resources, and break through barriers.



Recruit a PFAC Staff Liaison

It is important to have a hospital employee (or employees) who is (are) a significant influence with frontline staff, physicians, and other key personnel. Depending on the project, it can be any key personnel with the authority and skills to influence change, lead by example, and assist in essential messaging of the goals and vision for a PFAC.



Form a PFAC

A PFAC is a formal group that meets regularly for active collaboration between clinicians, hospital staff, and patients and family members on policy and program decisions.

The PFAC provides guidance on how to improve the patient and family experience. As part of this PFAC process, patients and families are invited to serve on hospital committees to ensure that the consumer's point of view, perspective, and experience are not only heard, but also integrated into the service and quality improvements that are engineered to ensure high-quality, customer-centered care.¹

A glossary of PFAC terminology is available at the end of this document.

For more information on team forming, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Team Forming
- Quality Improvement Workbook

Assess Leadership Engagement and Organizational Readiness—Step

1

Rationale: A formal person and family engagement (PFE) program can sometimes be perceived as additional responsibilities/tasks to comply with national requirements. However, several studies show that a PFAC contributes to a positive patient and family experience. Research also shows that when patients are engaged in their healthcare, it can lead to measurable improvements in safety and quality.² It is paramount to make sure that your organization is ready to start this journey.

Strategies to Implement

- Increase the awareness of the importance of PFE in a facility through a business case, which shows that a PFE program can:
 - Improve quality and patient safety.
 - Improve financial performance.
 - Improve Hospital Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey scores.
 - Improve patient outcomes.
 - Reduce the risk of malpractice.
 - Reduce errors and adverse events.
 - Enhance market share and competitiveness.
 - Increase employee satisfaction and retention.
 - Help satisfy the Joint Commission standards.
 - For critical access hospitals (CAHs), improve the outcomes of many Medicare Beneficiary Quality Improvement Project (MBQIP) measures.
- Show additional benefits of a PFAC to the leadership team. A PFAC can:
 - Provide an effective mechanism for receiving and responding to consumer input.
 - Result in more efficient planning to ensure that services really meet consumer needs and priorities.
 - Lead to increased understanding and cooperation between patients, families, and staff.
 - Promote respectful, effective partnerships between patients, families, and clinicians.
 - Transform the culture toward patient-centered care.
 - Develop programs and policies that are relevant to patients' and families' needs.
 - Strengthen community relations.
 - Recognize that patient collaboration with their providers through patient-centered care leads to better self-management of chronic conditions and improved adherence to medication regimens.
 - Increase patient loyalty.
 - Increase employee satisfaction.

Tools and Resources

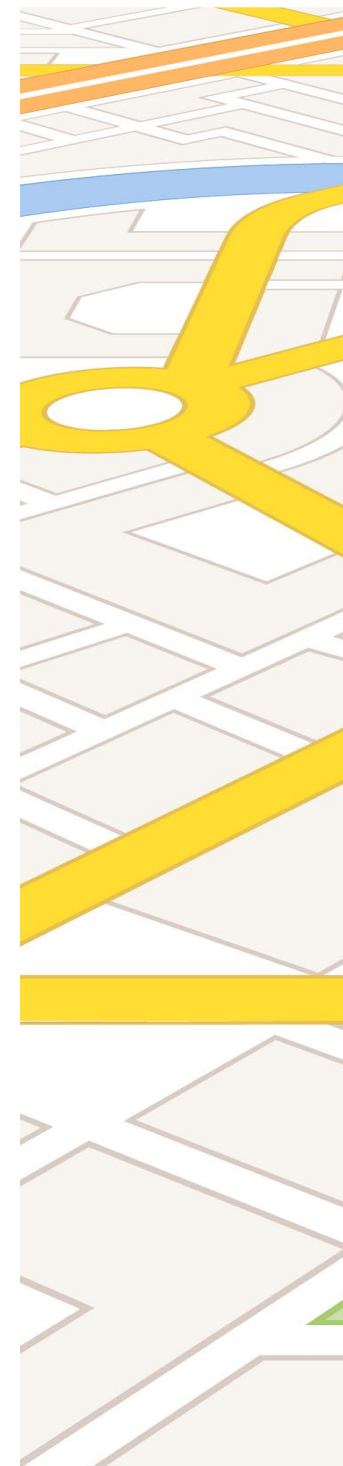
- Agency for Healthcare Research and Quality (AHRQ)—Working With Patient and Families as Advisors Implementation Handbook (p.6, 10, 15): <https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy1/index.html>.
- Colorado Hospital Association (CHA)—PFACs 2019 Toolkit: https://cha.com/wp-content/uploads/2019/04/CHA.158-PFAC-Toolkit_2019_final.pdf.
- AHRQ—How PFE Benefits Your Hospital: <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/howtogetstarted/index.html>.

