



The Patient & Family Advisory Council (PFAC): *A Guide to the Creation of a PFAC in a Family Medicine Center*

Reid Hartmann, MD

Keesha Goodnow, BAE

Darshana Bhattacharyya, MD



Disclosures

- This presentation is based in part on funded research provided by the Health Resources and Services Administration (HRSA).
- Grant funds provided salary support during the research but no private commercial support.



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Articles/Publications

Implementation Guides

Sample Forms



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A Patient and Family Advisory Council:

our journey



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What is it?

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The Foundation: *Patient- and Family Centered Care*

Patient- and family-centered care is working “**with**” patients and families, rather than just doing something “to” or “for” them.

The Christ Hospital defines family as:

“Family refers to two or more people related in any way, **biologically, legally, or emotionally.**”

The Christ Hospital allows patients to *define who family is to them.*”



What is it?



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4 Principles of Patient- and Family-Centered Care (PFCC):

Dignity and Respect

Information Sharing

Participation

Collaboration



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A PFAC is a group of patients/family members, office staff, residents and physicians working together to improve care.

Our council at The Christ Hospital Family Medicine Center includes **26 members** consisting of:



12 patient/family advisors



5 resident advisors



2 eAdvisors



5 staff advisors



2 physician advisors

Key leadership, including the Medical Director and Office Manager, *is present at our meetings.*



What is it?

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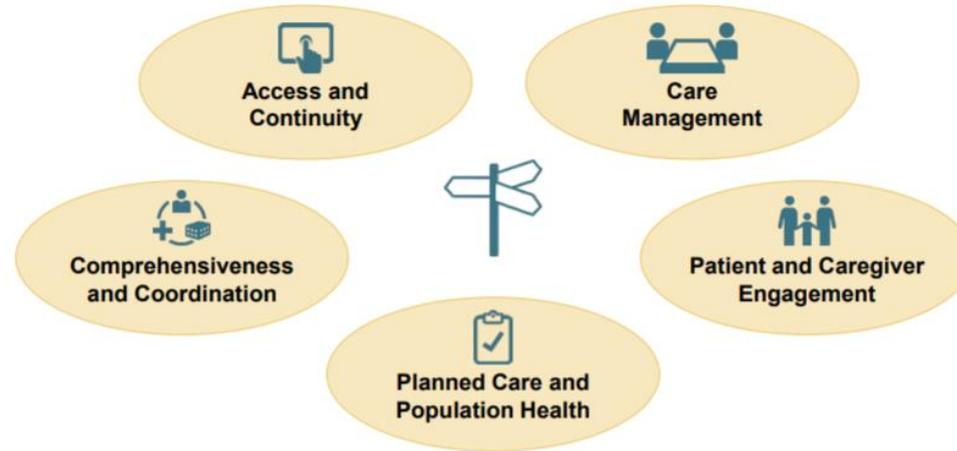
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Why do you need one?

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CPC+ Practice Care Delivery Requirements:



Practices will organize a Patient and Family Advisory Council (PFAC) to help them understand the perspective of patients and caregivers on the organization and delivery of care, as well as its ongoing transformation through CPC+.

Practices will use the recommendations from the PFAC to help them improve their care and ensure its continued patient-centeredness.



Why do you need one?

<https://innovation.cms.gov/Files/x/cpcplus-practicecaredlvreqs.pdf>

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“In high-functioning health care teams, patients are *members* of the team; not simply *objects* of the team’s attention; they are the *reason* the team exists and the *drivers* of all that happens.”

VIEWPOINT

Challenges at the Intersection of Team-Based and Patient-Centered Health Care

Insights From an IOM Working Group

Matthew K. Wynia, MD, MPH

Isabelle Von Kohorn, MD, PhD

Pamela H. Mitchell, PhD, RN

are used to describe team-based care, th
ful. Is the patient the quarterback? Th
has a different quarterback or coach e
would this vary according to the team’s p
for example. teams for patients receiv



Why do you need one?

Wynia MK, Von Kohorn I, Mitchell PH. Challenges at the Intersection of Team-Based and Patient-Centered Health Care Insights From an IOM Working Group. JAMA. 2012;308(13):1327–1328. doi:10.1001/jama.2012.12601

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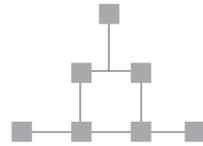


Innovation Series 2008

Seven Leadership Leverage Points

For Organization-Level Improvement in Health Care

Second Edition



In a growing number of instances where truly ***stunning levels of improvement have been achieved***, organizations have asked patients and families to be directly involved in the process.

