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Colorado Hospital Association

# Patient and Family Advisory Councils

*A Hospital Toolkit to Engage Patients*

**PFAC**  
**TOOLKIT**

# Table of Contents

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Introduction	Page 2
Determining Your Level of Engagement	Page 4
Timeline	Page 5
Step 1: Establish a Sense of Urgency: Is My Hospital Ready to Engage in a PFAC?	Page 6
Step 2: Create the PFAC Launch Team, the Guiding Coalition	Page 7
Step 3: Develop a PFAC Strategy	Page 9
Step 4: Prepare Hospital Leadership, Clinicians and Staff to Work with Advisors	Page 10
Step 5: Recruit Council Members	Page 11
Step 6: Implement and Coordinate Advisor Activities	Page 14
Step 7: Share your Story: Keeping Engagement Alive	Page 15
Step 8: How to Utilize a PFAC: Incorporating Cultural Changes	Page 16
Conclusion	Page 19
Resources	Page 20
Acknowledgements	Page 21
References	Page 21
About CHA and CHA's Quality and Patient Safety Department	Page 25

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# Introduction

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## **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: <sup>1</sup>

- 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**

Planetree-designated hospitals that implemented patient-centered strategies exceeded Centers for Medicare & Medicaid Services national averages on several core quality measures, including care for heart attack, pneumonia, heart failure, and surgical sites.<sup>2</sup> 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- and evidence-based criteria, the program transforms the ambition of becoming more “patient-centered” into something that is defined, attainable and measurable. Planetree-accredited hospitals require an active PFAC.

## **Improved financial performance**

Research from the *Gallup Management Journal* shows that patient and family engagement 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.<sup>3</sup> Patient- and family-centered care also decreased litigation and malpractice claims<sup>4</sup> and leads to lower costs per case due to fewer complications and shorter length of stay.<sup>5,6</sup>

## **Improved HCAHPS® Hospital Survey scores**

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®), developed in 2012 by Medicare, 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.<sup>7,8</sup> Hospitals that have implemented strategies to improve patient engagement have seen subsequent improvements in patient ratings of care.<sup>9</sup>

## **Improved patient outcomes**

Better communication with patients and families have a positive effect on patient outcomes – specifically, emotional and physical health, symptom resolution, functioning, pain control, and physiologic measures such as blood pressure and blood sugar levels.<sup>10, 11</sup>

## **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.<sup>12</sup>

### **Increased employee satisfaction and retention**

At Bronson Methodist Hospital in Michigan, implementing patient- and family-centered care practices led to a decrease in the average nurse turnover rate (from 21 to 7 percent).<sup>13</sup> The hospital estimated that higher nursing staff retention has led to a 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.<sup>14</sup>

