

# Evaluating the Progress and Impact of a Person and Family Advisory Council (PFAC) on Patient Safety

Developed by the Person and Family Engagement (PFE) Contractor for the Hospital Improvement Innovation Network (HIIN)

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## Introduction

High-performing patient and family advisory councils (PFACs) have better patient experience scores (as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS) and better outcomes—specifically pressure ulcers, sepsis and septic shock, falls and 30-day hospital-wide readmissions—than low-performing PFACs and hospitals without a PFAC.<sup>1</sup> For a PFAC to be successful, it is important to evaluate the healthcare organization’s or hospital’s culture at the beginning stages of planning for a PFAC, and then to continually monitor the culture for buy-in from each department and key resource groups that need to be involved. Once a PFAC is established, ongoing monitoring, recording, and reporting of PFAC activities and initiatives is an important process that can strengthen the engagement of person and family advisors (PFAs), create sustainable PFACs, help build a business case for PFACs, and secure buy-in from hospital staff and leadership for partnering with PFAs on hospital policies and procedures.

### Why “Person” vs. “Patient”?

The Centers for Medicare & Medicaid Services (CMS) uses the term “person” rather than “patient” to signal that PFAC members bring their experiences to the organization as whole persons, not just their patient roles.

This resource helps healthcare organization and hospital staff who are developing and/or supporting a PFAC to better understand what types of data to collect and report—both internally and externally—to evaluate the progress of the PFAC and to demonstrate impact on the hospital’s quality and safety outcomes. This tool also suggests potential audiences for each type of data and how the data can be used to further support partnerships with PFAs to improve quality and safety outcomes.

There are many steps along the path to developing a PFAC at which it may be appropriate to collect and report data about a PFAC. Additionally, the type of data that are shared, both internally and externally, may change over time as the PFAC evolves and becomes more central to quality and safety initiatives. The types of data below, referred to as metrics, may be helpful in monitoring and recording the progress and impact of your hospital’s PFAC. Please note that hospitals do not have to collect every metric suggested, and these metrics may be tailored to the needs and preferences of your specific hospital setting and PFAC. Although software may be available to help hospitals track metrics, they may also be tracked simply with a spreadsheet.

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<sup>1</sup> Institute for Patient- and Family-Centered Care. (2018, June). *Strategically advancing patient and family advisory councils in New York State hospitals*. Bethesda, MD: Institute for Patient- and Family-Centered Care. Retrieved from [http://www.ipfcc.org/bestpractices/NYSHF\\_2018\\_PFAC\\_Online\\_v3.pdf](http://www.ipfcc.org/bestpractices/NYSHF_2018_PFAC_Online_v3.pdf)

This resource was created by the Person and Family Engagement (PFE) Contractor for the Centers for Medicare & Medicaid Services (CMS) Hospital Improvement Innovation Network (HIIN). HIINs are responsible for reporting implementation of five PFE metrics by participating hospitals. PFE Metric 4 requires that hospitals have an active PFAC or at least one patient who serves on a patient safety or quality improvement committee or team. The metrics below resulted from the PFE Contractor team’s review of PFAC annual reports from hospitals and health organizations of various sizes and types from across the United States.

## Collecting and Reporting Data About PFAC Recruitment

**Why is it important?** Tracking data related to recruitment is one way to monitor recruitment and to ensure that the PFAC is recruiting a diverse pool of advisors that reflects the patient community and can partner on a variety of projects including short- and long-term projects of a PFAC and/or hospital committee.

**Who can use the data?** The hospital leader(s) or staff supporting the PFAC and the PFAC can use the data for an ongoing internal record. Also, reporting this information to hospital leadership and the hospital board in a PFAC annual report can be a way to demonstrate outreach to the community.

**What metrics can you use?** Table 1 includes examples of metrics that may be useful for monitoring PFAC recruitment. It may be helpful to track recruitment of patients and family members separately. The viewpoints of both patients and family members are very important but they should not be treated as the same viewpoint. Therefore, achieve balance by recruiting patients and family members separately.