Strategies to Implement

- Determine if this is the right time for your organization to develop a PFAC and ensure leadership support.
- Perform a readiness assessment of your staff to:
 - Understand the magnitude of change required to prepare staff for this partnership with patients and families.
 - Determine what changes will best fit their needs.
- Assess the hospital's experience with including patient and family perspectives in previous change and improvement initiatives.
- Prepare and/or strengthen your organization to engage efforts in the implementation of a PFAC. Meaningful engagement with PFE partners requires an organizational culture in which:
 - The expertise, experiences, values, and perspectives of PFE partners are central components in the measure development process.
 - Leadership and staff are open to changing direction or outcomes of projects.
 - PFE partners are included and viewed as team members.
 - PFE partner input is weighed equally to that of other experts.
 - There is strong and consistent support from an organization's leadership, thus facilitating the possibility of a successful PFAC.Leadership reinforces the broad, positive impact PFE has on healthcare nationally; and staff acknowledge the challenges and support organizational change.
- Create a sense of urgency by meeting regularly with leadership to reinforce PFAC goals and benefits and share realistic implementation needs (e.g., resource commitments).
- Define a shared vision/understanding of what PFE is among an organization's leadership and staff and their commitment to the PFE process.
- Recognize challenges and overcome potential barriers, such as:
 - Fear that patients' and families' suggestions will be unreasonable.
 - Fear that patients and families will compromise confidentiality.
 - Belief that a customer service program is sufficient to ensure patient satisfaction.
 - Lack of imperial evidence supporting patient and family involvement in decision-making.
 - Belief that patient and family-centered care is not necessary.
 - Belief that patient and family-centered care is time-consuming and requires additional staffing.
 - Scarce resources and competing priorities.

Tools and Resources

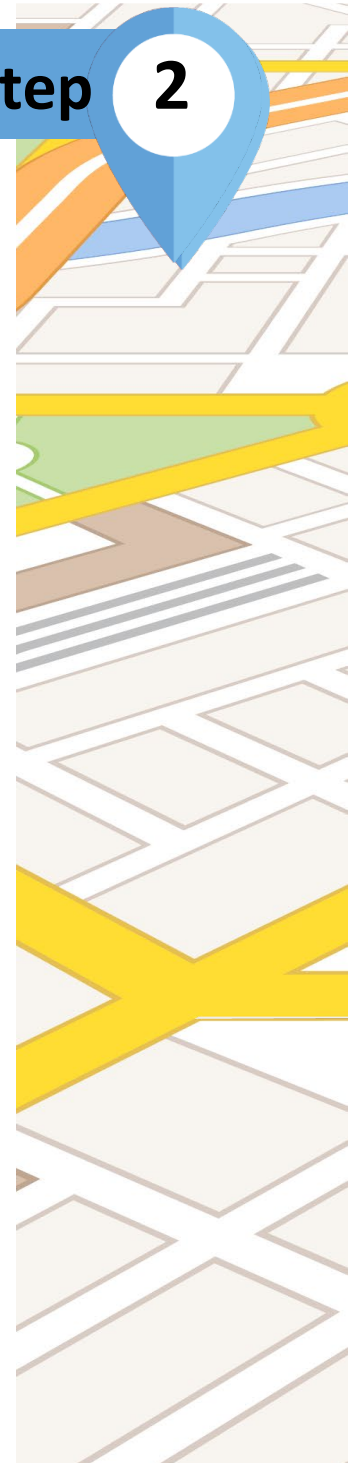
- New York State (NYS) Health Foundation—Strategically Advancing PFACs in NYS Hospitals: <https://nyshealthfoundation.org/resource/strategically-advancing-patient-and-family-advisory-councils-in-new-york-state-hospitals/>.
- Family Voices—Family centered care self-assessment tool: <http://familyvoices.org/familycenteredcare/>.
- American Hospital Association (AHA)—Leadership readiness assessment: <https://www.aha.org/system/files/2018-02/assessment.pdf>.



