



# Patient & Family Advisory Council (PFAC) Implementation Handbook

A guide for creating a Patient and Family Advisory Council

University Health is committed to delivering patient-centered, culturally competent and high-quality health care for adults and children. This care is based on a strong foundation of outcomes-based research and innovative teaching.

An important part of this commitment is our Patient & Family Advisory Councils (PFAC). In 2015, University Health created the PFAC in partnership with the University of Texas at San Antonio to improve the patient and family experience.

Our Patient and Family Advisors (PFA) have the opportunity to share their experiences with administration, staff, providers and fellow patients and families. Advisors collaborate to improve the delivery of our care.

PFAC members:

- Support patient and family-centered care
- Improve clinical, operational and patient outcomes

University Health PFACs have helped:

- Redesign patient welcome packets
- Simplify and improve patient discharge procedures
- Enhance patient meal options, including choices for those who have dietary restrictions
- Organize a moment of silence initiative for pediatric families
- Create educational materials
- Establish asthma follow-up protocols for pediatric patients
- Partner with patients and families to improve the perioperative care in total joint surgery
- Student research projects
- Host community service programs

## **Core Concepts**

Dignity and Respect:

- Listen to and honor patients' and family perspectives
- Patients and families are from different religious and cultural backgrounds that should be considered in the care planning and delivery

Information Sharing:

- Doctors, nurses and anyone on the team share information that is honest and understandable
- All team members receive timely, complete and accurate information during the care process

Participation: Patients, families, doctors, nurses and other team members are all encouraged to have a voice

Collaboration: Patients, families and hospital leaders work together to improve and develop programs and policy

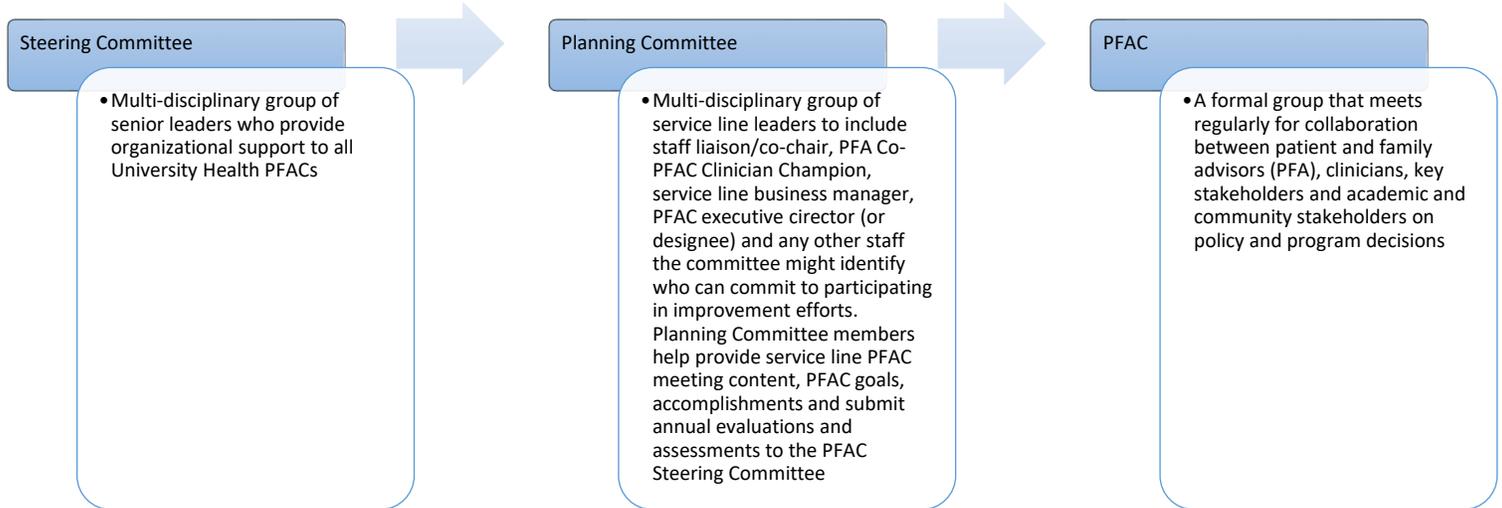
## **Mission**

Through our service and partnership, we commit to care for each other by listening, developing trust and encouraging everyone to have a voice.