**Table 1. Data About PFAC Recruitment**

Possible Metrics	Description of Metric
Number of PFAC information sessions	The number of recruitment events <sup>2</sup> that publicized the existence of and raised awareness of your hospital’s PFAC in the community
Number of invitations to potential advisors	The number of patients and/or family members that were invited by staff or clinicians in your hospital to apply to be a PFA or join a PFAC <sup>3</sup>
Number of applications received	The number of completed PFAC applications <sup>4</sup> that were received
Number of interviews conducted	The number of interviews that were conducted with potential PFAC members

<sup>2</sup> Agency for Healthcare Research and Quality. (2017, December). *Become a patient and family advisor: information session*. [Strategy 1: Patient & family advisor information session (Tool 5)]. Retrieved from [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strategy1\\_Tool\\_5\\_InfoSession\\_508.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strategy1_Tool_5_InfoSession_508.pdf)

<sup>3</sup> Agency for Healthcare Research and Quality. (2017, December). *Do you have ideas to help improve our hospital? Become a patient and family advisor*. [Strategy 1: Patient & family advisor information session (Tool 2)]. [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strategy1\\_Tool\\_2\\_BecomeAdvisorPC\\_508.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strategy1_Tool_2_BecomeAdvisorPC_508.pdf)

<sup>4</sup> Agency for Healthcare Research and Quality. (2017, December). *Patient and family advisor application form*. [Strategy 1: Patient & family advisor information session (Tool 3)]. Retrieved from [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strategy1\\_Tool\\_3\\_Application\\_508.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strategy1_Tool_3_Application_508.pdf)

Possible Metrics	Description of Metric
Number of advisors recruited and accepted	The number of PFAs that were recruited throughout the year for short-term projects, participation in PFACs, or participation in other hospital committees

### Collecting and Reporting Data About Orientation and Training

**Why is it important?** Orientation and training lay the groundwork for successful collaborations and partnerships between hospital leaders, clinicians, and staff and PFAs, and are best practices for high-performing PFACs. Collecting data about the number of PFAs and staff/clinicians that have received training to partner and work effectively on a PFAC can provide a picture of how ready hospital leaders, clinicians, and staff are to partner with PFAs and vice versa.

**Who can use the data?** The hospital leader or staff supporting the PFAC can use data about orientation and training for an ongoing internal record. Here are a few examples of how this information may be used to support the work of a PFAC:

- To illustrate how ready a new PFAC may be to participate in quality and safety improvement efforts
- To report to hospital leadership or the hospital board in a PFAC annual report at the end of the year
- To encourage participation and friendly competition between hospital departments about the number of staff from that department that have been trained to partner with PFAs on a PFAC

**What metrics can you use?** Table 2 shows some examples of the types of metrics that may be useful for monitoring PFAC orientation and training.

**Table 2. Data About PFAC Orientation and Training**

Possible Metrics	Description of Metric
Number of advisors trained	Number of PFAs that have gone through specific orientation or training about partnering with hospital staff and clinicians to participate fully as part of a hospital PFAC <sup>5</sup>
Number of staff trained to partner with PFAs	Number of hospital staff and clinicians that have gone through specific orientation or training about partnering with PFAs to participate fully as part of a hospital PFAC <sup>6</sup>

<sup>5</sup> Agency for Healthcare Research and Quality. (2017, December). *Patient and family advisor orientation manual*. [Strategy 1: Patient & family advisor information session (Tool 9)]. Retrieved from [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1\\_Tool\\_9\\_AdvisorTrain\\_508.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Tool_9_AdvisorTrain_508.pdf)

<sup>6</sup> Agency for Healthcare Research and Quality. (2017, December). *Working with patient and family advisors: Part 1. Introduction and overview*. [Strategy 1: Patient & family advisor information session (Tool 11)]. Retrieved from [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1\\_Tool\\_11\\_PPT\\_508.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Tool_11_PPT_508.pdf)

Possible Metrics	Description of Metric
Number of clinician or staff champions identified	Number of clinician or staff who have been identified as champions. Champions should be identified before training and may help with training their peers. Champions do not need to be formally designated, but they can be if it helps with messaging. A critical role of the champions is to communicate with the PFAC about what is happening operationally around the hospital, for example, struggles in each unit, outcomes that need to improve, and/or specific issues that the PFAC can help with.
Number of training evaluations completed	Number of training evaluations that were completed by trainees. Evaluations do not need to be complicated but should capture whether objectives were met.
Average time to complete training	Average amount of time it takes for PFAs and clinicians/staff to become formally trained to participate in a PFAC. Training may include several components, so it may be helpful to have a record of how long training takes to be completed.

### Collecting and Reporting Data About PFAC Operations

**Why is it important?** Collecting and reporting data related to PFAC operations can help to ensure that the PFAC’s work is aligned with the mission statement and bylaws of the PFAC and with the strategic goals of the hospital. These data offer a sense of the level of engagement of the PFAC itself and information about how many departments are engaged in the work of the PFAC. These data can also provide details about the strength and breadth of the PFE culture in the hospital and about how well the work of the PFAC is incorporated in the operations of the hospital.

