



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

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## Disclosures

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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.

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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.*”



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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.**



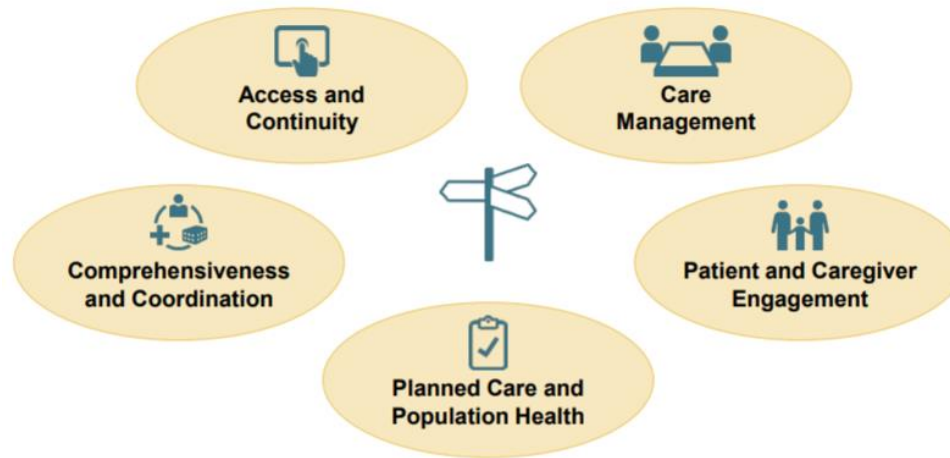
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**Why do you need one?**

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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



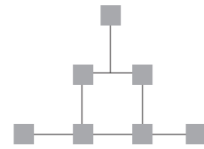
Why do you need one?

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](http://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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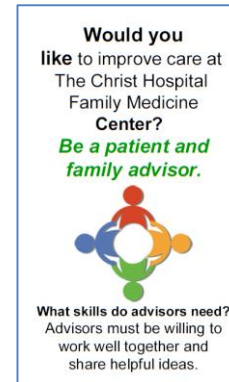
A graphic of a winding grey road with white dashed lines, curving from the bottom left towards the top right. Five location pins are placed along the road, each containing a white number. The pins are colored: 1 (yellow), 2 (red), 3 (green), 4 (blue), and 5 (brown).

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?



