



Leveraging Patient and Family Advisory Councils (PFACs) for Patient Safety

Webinar hosted on March 31, 2021 10:30-11:30am PT. Frequently Asked Questions (FAQs) from the audience, along with relevant resources, follow below.

- **My organization's PFAC has been in place for several years and we are struggling to find meaningful work for its members. What are the suggestions for how to keep the council engaged and involved on significant projects?**
 - PFACs need to stay engaged at all times. There are always two 'buckets' of projects: 1) From your organizational priorities and 2) From the PFAC priorities. The [assessment tool](#) could be used as a living document to see where your organization is on PFE at any given time. To maintain engagement overtime, ensure your PFAC is involved in and kept up to date on the organizational performance improvement initiatives. This will ensure consistent alignment and sustained engagement.
 - A great way to engage PFAC members is to put them on existing committees and workgroups. Give them a seat at the table where improvement work is being done at your organization. Then, your monthly PFAC meetings become more of a report-out from PFAC members about the work they are involved with and less of a struggle finding agenda items each month.
 - Internally promote your PFAC through organizational communications, inviting managers to bring their issues to the PFAC for feedback.

- **What projects are common for PFAC members to work on?**
 - PFACs can become engaged in a number of ways:
 - Start with the prioritized quality and safety initiatives of your organization. These could be priorities in your organization's strategic plan, or areas in your report card that indicate need for improvement.
 - Do an organization-wide assessment of opportunities for PFAC engagement. As mentioned, several organizations have free assessment tools. Here is a link to the [H2Pi Assessment Tool](#).
 - Look for the common PFAC areas of involvement, such as infection prevention, hand hygiene, medication use, falls reduction, VTE/DVT education and prevention, patient education materials, and visitation policies. (In the Vizient study, Falls and Readmissions were the top two topics where PFACs were involved in improvement work.) Of course, this list is only a start and is certainly not all inclusive.
 - Currently, PFACs are heavily involved in COVID-related issues, such as vaccine hesitancy, delayed treatment, access to medical records after implementation of [new ONC rules](#), such as access to all tests and many kinds of clinician notes, improving health equity, improving timely diagnosis of infection, cancer, or heart disease.

- **How do you choose your PFAC members?**
 - Choosing PFAC members is done by collecting applications and interviewing everyone, including staff and potential members within the community. Often, a process known as 'appreciative inquiry' is used, where specific questions will be asked using an [internal scoring tool for associates and staff members](#) and [an external scoring tool for patients and family members](#).

- Don't skip the application or the interview, even if you're personally inviting someone you know. Making those part of your process sends the message that the candidate is not entitled to a seat. One of the major problems PFACs encounter starts with people who were appointed and feel they have a right to be there. Invite people as individuals, not representatives of a local organization. Otherwise, that person may feel the need to put their organizational priorities first.
- **What are the recommendations for how to involve non-English speaking minorities?**
 - Non-English speaking minorities have been successful in establishing their own PFACs, with a translator serving as the link between the native language within the PFAC and the larger healthcare system.
 - UCLA Ronald Reagan Medical Center developed a Spanish-speaking PFAC where they use their medical translators to help conduct the monthly meetings.
- **What are recommendations for engaging PFACs in the time of COVID? What are the adaptations or innovations with the transition from in-person to Zoom?**
 - COVID has certainly modified the extent to which PFACs can be involved in their traditional manner. PFACs have had to adapt around issues such as:
 - Facilitating the implementation and use of telehealth
 - Playing an active role in promoting advanced directives
 - Encouraging family advocates when visitation policies have changed
 - Encouraging plasma donation
 - Identifying resources for stress, isolation, and mental health
 - Highlighting equity issues raised by the pandemic
 - Recognizing opportunities for improving staff morale and worker safety
 - Developing 'recovery' guides.
- **How are issues such as infection prevention, medication errors, and falls reduction presented to the committee? Are the issues referred as part of the root cause analysis process or are they treated more so as family grievances received by the hospital?**
 - Always educate your council members on clinical matters using 4th to 5th grade language. Share the data with the PFAC and include data visualization aids. This can be difficult, as many organizations are apprehensive to share their 'dirty laundry'. However, we know from the highest performing organizations that being transparent with the PFAC members is the right thing to do, builds trust, gets to the bottom of the issue in the most efficient way possible, and encourages participation to improve the problem. One way to start this conversation is by sharing the report cards the organization receives, and highlighting the areas for improvement where you want PFAC members to help.
 - Present information to the PFAC as you would to your employees. The more you treat them as an extension of your staff, the more engaged they become.
 - Invite the leads from infection control, pharmacy or whoever is leading the improvement work to attend a PFAC meeting. This creates the opportunity to build relationships and assess interest and fit for an improvement project.
 - With respect to root cause analysis, several PFACs have trained one or two interested members to serve on RCA teams. With respect to handling grievances, some organizations have engaged their PFACs in responding to grievances. Meet with your patient experience staff as a first step.
- **How can PFACs be leveraged to address issues related to discrimination based upon race or gender?**