Our goal is to decrease suffering, positively impact patient care, develop actionable outcomes and create a better experience for all.

PFACs promote and support diversity, inclusion and meaningful partnerships across service lines to make improvements in clinical, operational and patient outcomes.

# Committees, Roles and Responsibilities for a Successful PFAC



## Patient and Family Roles and Responsibilities

- **A Patient and Family Advisor (PFA)** is a volunteer who improves the quality of the care for all patients and family members. They provide feedback to University Health based on their own experiences. A PFA may participate in a designated service line PFAC or in subcommittee projects.
- **PFA Co-Chair** is nominated to serve a term of two years. The PFA Co-Chair will work with the Staff Liaison or Co-Chair to identify the goals and needs of the service line and will lead meetings.
- **PFA Steering Committee Member** is a patient or family member of a service line PFAC. They are nominated by the Steering Committee and Executive Director of the Patient and Family Resource Center to serve a term of two years.

## Staff Roles and Responsibilities

**Staff Liaison/Co-Chair** is a University Health staff member who is assigned to a clinic or service line PFAC. They will function as a liaison between the PFAC and clinic or service line. They will:

- Recruit members
- Identify service line needs
- Support and manage PFAC projects
- Attend PFAC meetings
- Track individual PFAC goals, accomplishments and assessments
- Manage PFAC meeting minutes and logistics
- Attend quarterly Steering Committee updates
- Provide input for training and educational materials needed for the staff and PFACs. The Staff Liaison/Co-Chair will be required to attend training on supporting PFAC programs.

**PFAC Clinician Champion** is an appointed clinician identified by the PFAC Steering Committee with knowledge of the designated service line PFAC. They will work with the Staff Liaison/Co-Chair and the PFAC Co-Chair to:

- Identify the goals, accomplishments and assessments of the designated service line or clinic
- Recruit members
- Attend PFAC meetings
- Participate in the PFAC Planning Committee meeting

- Attend quarterly Steering Committee updates

## **PFAC Council Structure**

Each council will consist of no more than 10 PFAs and no more than five University Health permanent team members. Examples include Staff Liaison/Co-Chair, PFA Co-Chair, and Clinician Champion and Planning Committee members.

Other team members are welcome to attend. However, the total number of team members will not exceed the total number of PFAs. This will ensure that PFAs are empowered to have an active voice during council meetings.

## **PFAC Meetings**

- Meeting frequency: PFACs meet monthly, unless the Steering Committee grants special permission
- Agenda: The Co-Chairs/Liaison will set the agenda, with guidance from the Clinical Champion
- Meeting Minutes: Meeting minutes capture previous meeting discussions and status of projects
- Attendance: PFAC members are encouraged to attend every session during their term. Teleconference and WebEx arrangements can be made if necessary. Council members who are not able to attend sessions must notify the Co-Chair(s) as soon as possible to make adjustments
- Tracking accomplishments: PFAC members are responsible for identifying the goals, accomplishments and assessments of all projects. The project charter should be completed for approval from the Patient and Family Resource Department.

## **Pre-Meeting Preparation**

- Burning issues, pending parking lot items and recent requests for time on the agenda from the planning committee and service line requests.
- PFA Co-Chair and Staff Liaison/Co-Chair make final adjustments to agenda and send agenda to the committee.
- List names of attendees and their roles including any leaders/team members who are on the agenda as well as any guests at the meeting. This information is included as part of the agenda to let everyone know who is expected to attend.

## **Meeting Follow-up**

- Co-Chair/Liaison summarizes meeting notes. All notes include attendees, topics, decisions made or any significant discussion and assignments with timeframe/responsible person(s) identified. Any new parking lot/future agenda items are added to the ongoing list.
  - Committee should also consider prioritizing the projects that will be submitted to the Steering Committee
- Co-Chair/Liaison reviews notes, adds information as necessary and distributes to PFAC and Planning Committees within two weeks.
- Co-Chair/Liaison receives ongoing requests from managers and others in the organization seeking advisor input and collaboration.
  - Team member requests that come in between meetings may become an agenda item for ad hoc meeting or result in an email request for feedback if the request is time sensitive. Otherwise, it is discussed during the planning committee meeting.
  - Staff Chair/Liaison follows up on ongoing/closed projects to report back to Patient and Family Resource Center.