# Conference on Practice Improvement **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***

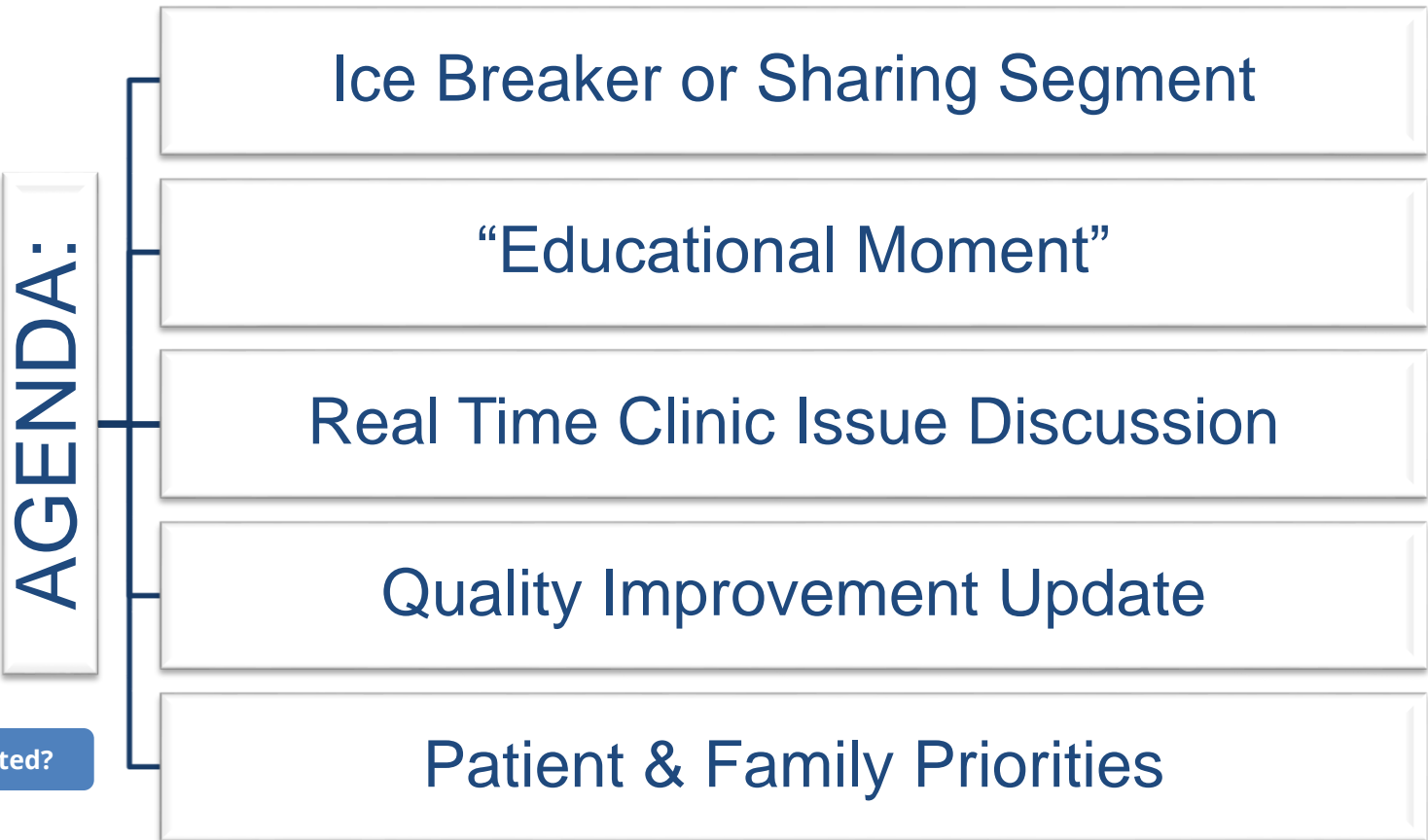
Commit to ***one-year term***

How to get started?





## Sample Agenda



How to get started?



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How to use it?

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## **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



How to use it?

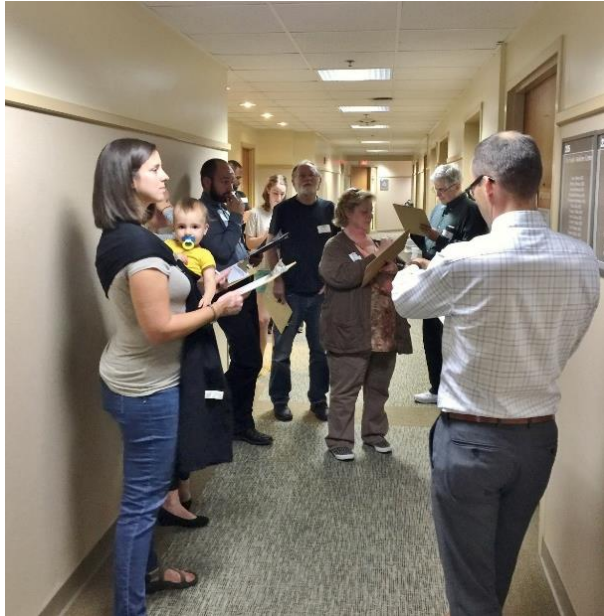
“Walk About”  
Experience as QI  
Tool

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	Specific changes to move from Observations → Ideal	Ideal
<b>Waiting Room</b> 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	1. <u>Paint and repair walls. Putting chair rails/guards on the walls behind the chairs.</u> <u>Brightening the color on the walls. more inviting and warm feeling.</u> <u>No glass vs. glass - utilizing suite 231 waiting room. Removing inbound phone calls from the check-in area.</u> 2. <u>All signs and policies on the Cork Board w/ color borders.</u> 3.	- Warm colors - open area for registration - signs on cork board - kids corner
<b>Other Waiting Room</b> No glass vs. glass New waiting room is fantastic waiting - windows Carpet Carpeted		
<b>Children's Area</b> Would like kid activities No books/toys		

How to use it?





