

Person and Family Engagement (PFE) Implementation Guide for Hospitals

PFE Practice 5: PFAC or Representatives on Hospital Committee

Introduction

Meaningful person and family engagement (PFE) at multiple levels (i.e., point of care, policy and protocol, and governance) helps hospitals address what matters most to patients and families, and it improves hospitals' ability to achieve long-term improvements in quality and safety. This guide provides hospital leaders and staff with practical, step-by-step guidance to successfully implement PFE Practice 5: Patient and Family Advisory Council or Representatives on Hospital Committee, one of the five PFE best practices in the CMS-funded Hospital Quality Improvement Contract (HQIC) program (see Exhibit 1). For more detailed information about PFE and the five best practices, please refer to the [Hospital Roadmap for Person and Family Engagement: Achieving the five PFE best practices to improve patient safety and health equity in patient safety.](#)

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.



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Exhibit 1. Five Practices for Person and Family Engagement

FIVE PRACTICES FOR PATIENT AND FAMILY ENGAGEMENT



SOURCE: Centers for Medicare and Medicaid Services (2020)

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PFE Practice 5 Definition

Hospital has at least one active Person and Family Engagement Committee, Patient and Family Advisory Council (PFAC), or other committee (e.g., Patient Safety) with full membership positions for patient or family representatives. These councils or committees should report directly to the Board.

Intent of PFE Practice 5

The intent of this Practice is for hospitals to develop formal relationships with patient and family advisors (PFAs) from the local community—who are former patients and represent the patient population—who can provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts. The relationship may be via a mechanism such as a PFAC or involvement on other hospital committees in which advice, input, and active involvement from patients and family advisors is gathered on a regular basis. Patient representatives on hospital committees should have all the same rights and privileges of all other committee members, and efforts should be made to enable these representatives to share their unique perspective as patients or family members at meetings. Ultimately, this practice confirms that a hospital systematically incorporates patients and their family members as advisors when addressing operations or quality improvement activities.

Benefits of PFE Practice 5

Partnering with PFAs at the organizational level brings the perspectives of patients and families directly into the planning, delivery, and evaluation of care. More specifically, PFAs can (1) offer insights into what the hospital does well and areas where change may be needed, (2) help develop priorities and make improvements

based on patient- and family-identified needs, and (3) serve as a link between the hospital and the broader community. The long-term benefits of working with PFAs include improvements in overall systems and processes of care, including reduced errors and adverse events, improved health outcomes for patients, and better experiences of care.

Five Suggested Steps to Implement PFE Practice 5

We recommend using the Plan-Do-Study-Act (PDSA) cycle to implement PFE Practice 5. PDSA is a method to test a change that is implemented by creating a plan, testing the plan, observing and learning from the test, and determining what modifications are needed to improve the outcome. For more information on the PDSA cycle, visit the Institute for Healthcare Improvement’s [website](#).



Healthcare Providers and Systems (HCAHPS) scores need to improve? Does the hospital want or need to have a stronger connection with the community?

- **Assess the readiness of leadership and staff to commit to a PFAC.** Use AHRQ’s checklist, [Readiness to Partner With Patient and Family Advisors](#), to help facilitate conversations with leadership and staff about their readiness to partner with patients and families. Engage in

1. Secure buy-in and support from hospital leadership and staff
2. Establish a project team to create the PFAC or PFA program
3. Recruit, select, and prepare advisors
4. Launch PFAC (or PFA program)
5. Identify opportunities to improve and sustain the PFAC or PFA program

Step 1. Secure buy-in and support from hospital leadership and staff

Securing support and buy-in from leaders and hospital staff is the first step in developing a plan to implement (or do) and study the PFE practice.

- **Assess the sense of urgency among hospital leadership to create change.** For example, has there been a serious safety event? Do Hospital Consumer Assessment of

Educate board members and C-suite leaders about the benefits of a PFAC. Address any concerns they may have head-on and ask for their input on projects to collaborate with the PFAC.

conversations with members of the C-suite about the benefits of a PFAC, and how leaders and advisors can meaningfully partner on patient experience, quality, and safety initiatives. As needed, conduct one-on-one meetings with members of the C-suite to answer specific questions and concerns, and to brainstorm ideas for partnership. Finally, communicate to leaders what kind of support they will need to give to the project during its duration, to set expectations—particularly around budget, but also around communication from leadership to staff that this is a priority, and it has their support.

- **Identify formal and informal champions.** Informal and formal champions for the PFAC or PFA program can educate others about the benefits of partnering with PFAs and model how to engage in meaningful partnerships with PFAs. Consider inviting leadership or interested staff to conduct a walkabout to explore how the hospital welcomes, engages, and supports patients and families to identify areas for improvement.