# Member Selection and Recruitment

## Nomination and Application Process

Any University Health team member can recommend or self-nominate candidates by visiting the Patient and Family Resource Center at our University Health website under the Patient & Visitor Resource tab. It is highly encouraged that recruitment efforts start with the planning committee members.

**Tier 1 Membership:** A PFA who participates in a service line PFAC to provide general feedback on services offered by the designated service line.

**Tier 2 Membership:** A PFA who is asked by a subgroup of the PFAC council to participate in a short or longer-term project(s) to include:

- research projects
- committees
- quality improvement
- staff education
- patient education
- patient experience
- patient safety

**All PFAs from Tier 1 & 2 Membership will meet the following criteria:**

- Be a patient or family member of a patient at University Health
- Be able to listen to differing opinions and share unique points of view
- Show support of the University Health mission, vision and values
- Share insights and information about their experiences in ways that others can learn from
- Have the ability to see beyond their own personal experiences
- Show concern for more than one issue or agenda
- Speak comfortably in a group with respect and kindness
- Work with others including senior leaders, staff, providers and community and academic partners
- Other criteria you might consider, depending on the scope of your council (e.g., service line/clinic specific)
  - Diagnosis/condition
  - Services utilized
  - Diversity of backgrounds

**Membership Selection for Tier 1:** Upon referral, candidates will be interviewed by a member of the service line Planning Committee. Once the applicant is approved, they will be invited to attend their first PFAC meeting and complete confidentiality forms.

**Membership Selection for Tier 2:** Upon referral, candidates will be sent an application. Following receipt of the application, a member of the Patient and Family Resource Center and a PFA may request an interview. Upon approval, the applicant will undergo a background check and screening conducted by Volunteer Services. Upon clearance, members will receive a welcome letter informing them of the project responsibilities and expectations.

## Recommended Terms of Appointment for all PFAC members

- All members are appointed to Council for a term limit. This includes staff, patients and families. Example: 50/50 mix of 2-year term and 3-year terms
- Members may request re-appointment at the end of their term
- Members may resign in writing or via email to the Council Co-Chair(s)/Liaison
- Vacancies will be addressed as needed
- Members may be asked to resign their seat on the Council due to inability to adhere to membership duties
- Members must participate in the PFAC onboarding training and sign a confidentiality agreement
- Other roles and responsibilities determined by the service line PFAC

# Orientation, Training and Confidentiality

This may be the first time a patient or family member has served on a council or participated in a collaborative project within a health care system. The following curriculum will help prepare you and your members for success.

The Patient and Family Resource Department will be responsible for onboarding all new patient/family members and planning committee members.

## Curriculum overview

- Participation introductions
- University Health's history, mission, vision and values
- Overview of facilities and services
- Brief presentation by administration or other key leaders
- Patient and family-centered care core values
  - Dignity and Respect
  - Information Sharing
  - Participation
  - Collaboration
- HIPPA and expectation for honoring privacy and confidentiality
- The role of the PFAC council
- PFA roles and responsibilities
- Testimonials
- Overview of typical meeting structure
- Practical details (where to park, what to wear, what to bring to meetings)
- Attendance
- Trauma-Informed Care training
- Introduction to ethics
- Additional training may be required depending on project role and responsibilities\*\*

## Marketing

The PFACs will follow the guidelines, application and marketing materials created in this implementation toolkit. All marketing materials have been pre-approved by the Corporate Communications & Marketing Department. Any recommendations to update marketing materials must be submitted to the Patient and Family Resource Department for approval.

## Establishing a PFAC

Requests to create a PFAC for a designated service line must be approved by the PFAC Steering Committee. To request a PFAC for your service line, please contact [PFAC@uhs-sa.com](mailto:PFAC@uhs-sa.com).

## Council Separation

The Staff Liaison/Co-chair of the PFACs is authorized to dismiss any member who is not compliant with the bylaws and guidelines at any time.