**Who can use the data?** Information about PFAC operations can be communicated to hospital leadership in an annual report, to board members and trustees, to the PFAC members as a way to motivate and sustain the PFAC. Also, communicating the information to the larger community is a way of publicizing the activities of the PFAC and encouraging potential new PFAC members to apply and participate in the work of the PFAC.

**What metrics can you use?** Table 3 presents some example metrics about collecting and reporting data about PFAC.

**Table 3. Data About PFAC Operations**

Possible Metrics	Description of Metric
Number of PFAC meetings	Frequency of PFAC meetings over time and whether meetings occur in regular patterns, for example, monthly, bimonthly, or quarterly.
Average number of PFAs per meeting	Average number of PFAs who attend PFAC meetings over a specific period of time. Data for this metric can be used to monitor the ratio of PFAs to hospital staff and clinicians who participate in the PFAC.
Average number of health organization or hospital staff and clinicians per meeting	Average number of organization or hospital staff and clinicians who attend PFAC meetings over a specific period of time. Data for this metric can be used to monitor the ratio of PFAs to hospital staff and clinicians who participate in the PFAC.

Possible Metrics	Description of Metric
Total number of volunteer hours (by the PFAs)	Total number of volunteer hours per month, quarter, or year as a way to demonstrate the (a) commitment of PFAs to improving quality and safety and (b) the amount of time donated by PFAs. Consider using a specialized tool for tracking volunteer hours or coordinate with your hospital's volunteer services department.
Average length of term	Average length of time (e.g., years) that most PFAs stay on the PFAC. Monitoring data for this metric may help to measure retention over the life of the PFAC.
PFAC engagement (percent of members attending meetings)	Percent of PFAC members that attend scheduled meetings per month and/or over a specific period of time, such as quarterly or annually.
Number of PFAC members who work on other hospital-wide committees, projects, task forces, work groups, or board committees	Number of PFAC members who are integrated in other hospital committees, projects, work groups, or board committees. Data for this metric may provide some insight about the reach of PFAC members' work throughout the hospital and about possible collaboration opportunities in the future.
Number of hospital staff, and their disciplines and departments, involved in collaborative endeavors	Number and type of hospital staff who are participating in collaborations and partnerships with PFAs. Data for this metric can be used to measure the commitment of the hospital to partnerships with patients and families.
Number and type of clinical areas involving PFAs	Number and type of specific departments and clinical areas that are actively working with PFAs. Data for this metric can be used to measure the commitment of the hospital to partnerships with patients and families.
Number and names of committees, task forces, and quality improvement teams on which patients and families serve as advisors or in leadership positions (including the number of advisors for each workgroup)	Number and names of committees, task forces, and quality improvement teams that are actively working with PFAs. This metric may help hospitals evaluate the strength and breadth of the PFE culture hospital-wide.
Number and description of meetings held with community leaders, government agencies, potential funders, accreditors, and other stakeholders	Number of times a hospital's PFAC has conducted outreach events with community partners outside the hospital. Data for this metric demonstrates a hospital's commitment to PFE.
Number of requests for input and feedback from the PFAC	Number of times hospital staff, clinicians, committees, task forces, board committees, and quality improvement (QI) initiatives have requested feedback and input from the PFAC.
Number of requests for involvement of and partnerships with PFAs	Number of times hospital staff, clinicians, committees, task forces, board committees, and QI initiatives have requested feedback and input from PFAs (not necessarily just the PFAC).

## Collecting and Reporting Data About PFAC Activities

**Why is it important?** Information about the various projects that a PFAC has led and/or supported is helpful in (a) building buy-in from hospital leadership and from reluctant hospital staff and clinicians and (b) making a business case for long-term investments of staff and resources into a PFAC. Reporting back

to PFAC members about the impact of their contributions is a powerful tool to help them understand how they have directly improved the quality and safety of care in their hospital and community. This information may also be useful in publicizing (a) the work of the PFAC to media outlets and to community members outside the hospital and (b) the hospital’s commitment to partnering with patients and families to improve quality and safety.

**How can you track this data?** Table 4 is an example of a table that could be used to track PFAC projects.

**Table 4. Tracking PFAC Activities**

Project Description (Including Department and/or Clinicians)	Who Initiated the Project Idea	Date Implemented	Relevant Outcomes	Relevant Cost Savings	Products or Materials or Programs Created

### Collecting and Reporting Data About Impact

**Why is it important?** Data about the impact of a PFAC may be the most valuable information to convince leadership about the importance of continued support for the PFAC. This information can also be used to acknowledge the efforts of PFAC members and to publicize the PFAC in the community.