Step 2. Establish a project team to create the PFAC or PFA program

Another important step in developing a plan is to assemble a project team. Creating relationships with administrative and clinical leaders who may have interest in supporting the PFAC or PFA program may also help to secure buy-in for the practice.

- **Identify and select a team lead.** If your hospital has a PFE leader (Practice 4), they are likely the best person to lead the team and, eventually, the PFAC or PFA program. The project team can also be comprised of people whose job functions are expected to relate to PFAC/PFA activity as well as informal leaders who have emerged as PFE champions. Consider including people from patient experience, clinical leadership, quality, risk or legal, and communications or marketing.
- **Inform and engage your Board of Directors or other governing body about implementing a PFAC or PFA program.** Solicit interest among board members in serving on a PFAC to optimize connectivity between PFAs and board-level planning.
- **Draft a PFAC/PFA program charter or bylaws document.** This should include a mission statement that specifies the purpose of the PFAC; the reporting relationship of the PFAC within the organizational structure (e.g., to the board or a board-level committee, such as the quality/safety committee); and operational rules (e.g., meeting attendance). This document can also address the structure of the PFAC, for example, the ratio of community members and staff. It is important that the majority of PFAC members are patients and family members/caregivers of patients, and that the minority are staff members.

- **Develop a budget and implementation timeline for the PFAC.** PFACs or PFA programs can operate at a very reasonable cost. Although most PFACs do not provide a stipend to their community members, budget items typically include food and beverages during meetings, reimbursement for parking, and time for staff to facilitate meetings. The implementation timeline should allow for planning, recruiting, conducting interviews, and preparing recruited candidates. Three to 6 months is a reasonable timeline from beginning to launch, although it may take longer.
- **Identify measures to track progress.** Identify measures to track implementation progress (i.e., the number of PFAs recruited or the number of projects that the PFAC contributes to or completes).

Step 3. Recruit, select, and prepare advisors

Prepare for implementation by identifying, interviewing, and onboarding patient and family advisors, keeping the following points in mind:

- **Consider your target population.** Consider the community that your hospital serves and be thoughtful about the representation that you are seeking for your PFAC or PFA program—ideally, the PFAs and staff involved will reflect your community as closely as possible. Identify unheard voices and make a targeted effort to find and invite them to participate. Be mindful throughout the process to account for various types of diversity, not only in race or ethnicity but also age, income, education, sexual orientation, and other characteristics that are prevalent in your patient population.
- **Consider recruitment strategies to identify potential PFAs.** For example, (1) ask clinicians and staff to recommend patients and families; (2) partner with the patient relations team to identify patients who have provided feedback on their care; and (3) consider personal outreach to those who have taken the time to provide feedback, even if it was in the form of a grievance. Consult with your communications or marketing team about how best to advertise for the role of a patient and family advisor (e.g., posting advertisements in your facility or distributing recruitment [brochures](#) in admission or welcome or discharge packets, working with local community groups, or holding a public event and [information session](#)). If staff are recruited as PFAC members, distinguish those

The most important thing to remember throughout the process of recruiting and working with patient and family advisors is the importance of personal interaction. Many advisors report that it is the single most influential factor in their decision to become an advisor.

serving as members and those whose role is to plan and facilitate PFAC meetings. Be thoughtful about which clinical and administrative staff members will add value to the PFAC.

- **Interview and select advisors.** Encourage potential candidates to complete an [application](#) to share basic contact and demographic information, why they are interested in becoming an advisor, and any experiences or skills that they can bring to the role. Interviewing is extremely important to identify PFAs as it creates the opportunity to better understand readiness and ability to work well with others, and clarify expectations including the time commitment.
- **Provide an orientation and training to all PFAs.** Include information about your hospital or system including history, who the leaders are, and how the hospital serves the community. Educate advisors about the hospital's efforts to address safety and quality, patient and family engagement, and patient- and family-centered care, and how advisors can contribute. Consider providing advisors with a handbook that covers these topics, such as the [AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety—Tool 9](#). Finally, encourage advisors to be curious, be respectful, think broadly, actively listen, share experience, respect confidentiality, and be solution-oriented.

Step 4. Launch PFAC (or PFA program)

Implement your plan by launching your PFAC or PFA program focused on an attainable and tangible goal. Be sure to keep track of what is working and not working throughout the process so you can adjust norms and expectations according to the needs of your specific PFAC or PFA program.