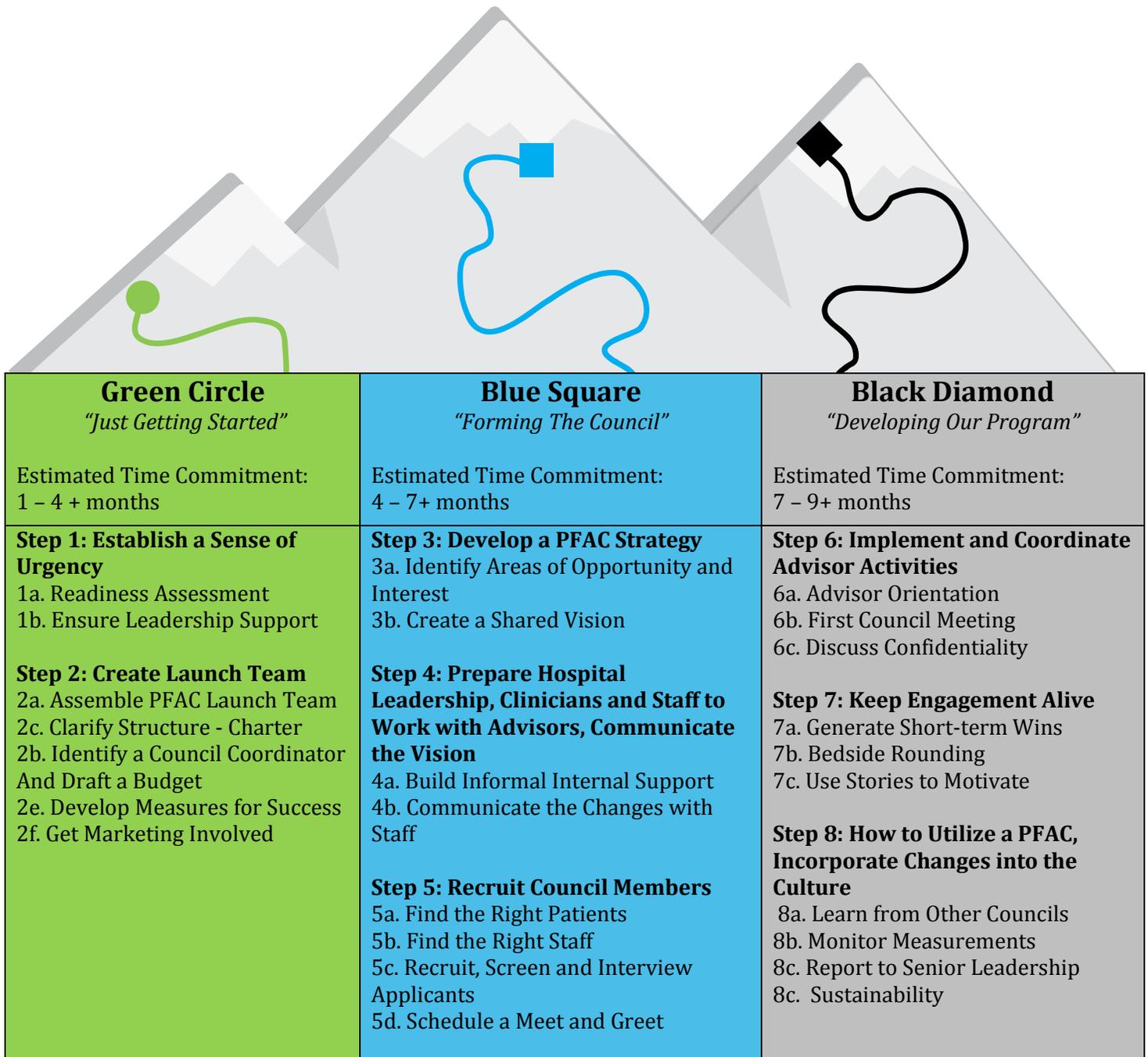
### **Response to The Joint Commission standards**

The Joint Commission has established standards that relate to patient- and family-centered care. Hospitals with PFACs can be better prepared with the following requirements:<sup>15</sup>

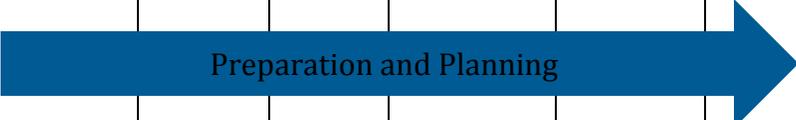
- **PC.02.01.21** The hospital effectively communicates with patients when providing care, treatment and services.
- **PC.02.02.01** The hospital coordinates the patient's care, treatment and services based on the patient's needs.
- **PC.02.03.01** The hospital provides patient education and training 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 Your Level of Engagement

When considering integrating a PFAC into your facility, it is important to determine the level of engagement your 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 1 and 2. The second tier, Blue Square, involves moderate engagement and includes Steps 1 through 5. 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.



# 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 2c. Clarify Structure - Charter 2b. Identify a Council Coordinator and Draft a Budget 2e. Develop Measures for Success 2f. Get Marketing Involved								
			3a. Identify Areas of Opportunity and Interest 3b. Create a Shared Vision						
			4a. Build Informal Internal Support 4b. Communicate the Changes with Staff						
			5a. Find the Right Patients 5b. Find the Right Staff 5c. Recruit, Screen and Interview Applicants 5d. Meet and Greet						
						6a. Advisor Orientation 6b. First Council Meeting 6c. Discuss Confidentiality			
							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	

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

The strategic goal of working with patients and families as advisors is to bring perspective of patients and families directly into the planning, delivery and evaluation of care.<sup>16</sup> Patient and family engagement encompasses behaviors by patients, family members, clinicians and hospital staff, as well as the organizational policies and procedures that support these behaviors.<sup>17</sup> However, it can be a challenge to determine if your hospital, staff and the patients you serve are ready to embrace a PFAC.