Create an Internal Team to Design and Launch the PFAC—Step 2

Rationale: The PFAC needs to be led and supported by a robust internal infrastructure to be effective. The goals, responsibilities, and expected benefits of the PFAC need to be established and shared with the members and the staff.

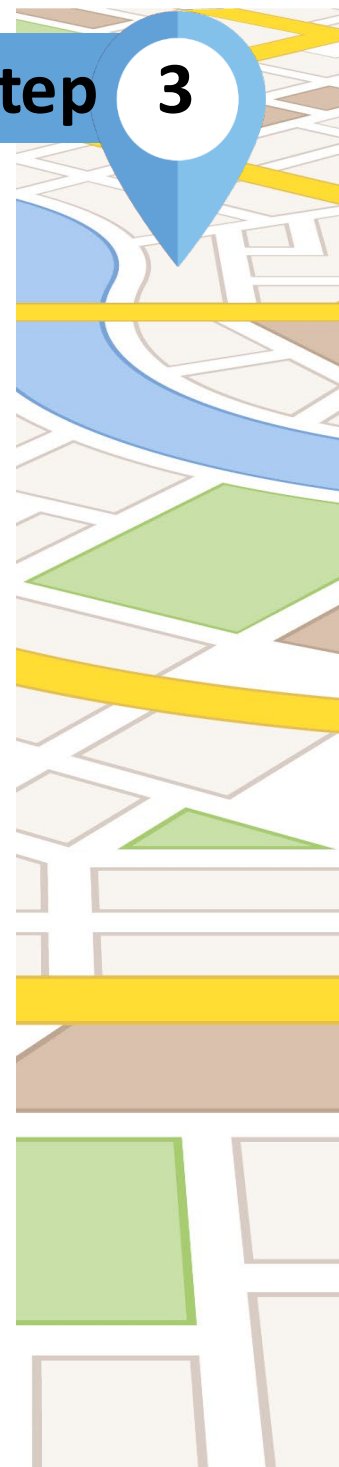
Strategies to Implement	Tools and Resources
<input type="checkbox"/> Select a PFAC sponsor who: <ul style="list-style-type: none"> • Is a leader in the organization. • Helps to motivate and guide the PFAC effort. • Advocates to educate staff/leadership about the PFAC. • Helps to recruit staff, patients, and families for roles in the planning committee, steering committee, and council. • Attends weekly planning committee meetings. • Attends monthly PFAC meetings. For a CAH, the director of nursing might be the right person.	<ul style="list-style-type: none"> • AHRQ—Working With Patient and Families as Advisors Implementation Handbook (p.5, 8, 15, 40): https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy1/index.html. • National institute for Children’s Health Quality (NICHQ)—Chartering your PFAC: https://www.nichq.org/sites/default/files/resource-file/PFAC_Resources.pdf.
<input type="checkbox"/> Establish a budget, resources, and training for the PFAC.	
<input type="checkbox"/> Select a PFAC staff liaison who will ensure the initiation and continued success of the PFAC. For a CAH, the quality director might be the right person.	
<input type="checkbox"/> Recruit PFAC members, including the PFAC leader, a chair or co-chairs, patients and family members, and hospital staff members and clinicians. For a CAH, form a smaller group that is representative of your facility. You might include people from your skilled nursing facility (SNF) if you have a SNF attached to your facility (e.g., distinct part [DP] SNF).	
<input type="checkbox"/> Prepare the PFAC. <ul style="list-style-type: none"> • Develop a recruitment and marketing plan. • Assemble a team to develop a mission statement/charter/operating guidelines. • Determine the PFAC structure. • Determine the time commitment. • Outline goals and activities. • Consider budget constraints. 	
<input type="checkbox"/> Create a PFAC charter. The charter will help to define and clarify the organization’s vision for partnering with patients/families through an advisory council model.	