**Who can use this data?** Think about the goals of your hospital and what types of data will be the most meaningful to your audience, whether it be the community served by the hospital, the hospital’s board of directors or trustees, the chief executive officer and other members of the c-suite, hospital staff and clinicians, or the PFAC and its members.

**What metrics can you use?** When identifying metrics, consider the different types of impact, such as impacts on:

- CMS PFE Metrics
- Patient experience scores (HCAHPS)
- Employee satisfaction, recruitment, and retention
- Quality and safety scores, including rates of Healthcare Acquired Conditions (HACs), Healthcare Associated Infections (HAIs), Serious Safety Events (SSEs), or other harms
- Complaints and patient safety events
- Organizational learning (process improvements, root cause analyses)
- Healthcare resource use (length of stay, readmissions)

- Organizational planning and resource allocation (strategic planning, prioritization of improvement projects, goal or benchmark setting)

Stories about patient experiences in healthcare and on the PFAC can also showcase the PFAC’s worth.

**PFAC Impact in Action**

Carolinas Healthcare Systems-Stanly, part of the Atrium HIIN, reported a 38% decrease in falls with injury after implementing its “Call, Don’t Fall” initiative in partnership with its PFAC.

## Collecting and Reporting Data About Cost

**Why is it important?** Developing and sustaining a PFAC requires an investment of resources, but it does not necessarily require a large operating budget. Resources could include a dedicated hospital leader or staff member who is responsible for recruiting, training, and supporting PFAs and scheduling and hosting regular PFAC meetings. Also, many of the costs—such as parking reimbursement, snacks or meals for PFAC meetings, and printing meeting materials—may be absorbed into an existing department’s budget, such as the patient experience or quality department.

**Who can use the data?** The hospital lead supporting the PFAC may find it helpful to track cost information for an ongoing internal record. This information may also be useful to report to hospital leadership or to the hospital board in a PFAC annual report at the end of the year.

**What metrics can you use?** Table 5 shows some examples of the types of metrics that may be useful for monitoring PFAC costs and assessing the value of the PFAC in the context of other pressing priorities and goals of the hospital.

**Table 5. Tracking PFAC Costs**

Possible Metrics	Description of Metric
Financial value of PFA labor hours	The <a href="#">Independent Sector</a> provides the hourly rate of a volunteer’s time for each state. Multiplying the total number of volunteer hours (per month, quarter, or year) by your state’s hourly rate for a volunteer’s time is one way to demonstrate the financial value of the PFAs.
Cost savings	Calculated as the cost of harms avoided, the cost of falls avoided, the cost of readmissions avoided, or other costs depending on the specific projects of the PFAC.
PFAC annual budget	The amount of money, excluding staff time, that is spent annually to support the PFAC. This budget may include parking reimbursement, snacks or meals for PFAC meetings, the cost of printing meeting materials, or stipends, if applicable. It may be helpful to review the PFAC annual budget in the context of the annual financial value of PFA labor hours to get a sense of the return on investment.

## Conclusion

Although it is not necessary to collect all the metrics discussed above, collecting some data, particularly in the startup phase of a PFAC, can be helpful to demonstrate progress and leverage early successes to create buy-in. For more established PFACs, having data on the PFAC’s impact on the quality of healthcare and on the safety and experiences of patients will be helpful to sustain the commitment of

hospital leaders, the board, and the PFAC members. Data can also be used to identify areas for improvement of the PFAC overall and to set goals for the future.

## Resources

Agency for Healthcare Research and Quality. (2017, December). *Guide to patient and family engagement in hospital quality and safety*. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/guide.html>

American Institutes for Research. (2017, October 19). *Strategic vision roadmap for person and family engagement (PFE): Achieving the PFE metrics to improve patient safety and health equity* (2nd ed). Washington, DC: American Institutes for Research. Retrieved from <https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary?CategoryID=836894&EntryId=116336>

Institute for Patient- and Family-Centered Care. (2018, June). *Strategically advancing patient and family advisory councils in New York State hospitals*. Bethesda, MD: Institute for Patient- and Family-Centered Care. Retrieved from [http://www.ipfcc.org/bestpractices/NYSHF\\_2018\\_PFAC\\_Online\\_v3.pdf](http://www.ipfcc.org/bestpractices/NYSHF_2018_PFAC_Online_v3.pdf)

Vizient Inc., Patients First Project. (Forthcoming). Funded by Centers for Medicare and Medicaid Services.