- PFAC members can sit on your ethics committee, help conduct root cause analysis, participate in the development of the Community Health Needs Assessment (CHNA), be involved with your efforts to collect patient demographic data including social determinants of health, etc. PFAC members can also help you recruit diverse PFAC members to sit on your council.
 - Schedule an educational presentation to the PFAC members on these issues
- **What advice do you have for patients and family members to approach their local healthcare system to find out if they have PFACs or invite them to start a PFAC?**
 - A PFAC is typically established because a Patient and Family Engagement champion within the organization notices a gap. Many patients and family members do not know that these councils exist. If organizations do have an active PFAC, the organization should make this known to the public, whether through portals, websites, social media, or community events. Establish a process for patients, family members, and community members to get involved in a way that is incorporated seamlessly into their daily routine. For example, social media can be used for recruiting announcements and outreach.
 - If your local hospital doesn't have one, consider using videos that talk about the value of PFACs to help build the case to create one. Vizient has a number of videos on its YouTube channel you can use:
 - https://www.youtube.com/watch?v=Neu_ZlfLE4&list=PLEBDdt7RnWsPoW2rBiOm2EApMtplQM9F_&index=21.
 - https://www.youtube.com/watch?v=XrmeU3Y7Wc8&list=PLEBDdt7RnWsPoW2rBiOm2EApMtplQM9F_&index=29
 - https://www.youtube.com/watch?v=UnCZFD5vSts&list=PLEBDdt7RnWsPoW2rBiOm2EApMtplQM9F_&index=26
 - https://www.youtube.com/watch?v=8lyz_IT7mJs&list=PLEBDdt7RnWsPoW2rBiOm2EApMtplQM9F_&index=27
 - **How can you tell which hospitals have a PFAC in place?**
 - Many hospitals post information about their PFAC on their website, but not all of them do. About 65% of hospitals in the U.S. have PFACs. In the state of Massachusetts, it is required by law that hospitals have one and you can search for what each one does at the Department of Public Health website: <https://www.mass.gov/orgs/departement-of-public-health>

Resources:

[Statement of Purpose: Patients for Patient Safety, WHO World Alliance for Patient Safety](#)
[Healthcare Patient Partnership Institute: Interviews with Patient and Family Advisors \(PFA\)](#)
[Lessons Learned from a Systems Approach to Engaging Patients and Families in Patient Safety Transformation](#)
[Healthcare and Patient Partnership Institute: PFACQS 2.0 Toolkit](#)
[Case Study of Hand Hygiene Compliance with Introduction of a PFAC](#)
[Organizational Priorities for Your PFACQS](#)
[H2Pi PFACQS Charter](#)
[Patient and Family Advisory Council for Quality and Safety \(PFACQS®\) Assessment Tool](#)
[PFACQS Internal Candidate Review Form](#)
[PFACQS External Candidate Review Form](#)