Recruit and Select PFAC Members—Step 3

Rationale: Patient and family advisors are individuals who have received care at your hospital and who offer insights and input to help hospitals provide care and services that are based on patient- and family-identified needs rather than the assumptions of clinicians or other hospital staff about what patients and families want. One of the best ways to ensure successful partnerships is to recruit advisors who are a good match for your organization and make sure they receive appropriate training. *AHRQ Guide*.

Strategies to Implement	Tools and Resources
<input type="checkbox"/> Build a recruitment strategy. Specify eligibility criteria for membership, outline general roles and responsibilities, draft a general mission statement, and identify general opportunities for PFAC involvement.	<ul style="list-style-type: none"> AHRQ—Working With Patient and Families as Advisors Implementation Handbook (p.15, 40, 48): https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy1/index.html.
<input type="checkbox"/> Develop a communication plan, including a packet of information used for recruitment purposes and the definition and role of a PFAC.	
<input type="checkbox"/> Launch a recruitment campaign. Choose the most appropriate communication method to inform your community of this opportunity: a personal invitation from a clinician or other hospital staff member, word-of-mouth, recruitment brochures/flyers, hospital website, social media, and newspapers. Invite potential PFAC members to an information session to help them understand the responsibilities associated with the role and provide logistic information.	
<input type="checkbox"/> Choose the most suitable patients, staff, and family members. <ul style="list-style-type: none"> Request that candidates complete a formal application. Interview the candidates in a standardized manner. Recruit on an ongoing basis rather than for a one-time event. Seek individuals with the following qualities: <ul style="list-style-type: none"> Ability to share insights and information about their experiences in ways that others can learn. Can see beyond their own personal experiences. Show concern for more than one issue or agenda. Demonstrate good listening skills. Respect the perspective of others. Cope well with their hospital experiences. Demonstrate a passion for improving healthcare. Represent a broad cross-section of your hospital’s population. Inform candidates of your decision in a timely manner.	