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WAITING ROOM RANKINGS \*n=16



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
<b>WAITING ROOM:</b>						
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

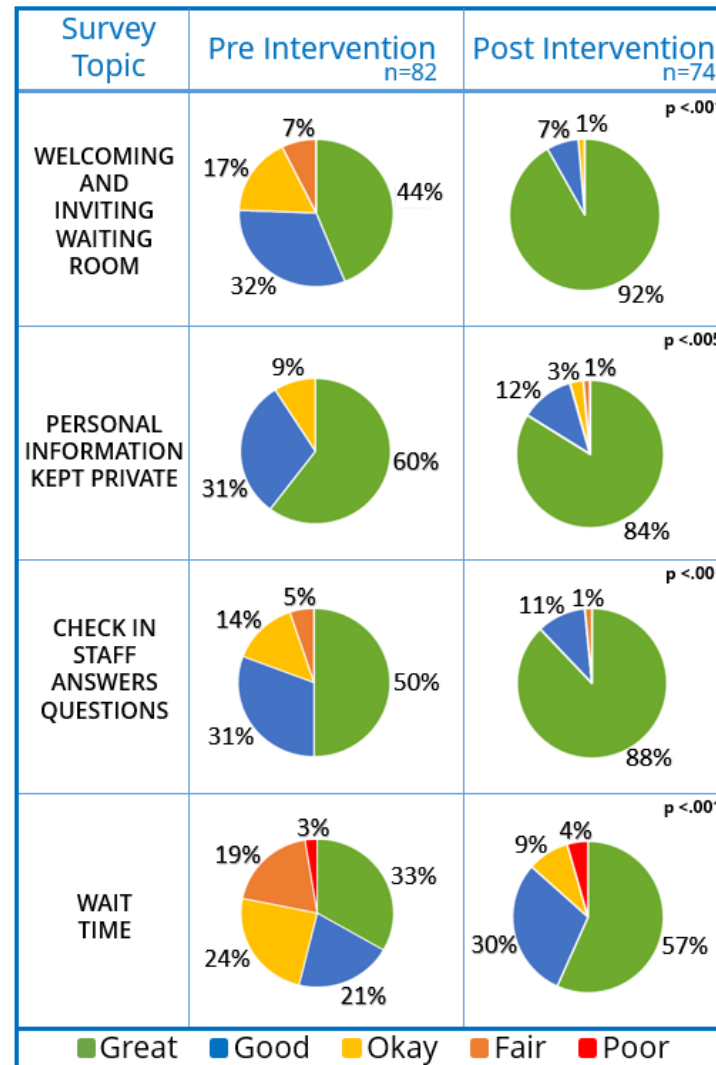
☐ I was never in old waiting room

How to use it?