- **Plan and host the first PFAC meeting or PFA program launch.** Invite organizational leaders to attend and welcome members. Allow time for members to introduce themselves and get to know one another. During the first meeting and other early meetings, reinforce the mission and role of the PFAC or PFA Program. It is also important to discuss initial aims, expectations, and rules. The AHRQ Guide to Patient and Family Engagement includes a [sample agenda](#) for the first PFAC meeting.
- **Identify realistic projects.** Encourage the PFAC to choose a project that can be accomplished in a relatively short period of time and have a meaningful impact on patients and families. Examples of projects include improving signage in the hospital, developing and/or improving patient education materials including preadmission planning and discharge checklists, and advising on hospital room design changes to help prevent falls. Remember to create openness for PFAC

members to suggest future projects, priorities, or goals that are aligned with the needs of the community and the hospital’s strategic goals.

- **Use data to track progress on the aims and goals set by the PFAC and celebrate wins even if they are small.** Celebrate successes—small and large—with the PFAC, hospital leaders, clinicians, and staff. Invite the leaders of the hospital to attend PFAC meetings to experience the patient and family perspective firsthand.

Step 5. Identify opportunities to improve and sustain the PFAC or PFA program

Study your data to identify opportunities to improve how the PFAC is integrated into hospital operations. Share successes and learn from obstacles by gathering feedback from partners within the hospital.

- **Evaluate the impact of the PFAC.** Regularly evaluate the impact of the PFAC and consider how well it is fulfilling its mission; identify opportunities for improvement and actionable solutions.
- **Communicate impact.** Share stories about the impact of the PFAC or PFA program—not only within the hospital or system but also in the community to externally communicate commitment to PFE.
- **Consider how to innovate and sustain the PFAC.** As the PFAC evolves, consider how to responsibly grow the work (e.g., establishing project working groups, service-line-specific PFACs, or PFACs that represent specific communities the hospital serves). Learn from other PFACs where possible. In addition, be mindful of factors that are critical to sustain the PFAC, including ongoing leadership commitment as well as staff and clinician buy-in and participation; a strong connection of the PFAC work to broader organizational priorities and growth; realistic expectations coupled with the ability to adapt and respond to challenges; and the presence of a culture of patient- and family-centered care and partnership at all levels of the organization.

When to Report “Yes, Our Hospital is Meeting PFE Practice 5”

Hospitals meet the practice if patient(s) and/or family representative(s) from the community have been formally named as members of a PFAC or other hospital committee, AND meetings of the PFAC or other committees with patient and family representatives have been scheduled and conducted.

Lessons From the Field: Barton Healthcare

In 2013, the chief executive officer of Barton Healthcare in South Lake Tahoe, California—a member of the Health Services Advisory Group Hospital Improvement Innovation Network—asked the hospital’s director of quality improvement to look into starting a PFAC. To get started, the director of quality improvement formed a subgroup with the director of public relations and the patient safety officer. The subgroup members maintained their existing work, volunteering time for the new project due to their belief in the value of PFACs. The subgroup researched evidence-based best practices to build on existing knowledge related to PFACs and to make their business case to leadership. They also utilized existing budgets from various departments to fund the development of the PFAC, including the costs associated with hosting PFAC meetings. Barton Health’s annual PFAC budget of about \$500 covers snacks and supplies for meetings.

Resources for Implementation of PFE Practice 5

- [Patient Family Advisory Councils 2019 Toolkit](#) (Colorado Hospital Association)
- [Guide to Patient and Family Engagement in Hospital Quality and Safety](#) (AHRQ)

Sources for this guide include the following:

- Institute for Patient and Family Centered Care (IPFCC). Advancing the practice of patient- and family-centered care in hospitals: How to get started. Bethesda, MD: Institute for Patient and Family Centered Care (IPFCC); 2017. 22 p. Available from: https://www.ipfcc.org/resources/getting_started.pdf
- Agency for Healthcare Quality and Research. Guide to patient and family engagement in hospital quality and safety. Rockville (MD): Agency for Healthcare Quality and Research; 2017. Available from: <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy1/index.html>
- American Institutes for Research. Hospital Roadmap for Person and Family Engagement: Achieving the five PFE best practices to improve patient safety and health equity. Washington, DC: American Institutes for Research; 2021. Available from: <https://hqic-library.ipro.org/2021/03/31/hospital-roadmap-for-person-and-family-engagement-pfe-achieving-the-five-pfe-best-practices-to-improve-patient-safety-and-health-equity>
- Colorado Hospital Association. Patient family advisory councils: 2019 toolkit. Greenwood Village (CO): Colorado Hospital Association; 2019. 22 p. Available from: https://cha.com/wp-content/uploads/2019/04/CHA.158-PFAC-Toolkit_2019_final.pdf