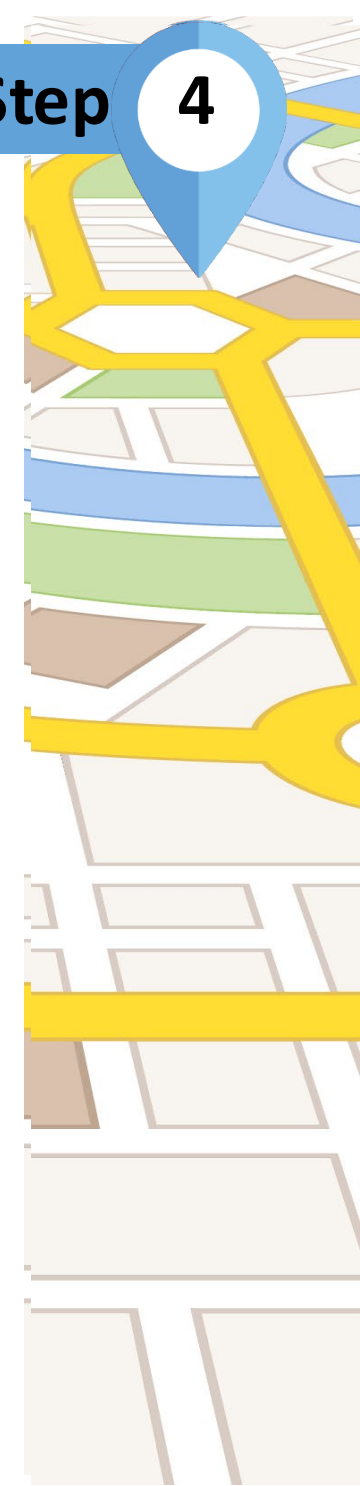


Onboard and Orient the PFAC Members—Step

4

Rationale: The PFAC should be launched by onboarding and orienting the PFAs, which can include introductions of all the members to each other, orientation to the hospital and its policies, as well as an introduction to the goals and mission of the PFAC. This allows time to educate PFAs on policies and procedures and establish goals and action plans with contribution from the PFAs.

Strategies to Implement	Tools and Resources
<input type="checkbox"/> Schedule a kickoff meeting in which PFAs be given the orientation materials, confidentiality waivers, and important documents.	<ul style="list-style-type: none"> CHA—PFACs 2019 toolkit: https://cha.com/wp-content/uploads/2019/04/CHA.158-PFAC-Toolkit_2019_final.pdf.
<input type="checkbox"/> Orient PFAs to hospital safety and quality. <ul style="list-style-type: none"> PFAs may need to be educated on quality improvement methodology. PFAs should also be oriented to the hospital’s safety and quality procedures and policies. 	<ul style="list-style-type: none"> AHRQ—Sample PFAC Orientation Manual: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Tool_9_AdvisorTrain_508.pdf.
<input type="checkbox"/> Review and revise the charter, as needed, which describes the mission, vision, and values of the PFAC. <ul style="list-style-type: none"> Developing this document as part of onboarding and orientation allows for PFA input, which can improve buy-in, morale, and focus. 	<ul style="list-style-type: none"> BJC Healthcare—PFAC Getting Started Tool Kit: https://cdn.ymaws.com/www.theberylinstitute.org/resource/resmgr/webinar_pdf/pfac_toolkit_shared_version.pdf. Institute for Healthcare Improvement (IHI)—Model for Improvement: http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx.
<input type="checkbox"/> Develop a long-term action plan for the PFAC with SMART goals. <ul style="list-style-type: none"> SMART stands for Specific, Measurable, Attainable, Relevant, and Time-Bound. Utilizing the SMART format allows for development of clear, measurable goals to be communicated. 	<ul style="list-style-type: none"> AHRQ—Guide to PFE in Hospital Quality and Safety: https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/guide.html. HSAG—Quality Series: https://www.hsag.com/hqic/quality-series/. AMA presentation—Forming a PFAC and Sample PFAC Charter Download: https://edhub.ama-assn.org/steps-forward/module/2702594#resource. HSAG HQIC—SMART Goals Template: https://www.hsag.com/globalassets/hqic/smartgoals_template.pdf. HSAG HQIC—Action Planning: https://www.hsag.com/en/hqic/quality-series/#11_Action_Planning.