### 1a. Readiness Assessment

Before moving forward, it is essential to gauge the readiness of your stakeholders and establish a sense of urgency.<sup>18</sup> 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: keeping families at the center of children's health care 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 your hospital's readiness to address 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 conversation among leadership when determining a hospital's 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.<sup>19</sup> Support from senior leaders will allow you to assemble a group with enough power to develop a PFAC.<sup>19,20</sup> Clear communication with your hospital leadership will aid in gaining their support. At this stage, consider consulting your legal department on any barriers that may impede your 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 includes purpose, goals and objectives for starting a PFAC aimed at senior leaders.

## Create the PFAC Launch Team, the Guiding Coalition

Launching a PFAC is an exciting and challenging endeavor. **Plan to spend at the very least six months from the initial concept to holding the first council meeting.**<sup>21</sup> Before beginning, you will need to create the guiding coalition that will execute the creation of the PFAC and include all necessary stakeholders within your 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 in your 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 a patient. Consider including communications staff on your 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.<sup>22</sup> 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 ombudsman mediators, social workers, risk management staff, human resources, an environmental services representative and legal counsel.

### 2b. Clarify Structure

Will your PFAC be informal or traditional? There are many ways in which you can determine your PFAC purpose and structure. 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 your hospital's culture and level of readiness.

#### Recommended:

- [Example Hospital Charter](#)  
Developed by a hospital in the VHA Hospital Engagement Network, 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 your team develop the purpose and structure of the PFAC, including what skills and resources you will need 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.

### 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.<sup>23</sup> 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 the 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.

**2e. Develop Measures for Success**

What do you hope the PFAC will accomplish for your hospital? It is important when setting up your launch team that you are clear about your PFAC goals and how you will measure your success. Kaiser Permanente offers three types of measures (structural, process and outcome) recommended for PFAC launch teams.<sup>24</sup>

- **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 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**  
You can use SMART goals for every project. SMART is the acronym for Specific, Measureable, Attainable, Relevant and Time-bound. SMART goals are specific goals for each project or task the council works on.

**2f. Get Marketing Involved**

The marketing or communications department will be critical to your success in creating a shared vision, building informal internal support and recruiting the right patients and staff to the council. The marketing department will help you create recruitment materials for your council. Example templates to help recruit patients can be found in step five. The earlier the marketing department is involved in the process, the better.

# Step Three ■

## **Develop a PFAC Strategy**

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

### **3a. Identify Areas of Opportunity and Interest**

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

## **Prepare Hospital Leadership, Clinicians and Staff to Work with Advisors**

The most important factor 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.<sup>25</sup> 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.<sup>26</sup> Make sure as many people as possible understand and support the PFAC vision and strategy.<sup>27</sup>

### **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 like they have a voice in the process. Before you get started, gather information about your hospital's culture by using these key strategies:

- Identify and get to know the formal and informal leaders in the hospital
- Learn how decisions are made
- Learn about the clinicians and hospital staff
- Assess the hospital's experience<sup>28</sup>
- Find out who your patient safety champions are

### **4b. Communicate the Changes with Staff**

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

- Meet with clinicians and staff individually and in groups to discuss your 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 your 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.<sup>29</sup> Engage with individuals willing to support the PFAC and begin implementing your 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 Health Care 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- and family-centered care programs.

## Recruit Council Members

It's now time to start recruiting patient and family advisors, but where do you begin? When recruiting patients for your 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.<sup>30</sup> Also, confirm that any documents you will be distributing to recruit 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 you will seat on your council** to select the best candidates and to allow for candidate attrition<sup>31</sup>.