And those organizations' leaders often ***cite this change*** —putting patients in a position of real power and influence, using their wisdom and experience to redesign and improve care systems —as being the single most powerful transformational change in their history.



Why do you need one?

Reinertsen, Bisagnano, & Pugh. Seven Leadership Leverage Points for Organization-Level Improvement in Health Care, 2nd Edition, IHI Innovation Series, 2008. Available at www.ihl.org.

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Special Series: Quality Care Symposium | PRESENTATION SUMMARY

Using a Patient and Family Advisory Council as a Mechanism to Hear the Patient's Voice

Kate Niehaus

Everyone—patients and staff alike—embraces the concept, yet ***no one knows how to truly hear the patient's voice.***

Given the proper resources and leadership, PFAC programs have tremendous potential and can enable institutions to hear the patient's voice.

PFACs are powerful tools for ***hearing the patient's voice and identifying the needs of a patient population.***



Why do you need one?

Niehaus K. Using a Patient and Family Advisory Council as a Mechanism to Hear the Patient's Voice. J Oncol Pract. 2017 Aug;13(8):509-511. doi: 10.1200/JOP.2017.024240. Epub 2017 Jul 13. PubMed PMID: 28704122.



Benefits of the Patient Voice

1

HC professionals *make fewer assumptions* about what patients and family members want

2

Patient advisors have a *different lens* and can help identify “blind spots”

3

Advisors challenge *what is possible*

4

Patients are a *key stakeholder* in healthcare



Why do you need one?

Adapted from *Collaborating with Patients and Families in Quality Improvement Webinar*, Institute for Patient and Family Centered Care (IPFCC)



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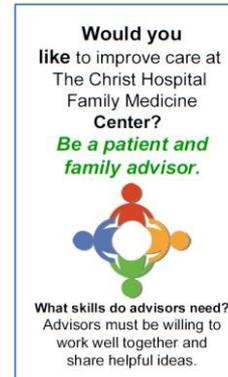
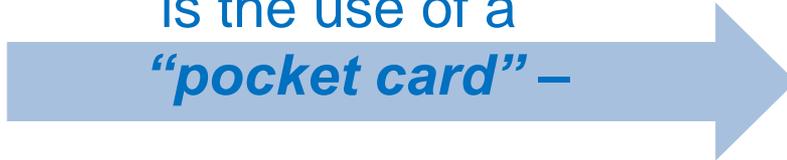


How to get started?

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Recruitment Strategies

Our best recruitment strategy
is the use of a
“pocket card” –



Physicians **personally invite patients** to become part of our council and give them a card with details and contact information.

We also rely on patient/family advisor recommendations, word of mouth, brochures, and posters to invite our patients to join.



How to get started?



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Recruitment Process



Medical Director *screens and calls* potential candidates

Coordinator calls, provides *detailed information* and completes a *phone interview*

Patients submit an *application*

Complete a *background check*

Attend an *orientation*

Commit to *one-year term*

How to get started?



Sample Agenda



How to get started?



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How to use it?

Sample Meeting Content

Patient- and
Family-Centered
Care Principles

Roles &
Responsibilities of
Advisors

How to
Share your Story

Communication
Basics

Plan-Do-Study-Act
(PDSA) Cycles for
Quality
Improvement

Discussion of Real
Time Clinic Issues

A graphic of a grey winding road with white dashed lines, with several colorful location pins (yellow, green, red, blue) placed along its path.

How to use it?