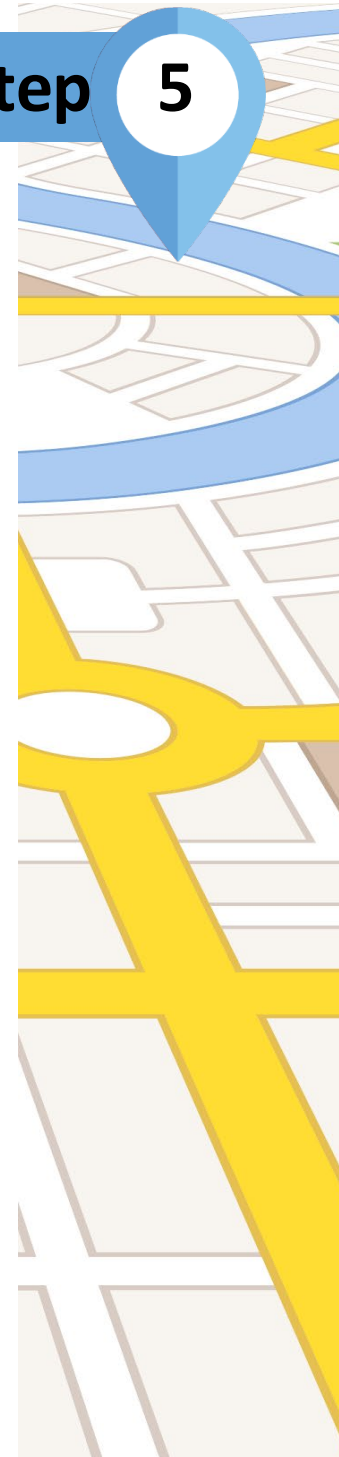


Initiate and Implement PFAC Projects—Step

5

Rationale: Once onboarding has been completed, it is time to initiate PFAC projects and discuss any identified topics with the advisors. For the first project, it can be helpful to identify a “quick win” project to improve morale and build the initial momentum of the PFAC.

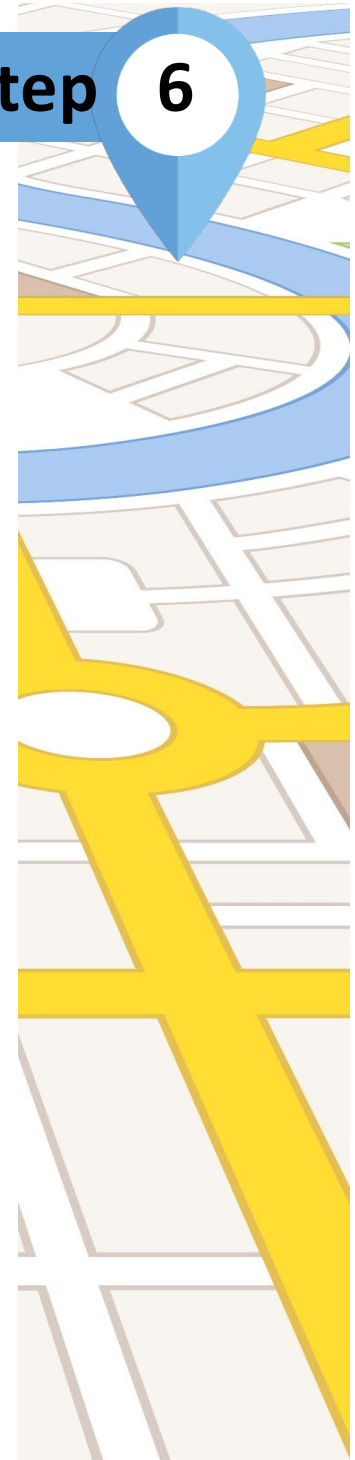
Strategies to Implement	Tools and Resources
<input type="checkbox"/> Work with providers to identify projects that would benefit from PFAC input. <ul style="list-style-type: none"> Projects could be selected based on HCAHPS surveys. Quality data can be used to identify potential projects. 	<ul style="list-style-type: none"> AHRQ—Working With PFACs on Short-Term Projects: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Tool_13_ShortTerm_HO_508.pdf. Six Sigma—The Five Kinds of Six Sigma Projects: Quick Win: https://www.6sigma.us/six-sigma-articles/five-kinds-six-sigma-projects-quick-win/. AMA—Forming a PFAC: https://www.sehealthcarequalityconsulting.co/wp-content/uploads/2019/04/FormingPatientFamilyAdvisoryCouncil.pdf. HSAG HQIC—Creating SMART Goals template: https://www.hsag.com/globalassets/hqic/smartgoals_template.pdf. HSAG HQIC—Quality Series SMART Goals Quickinar: https://www.hsag.com/en/hqic/quality-series/#6SMART_Goals.
<input type="checkbox"/> Work with PFAs to select which projects should be initiated first. <ul style="list-style-type: none"> Hospital leadership or providers may have identified potential projects, but PFAC interest and buy-in to initiate projects is important for sustainability. PFAC input on selecting projects helps foster a common purpose and investment in initiated projects. 	
<input type="checkbox"/> Identify quick-win projects initially to build momentum. Some potential quick win projects could include: <ul style="list-style-type: none"> PFAC review and input on existing patient education materials. PFA input on hospital processes from a patient perspective. PFA feedback on their experiences in the hospital as a patient (wait times, staff communication, etc.). PFAC review and input on patient satisfaction surveys. 	
<input type="checkbox"/> Ensure that projects initiated are SMART. <ul style="list-style-type: none"> Following SMART format ensures projects have defined structure and sets projects up for success. 	
<input type="checkbox"/> As part of implementing successful projects, prepare and conduct an effective meeting. <ul style="list-style-type: none"> Include an agenda, have time for feedback from the previous meeting, and review the action plan. Be respectful of the time dedicated to each talking point and use good time management to ensure efficient and effective meetings. 	