### 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 their 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 Fit

Review the tools provided below to help find the characteristics of an effective family advisor. Your 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 your hospital. It is recommended that you recruit advisors who have received care at your hospital within the past three to five years, have had diverse health care experiences, and who mirror the diversity of the patients and families your hospital serves.<sup>32</sup>

### 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 your 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 their 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.

## 5b. Recruit, Screen and Interview Applicants

When choosing patients, ask your staff for suggestions and post recruitment flyers in all hospital units. Colleagues that could serve as key stakeholders on your 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 ombudsman mediators, social workers, risk management, human resources, an environmental services representative and legal counsel. Hospital employees should comprise no more than half of your council; the remaining members should include patients and family members. When recruiting, plan to recruit at least three times the number of people you will actually seat on your council so that you can select the best candidates and allow for attrition.<sup>33</sup> We recommend 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. You may want to contact your legal counsel to see if the candidate has a history of legal action within your organization. This will not disqualify the candidate from serving on the council but is important information of which to be aware.<sup>34</sup> 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 your 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.
- [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 your council and hospital.

## 5c. Advisor Orientation

After the PFAC launch team has determined your 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 your 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.<sup>35</sup> 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 your 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. It offers a concise overview of the characteristics of an effective advisor.

**5d. Schedule a Meet and Greet**

Being a part of the council is an honor to the patients and staff members that have been selected. To ensure best success, it is recommended to have a dinner 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 your 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 you 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.

## Implement and Coordinate Advisor Activities

You are now ready to begin your 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.<sup>36</sup> 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.<sup>37</sup> Make sure to make name tags for all members of the council and to continue to track your 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 discussion.

#### 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.

### 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 your patient and family advisors have proper training, such as how to carefully review HIPAA guidelines, and have signed and submitted your confidentiality agreements.

#### Recommend:

- [\*Sample Confidentiality State for Advisors\*](#)  
Developed by AHRQ, this one-page confidentiality statement for advisors can be customized to meet the needs of your hospital and council.

## Share Your Story: Keeping Engagement Alive

It is critical that the momentum of your 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 your council while staying focused.

### 7a. Generate Short-term Wins

When creating your 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.<sup>38</sup> Engaging your communications department may be useful for sharing the news of short-term wins throughout the hospital.

### 7b. Bedside Rounding

Incorporate your PFAC into the culture of your hospital through bedside rounding. Your PFAC can help develop your standard protocols and provide valuable feedback to staff on bedside rounding.

#### Recommended:

- [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. Exercise the Power of Storytelling

Storytelling is a powerful tool that will serve to motivate and re-energize your PFAC launch team. It will help to strengthen the connection and trust within your council, as well as support your 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.<sup>39</sup>

#### 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.

## 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 your hospital's culture. By sharing news of your short-term wins throughout the hospital, you are now ready to further pursue your long-term goals. In order to build the PFAC into the culture of your 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.<sup>40</sup>

### 8a. Learn from Other Councils

PFACs exist in many forms. Learn from others in Colorado on how to help motivate your PFAC launch team and continue the momentum in your 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 Family Advisory Council (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](#).

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### ***Citizens for Patient Safety***

Citizens for Patient Safety (CPS) is based in Colorado and is dedicated to increasing engagement between patients, families and providers globally for better health outcomes. CPS trains families to act as a loved one's advocate in their workshop, Patient Advocacy 101. They also train medical professionals on how to do shared decision-making and incorporate it into their practices, ensuring their patients' values and preferences (among other areas) are part of the two-way conversation that must happen before an Informed Consent is given. CPS now coaches key people in hospitals, clinics and medical offices on how to incorporate a Patient Family Advisory Council for Quality and Safety (PFACQS) into their setting.

The purpose of patient and family advisors is to bring patients and families to work together with hospital staff and leadership to promote the best care for the community. Patient voices bring a unique point of view. The provision of care is not the same as the experience of the illness. Both perspectives are needed. CPS recommends that PFACQS can support hospital quality agendas by actively helping to implement changes; providing input into the educational programs for staff; creating respectful and effective partnerships; and offering a forum for developing creative, cost-effective solutions to problems and challenges. CPS has worked with MedStar Health System in setting up a system-wide PFACQS by assembling a team of national leaders in patient safety and advocacy to advise on strategic practices around the delivery of care at the corporate level and to ensure there is a PFACQS in every individual hospital. CPS is presently working with VHA to coach some of their hospitals in setting up a PFACQS. For more information visit the [CPS website](#) or contact Patty Skolnik, at [Patty@citizensforpatientsafety.org](mailto:Patty@citizensforpatientsafety.org) or 720.460.5155.