“Walk About”
Experience as QI
Tool

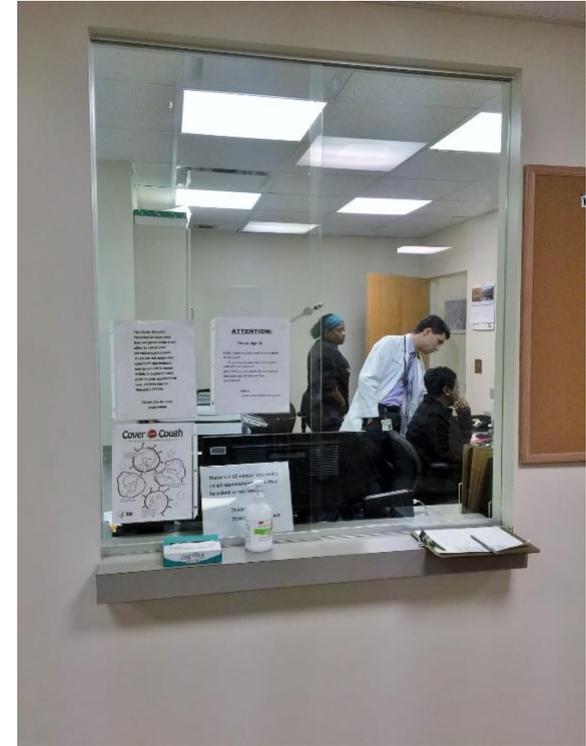
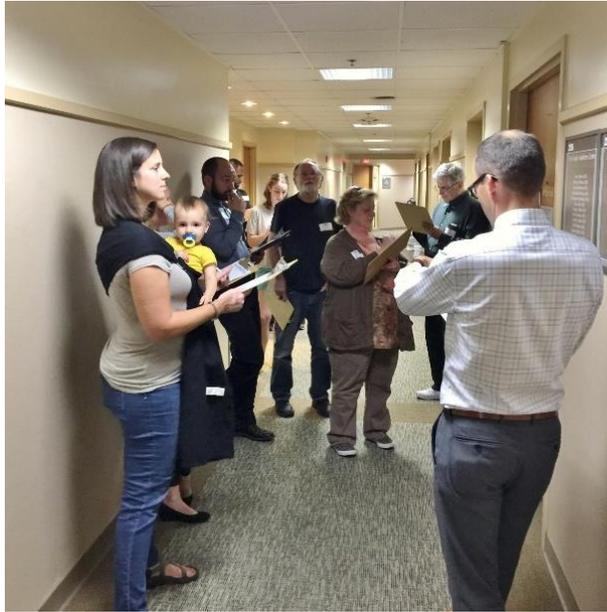
Identification of QI
Projects and
ongoing feedback



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Walkabout



How to use it?



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The Christ Hospital Family Medicine Center Patient & Family Advisory Council (PFAC) Walk About

Observations

Waiting Room

Policies on the screen
 Chairs destroy walls*
 Waiting like Charley Harper art
 Waiting nice flooring
 Waiting bland
 Dirty X
 Décor - Cincy theme nice
 TV w/ nutritional info
 No glass vs. glass
 Not a lot of magazines
 Unappealing*
 Walls need painted*
 Glass is off-putting
 Family of Man/Children Photos
 Holes in walls*
 Wait times? What's that?
 Need coat hooks
 Waiting room - brighter, clean echoes*
 no theme to the artwork
 Peephole
 Wall marked up
 Office waiting bigger artwork
 ??? "Turn off" cell phone
 Office glass ???
 Glass: privacy/workers

Other Waiting Room

No glass vs. glass
 New waiting room is fantastic
 waiting - windows
 Carpet
 Carpeted

Children's Area

Wall covering good
 No glass is nicer
 Hotel Lobby
 Would like kid activities
 No books/toys

Specific changes to move from Observations → Ideal

1. Paint and repair walls. Putting chair rails/guards on the walls behind the chairs.
Brightening the color on the walls, more inviting and warm feeling.
No glass vs. glass - utilizing suite 231 waiting room.
Removing in board phone calls from the checkin area.
2. All signs and policies on the Cork Board w/ color Boards.
3. _____

Ideal

- Warm colors
- open area for registration
- signs on cork board
- kids corner



How to use it?



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WAITING ROOM RANKINGS *n=16



Feature	Item 1	Item 2	Item 3
Soft, soothing music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaces for wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Entry Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How to use it?



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The Christ Hospital Family Medicine Center Feedback Form

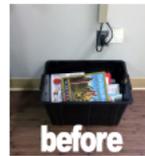
Please tell us how you feel about the new waiting room.
This survey is anonymous. *Thank you for your time!*



Please circle how well we are doing in the following areas:	GREAT 5	GOOD 4	OKAY 3	FAIR 2	POOR 1	N/A Don't Know
WAITING ROOM:						
Clean room	5	4	3	2	1	N/A
Welcoming/Inviting room	5	4	3	2	1	N/A
Comfortable room	5	4	3	2	1	N/A
Helpful Check-in staff	5	4	3	2	1	N/A
Personal information kept private	5	4	3	2	1	N/A
Check-in staff answers questions	5	4	3	2	1	N/A
Wait time	5	4	3	2	1	N/A
Comments:						

We have a NEW Kids' Corner!

Please rate the change *before and after*.
Circle your rating below:



Comments:

Please rate your overall satisfaction with the new waiting room. Please circle one number.