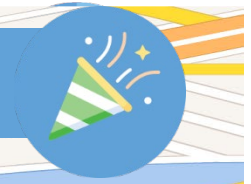
Measure PFAC Impact and Sustainability—Step 6

Rationale: Identify both qualitative and quantitative measures that were impacted by the PFAC and assess the outcome of PFAC projects. This allows for you to communicate accomplishments to hospital staff and leadership, as well as PFAC members, which contributes to support for the PFAC and sustainability.

Strategies to Implement	Tools and Resources
<input type="checkbox"/> Identify qualitative impacts of your PFAC. <ul style="list-style-type: none"> • Solicit and document staff perspectives on the value of input from the PFAs. • Identify leadership and organizational culture changes that result from developing and working with the PFAC. 	<ul style="list-style-type: none"> • AMA—Forming a PFAC, Patient and Family Perspectives Can Help You Achieve More Patient-Centered Care in Your Practice: https://edhub.ama-assn.org/steps-forward/module/2702594. • HSAG HQIC—Creating SMART Goals template: https://www.hsag.com/globalassets/hqic/smartgoals_template.pdf. • AMA—PFAC Resources: https://edhub.ama-assn.org/steps-forward/module/2702594#resource. • AHRQ—PFA Orientation Manual: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strategy1_Tool_9_AdvisorTrain_508.pdf.
<input type="checkbox"/> Identify quantitative impacts of your PFAC projects. <ul style="list-style-type: none"> • Ensure PFAC projects have SMART goals. • Keep your early quantitative measures simple, such as number of PFAs recruited and retained. • Document hours volunteered by PFAs. • Work with quality department to identify specific measures related to quality improvement projects on which the PFAC consulted. • Review patient satisfaction scores to identify any impact made by changes initiated by the PFAC. 	
<input type="checkbox"/> Ensure the sustainability of the PFAC. <ul style="list-style-type: none"> • Set priorities and focus efforts on meaningful collaborative projects. • Track accomplishments and provide positive feedback to PFAs. • Communicate PFAC contributions with senior leadership and staff to develop internal support for the PFAC and sustainability. • Communicate PFAC accomplishments to the general public to increase outside support and interest in the PFAC, as well as to contribute to trust and relationship with the community. • Identify mentors that will help PFAs remain confident in their participation. 	



Your Final Destination



Now that you've reached your destination, it is important that your efforts are not futile. One of the most challenging aspects of quality improvement and change is sustaining the gains. These key tactics will help you ensure ongoing success.



Ensuring Your Process Is Stable

Most projects involve monitoring of both process and outcome measures. These data play an important role in identifying when you've achieved change. It is important to review your data to identify and address special cause variation; recognize positive trend changes (six to eight data points at or above goal); and achieve predictable, consistent results. Remember: *"Every system is perfectly designed to get the results it gets."*—W.E. Deming

For more information on data, variation, and change, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Data, Variation, and Change



Control Plan/Sustainability Plan

A control or sustainability plan is a method for documenting the key elements of quality control that are necessary to assure that process changes and desired outcomes will be maintained. At a minimum, this plan should include ongoing monitoring of process steps that are critical to quality, frequency of monitoring, sampling methodology, and corrective actions if there is noted variation.