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### ***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](#).

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### ***University of Colorado Hospital***

University of Colorado Hospital has built a patient- 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 vast majority of patient advisors are recruited by the staff. University of Colorado Hospital patient advisory council helps to develop a tobacco-free campus. 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.

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### **8b. Monitor Measures of Success**

Monitoring your measures throughout the improvement process are key to knowing that your changes have led to hospital improvements. Continue to monitor your structural, process and outcome measures to provide evidence of your PFAC's success and the continual upgrades you are producing in the hospital. Use SMART goals to help guide your 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 the CHA, the 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 your PFAC, it is important to implement plans to address issues of burnout, turnover and developing new projects for the council.

- [PFAC Sustainability Worksheet](#)  
Developed by NICHQ, this one-page checklist helps the facilitator brainstorm ideas on how to sustain the life of your PFAC and includes information on communication strategies and outreach to new departments in your organization.

# Conclusion

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Building and sustaining PFAC can be an exciting journey, much like learning how to ski and enjoying the hobby thereafter. In the beginning, it's best to pursue the first tier, Green Circle. As you develop your skills, you can 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. We commend your hospital for taking 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, we hope to have provided you with the essential building blocks your hospital needs to implement a PFAC. For more information or tailored support, please contact [CHA's Quality & Patient Safety Department](#).

Furthermore, we want to hear from you! If you have a success story or want to share your progress on building PFACs, please email us at [patient.safety@cha.com](mailto:patient.safety@cha.com).

# Resources

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Here are a few additional resources that maybe helpful when building a PFAC.

1. [\*A Leadership Resource for Patient and Family Engagement Strategies\*](#)
2. [\*A Roadmap for Patient and Family Engagement In Health Care Practice and Research \(Gordon and Betty Moore Foundation, American Institute for Research\)\*](#)
3. [\*How Patient and Family Engagement Benefits Your Hospital \(AHRQ Guide to Patient and Family Engagement\)\*](#)
4. [\*Patients Advisory Council Playbook 2013 Kaiser Permanente \(2014 Kaiser Foundation Health Plan\)\*](#)
5. [\*Pursing Perfection in Health Care: Involving Patients in Redesigning Care \(IHI Open School\)\*](#)
6. [\*Strategies for Leadership Patient- and Family-Centered Care a Hospital Self-Assessment Inventory\*](#)
7. [\*Supporting Patient and Family Engagement Best Practices for Hospital Leaders\*](#)
8. [\*Working with Patient and Family As Advisors Implementation Handbook \(AHRQ Guide to Patient and Family Engagement\)\*](#)

Also, make sure to look at these websites for more current information.

1. Agency for Healthcare Research and Quality  
<http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/index.html>
2. Gordon and Betty Moore Foundation – Patient and Family Engagement  
<http://www.moore.org/programs/patient-care/patient-and-family-engagement>
3. Healthcare and Patient Partnership Institute <http://h2pi.org/index.html>
4. Institute for Patient and Family Centered Care <http://www.ipfcc.org/>

# Acknowledgement

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A number of additional resources were used as source materials in the creation of this toolkit. All references are cited in the text, with full detail provided in the References section.

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# About CHA

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CHA represents 100 member hospitals and health systems throughout Colorado. The Association partners with its members to work towards health reform and performance improvement, and provides advocacy and representation at the state and federal level. Colorado hospitals and health systems are committed to providing coverage and access to safe, high-quality and affordable health care. In addition, Colorado hospitals have a tremendous impact on the state's economic stability and growth, contributing to nearly every community across the state with more than 75,000 employees statewide. For more information, visit [www.cha.com](http://www.cha.com).

## About CHA Quality & Patient Safety

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CHA'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.