I liked the old waiting room better

 1 2 3 4 5 6 7 8 9 10

 The new space is a huge improvement

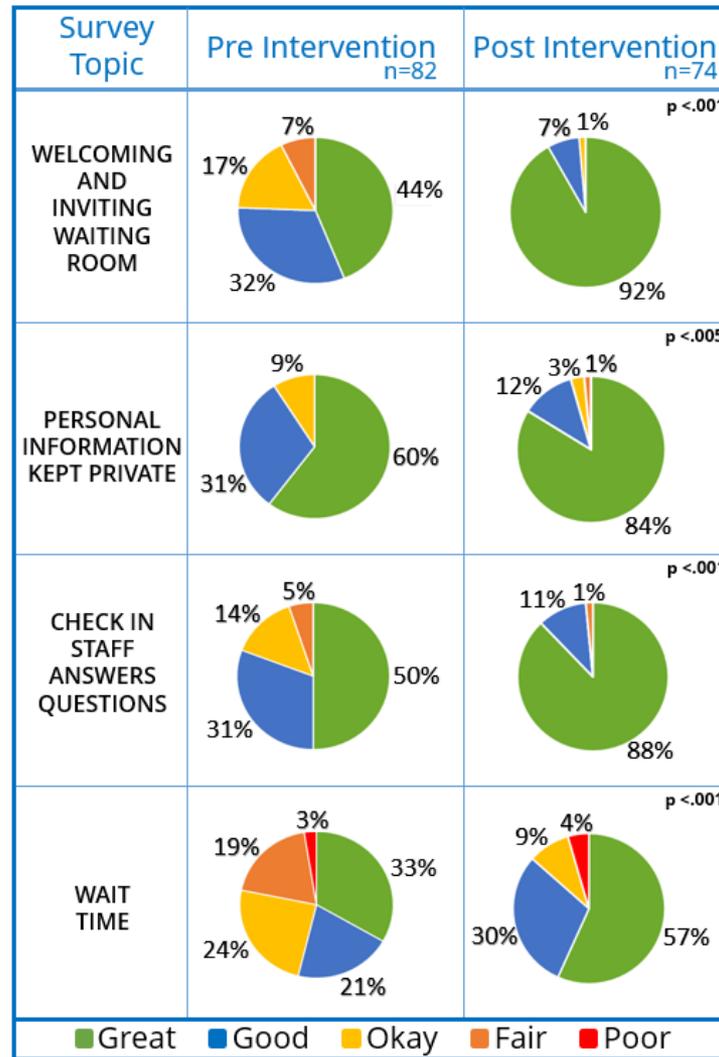
I was never in old waiting room

How to use it?

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While cleanliness, inviting atmosphere, and comfort were all expected to improve, *patient perception of wait time and helpfulness of office staff improved*, even though we made no staff or process changes