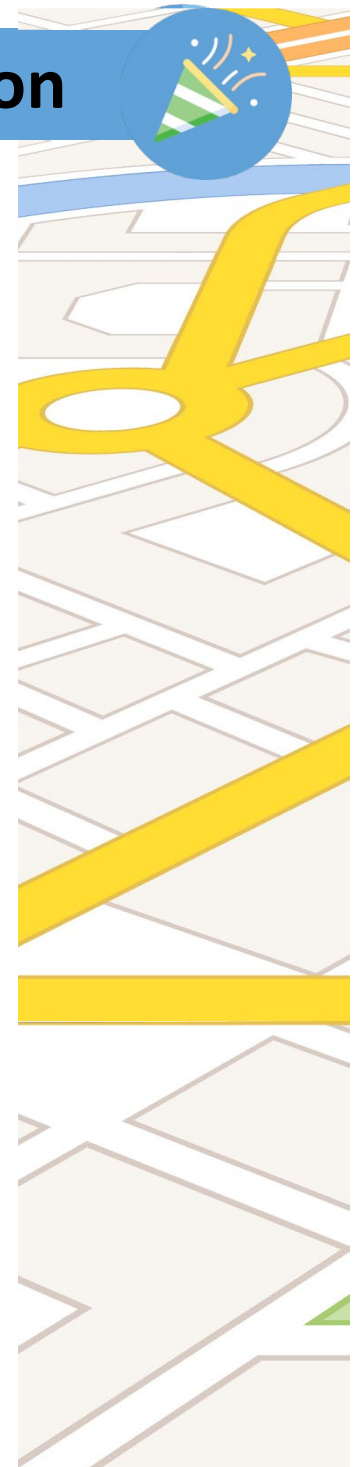
For more information on control and sustainability plans, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Control and Sustainability Plans



Project Hand-Off

Depending on the size of your facility and resources that are available, it may be necessary to hand off your project to a "process owner." A process owner is a person or department responsible for monitoring a process and sustaining the changes according to the control or sustainability plan. The person or department should be the entity that will most significantly experience the gains of the improved process or project.



Other Tools and Resources:

- Hickson GB, Federspiel CF, Pichert JW, Miller CS, Gauld-Jaeger J, Bost P. Patient complaints and malpractice risk. JAMA. 2002;287(22):2951-7.

References:

1. AHRQ—Working With Patient and Families as Advisors Implementation Handbook: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf
2. New York State (NYS) Health Foundation—Strategically Advancing PFACs in NYS Hospitals: <https://nyshealthfoundation.org/resource/strategically-advancing-patient-and-family-advisory-councils-in-new-york-state-hospitals/>

Glossary of Terms:

- **Person and family engagement (PFE)** consists of creating and maintaining an environment where patients, families, clinicians, and hospital staff all work together as partners to improve the quality and safety of hospital care: <https://www.ahrq.gov/hai/cusp/modules/patient-family-engagement/sl-pat-fam.html>.
- **Patient and family advisory council (PFAC)** is a formal group that contributes to the overarching PFE goal. It enables current and former patients (PFAC members) to offer their input and perspective to uncover barriers that negatively impact the patient experience: <https://www.uclahealth.org/santa-monica/patient-family-advisory-council>.
- **PFAC staff liaison** is the point person responsible for overseeing and coordinating the work of patient and family advisors: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf.
- **PFAC sponsor** is someone from the leadership team who will sponsor/support the PFE efforts.
- **PF advisor (PFA)** can be a patient, someone from the community, or a family member who contributes to the PFE program. A PFA may or may not be a PFAC member.

This material was prepared by Health Services Advisory Group (HSAG), a Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. XS-HQIC-DIS-12132021-01