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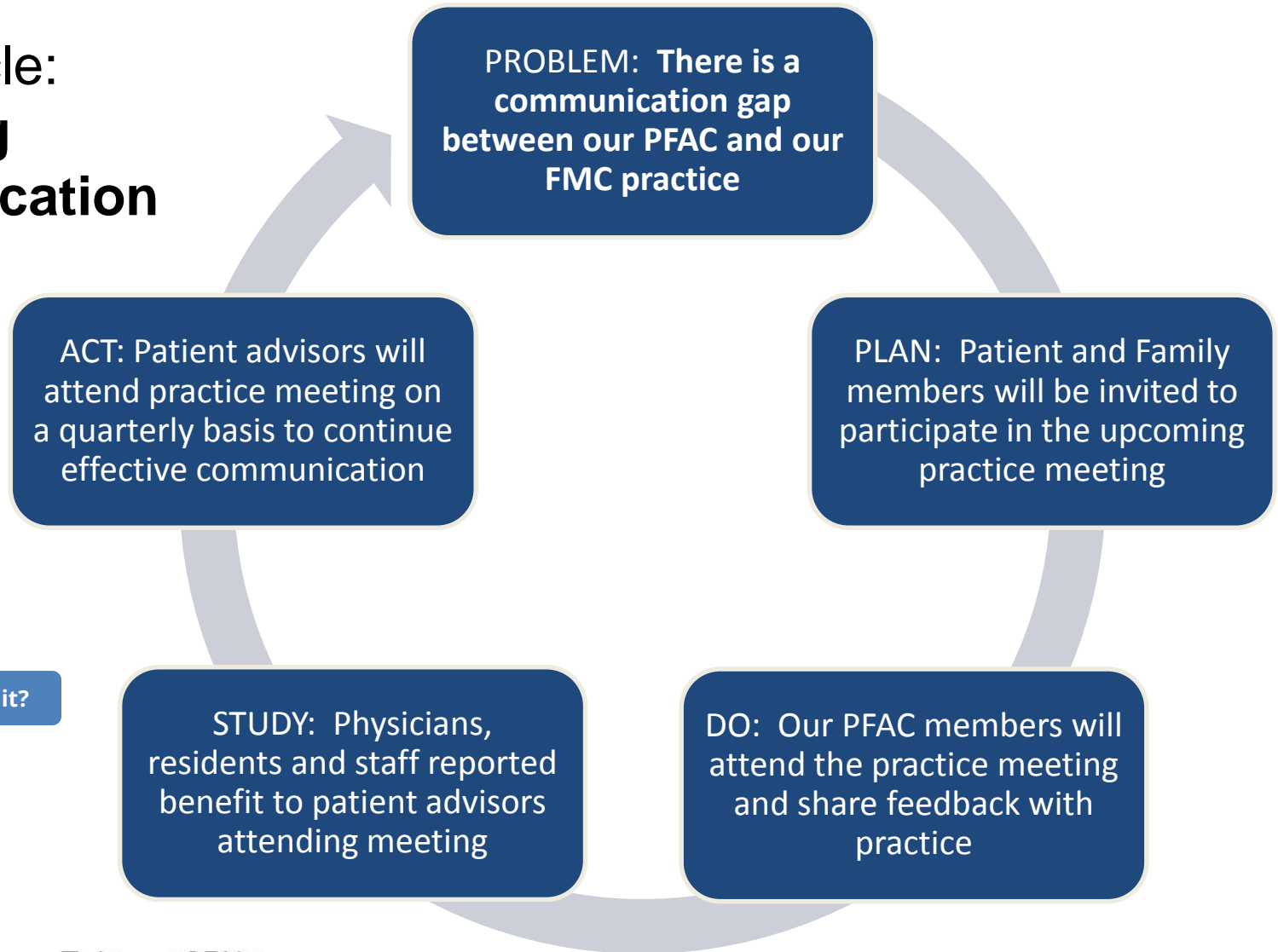
While cleanliness, inviting atmosphere, and comfort were all expected to improve, *patient perception of wait time and helpfulness of office staff improved*, even though we made no staff or process changes

How to use it?



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## PDSA Cycle: Improving Communication

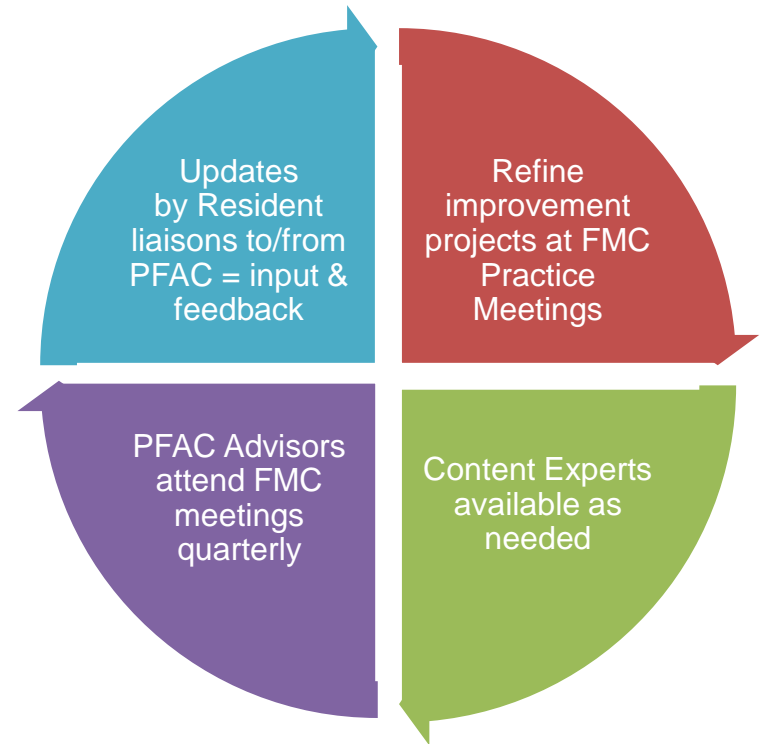


How to use it?

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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?



## 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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