**Sample Agenda and Schedule**

**Agenda  
PFAC (NAME)  
Meeting Location  
Date**

Topic	Things to consider	Presenter
Welcome and Introduction	<p>Optional meeting forums: In-person*</p> <p>Virtual: WebEx, phone, hybrid (*Service lines that choose to meet in-person have the option to provide a meal and parking accommodations. However, we encourage staff to refer to all intutional guidelines and updates before planning)</p>	Should be led by the Co-Chairs/Liaison
Review and Approve Meeting Minutes	Ensure the notes reflect the work of the group. Should also include next steps and outstanding tasks	Should be led by the Co-Chairs/Liaison or the designated planning committee member
New Business Updates	<p>Team members will provide members updates on new and current events. This is a great opportunity to share and gather input/feedback on any new marketing material or future community events.</p> <p>This opportunity will provide your service line a forum to bring strategic and operational ideas or projects to the PFAC to help gain patient/family perspectives.</p>	Planning Committee members with report updates
General Updates	<p>Ongoing review of processes (recruitment, selection and orientation) and materials used in these processes are reviewed on an annual basis by the PFAC to improve them.</p> <p>Update the group on status of active projects. Discuss what is working well. Identify opportunities for improvements.</p>	Should be led by the Co-Chairs/Liaison or the designated planning committee member
Shared Language	Patients and families are given the opportunity to provide their personal experience and journey. This is a reserved time on the agenda that allows patients and families the opportunity to be heard. It also serves as an opportunity to present future meeting topics.	Open
Close out	Final thoughts and next meeting reminder.	Should be led by the Co-Chairs/Liaison

**Patient and Family Advisory Council (PFAC) Project Charter: [PROJECT TITLE]**

PFAC:		Department Name:														
Department Director:		Hospital/Clinic Location:														
Background/Business Case: 2-3 lines max, including problem or opportunity statement (What is lacking or not going well? What processes or procedures could be implemented or improved using patient and family centered care core concepts?*) current state and why this project is a priority (what is the anticipated benefit of this project? What is the value to University Health, our patients and/or our staff?). Include baseline data if available.																
Project Objectives: Must include SEPTEE (safe, effective, patient-centered, timely, efficient and equitable).																
Strategic Alignment: (Check all that apply)																
<input type="checkbox"/> Integrates PFAs into policies and practices that support patient and family centered care core concepts <input type="checkbox"/> Supports patient and family centered care accomplishments through institutional partnerships and best practices <input type="checkbox"/> Strengthens participation with staff, patients and families that welcome diverse and inclusive backgrounds of the community we service																
Budget: (List the items that may incur a cost associated with the project)																
Project Scope: What will be accomplished by this work and the parameters around it; for example: <ul style="list-style-type: none"> <li>• Project start and end points</li> <li>• Limitations/parameters in alignment with project objectives</li> <li>• Process, procedure, or activity to be developed in alignment with project objectives</li> <li>• Population served by this project (patients, staff or service line)</li> </ul>		Out of Scope: Related work that is not included in the project; for example: <ul style="list-style-type: none"> <li>• What are the boundaries of the project?</li> <li>• Is there any work related to the project that will not help achieve the project objectives?</li> <li>• What populations will not be considered part of this project?</li> </ul>														
Assumptions: <ul style="list-style-type: none"> <li>• What conditions, circumstances or events are accepted as true for the project to be successful?</li> <li>•</li> <li>•</li> </ul>		Risks/Constraints: <ul style="list-style-type: none"> <li>• Issues that may impact successful completion of the project</li> <li>•</li> <li>•</li> </ul>														
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Project Change Control: Once this charter is signed, future changes to objective, scope, schedule, budget and/or deliverables will be analyzed by the project team, documented, and presented to the department director for approval.

Reference Links: May include URLs to websites or file path links to documents/articles used in research and implementation

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Charter Approval

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Steering Committee Member: err

Signature and Date: \_\_\_\_\_

\*Patient and Family Core Concepts: Dignity and Respect/Information Sharing/Participations/Collaboration

## **PFAC Project Outcomes Measurement**

- 1.** To what extent did the project strengthen the program objectives as originally identified in the project charter?
- 2.** Were there unforeseen barriers? If so, what were they?
- 3.** Did the PFAC project change or improve current processes, policies or programs? If not, why?