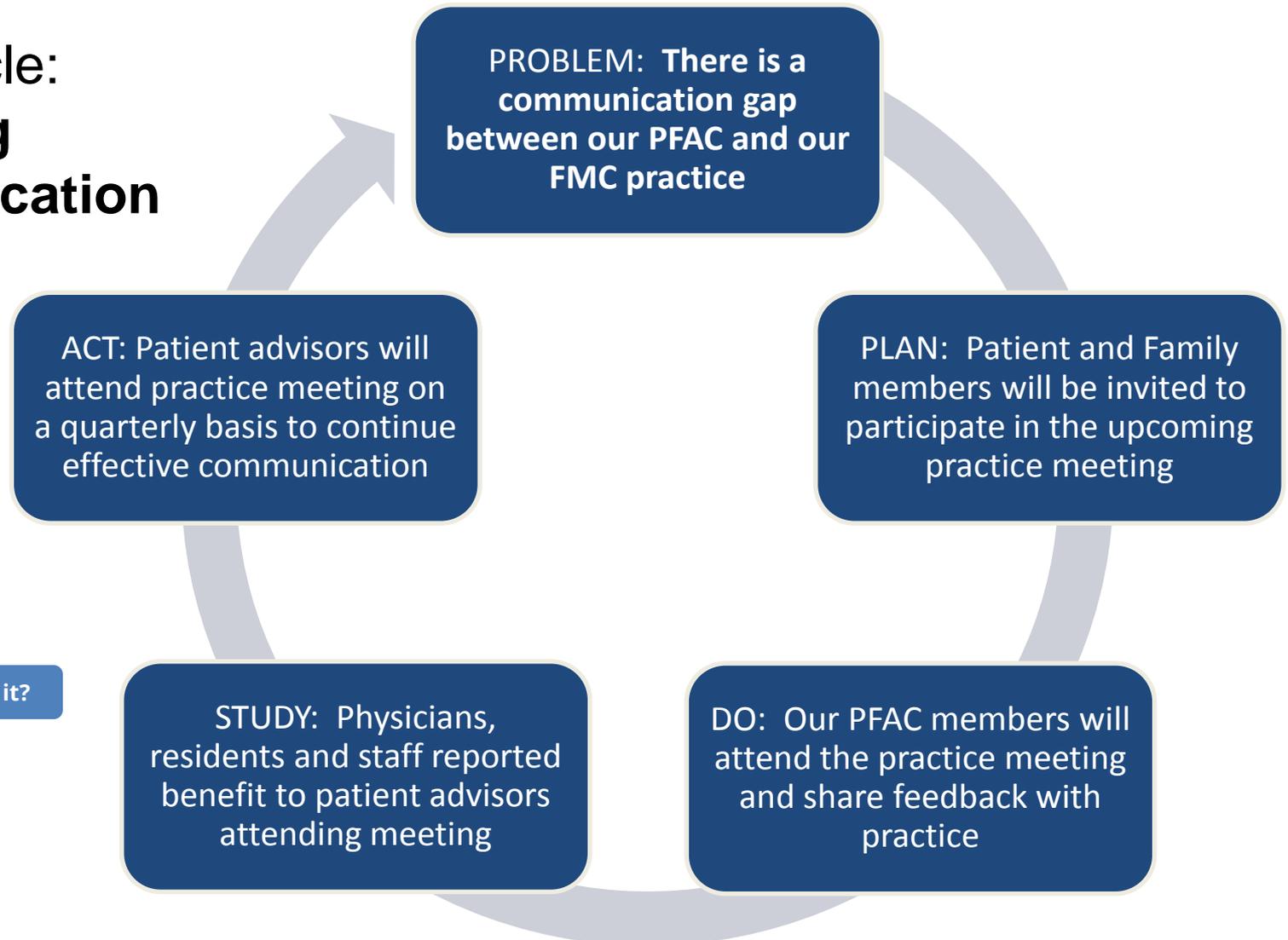


How to use it?



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PDSA Cycle: Improving Communication

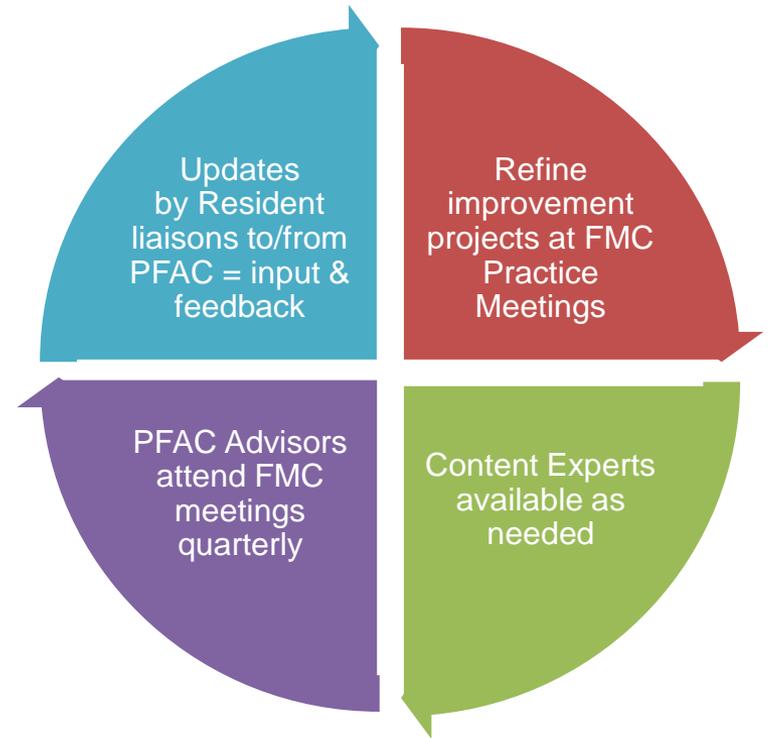


How to use it?

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The **PFAC** is the *driver*
for QI

The **Family Medicine
Center** weekly practice
meeting is the
dissemination vehicle



How to use it?



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How to sustain it?



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How to sustain it?



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Key Take Aways:

1

Don't be too polished: Patients want to see the human side of you

2

Speak a common language: Leave the acronyms and abbreviations at the door

3

Avoid information overload: Teach concepts and strategies in “Educational Moments”

4

Pause...: Intentional silence encourages the patient voice

How to sustain it?



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