

## Introduction

Lived experience: NICU mom, NICU family. Family Advisory Council 2008-12



















## **Definition**

A patient and family advisory council (PFAC) is an organization of current and former patients, family members and caregivers that works together to advance best practices at a hospital or healthcare organization.

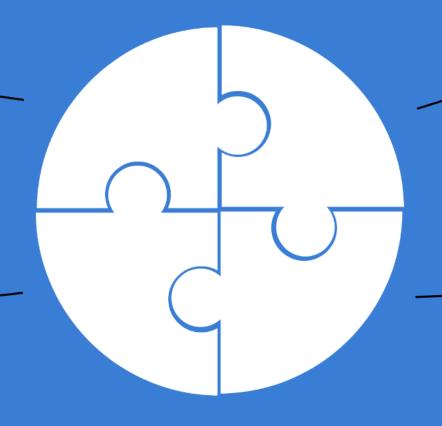
## The functions of PFACs

## **Advising**

Council members advise on projects, policies, and change initiatives presented by hospital staff.

# Sustaining FCC in the NICU

Scalable/ Self sustaining provision of family voices to council



## **Implementing**

Council members identify and implement agreed-upon projects.

## **Hybrid: A/I**

Council members advise on projects, policies, and change initiatives and implement Council-based projects



## The values of PFACs

- Promote and sustain Patient- and Family-Centered Care pillars
- Patients and Families are essential allies for quality and safety
- Qualitative real-time feedback
- Provision of perspectives that differ from internal staff perspectives;
- Incorporation of the family experience into all aspects of health care operations;
- Creation of a venue to "walk the talk" of mission statements (i.e., "patients and families at the center of care);
- Aid in the development of effective patient safety and quality initiatives;

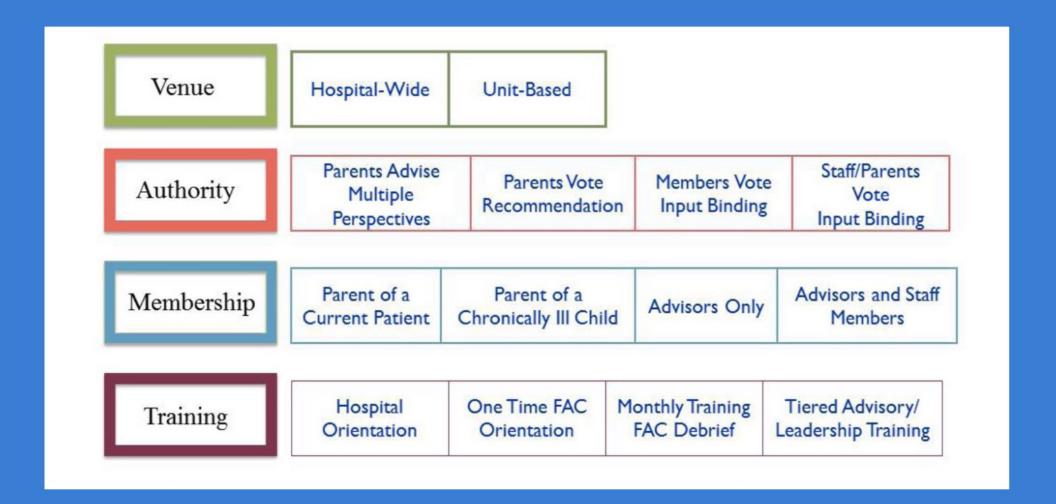
• Creation of efficiencies in which FAC input identified "right-fit" policies and practices for

patients and families.





## Characteristics of PFACs

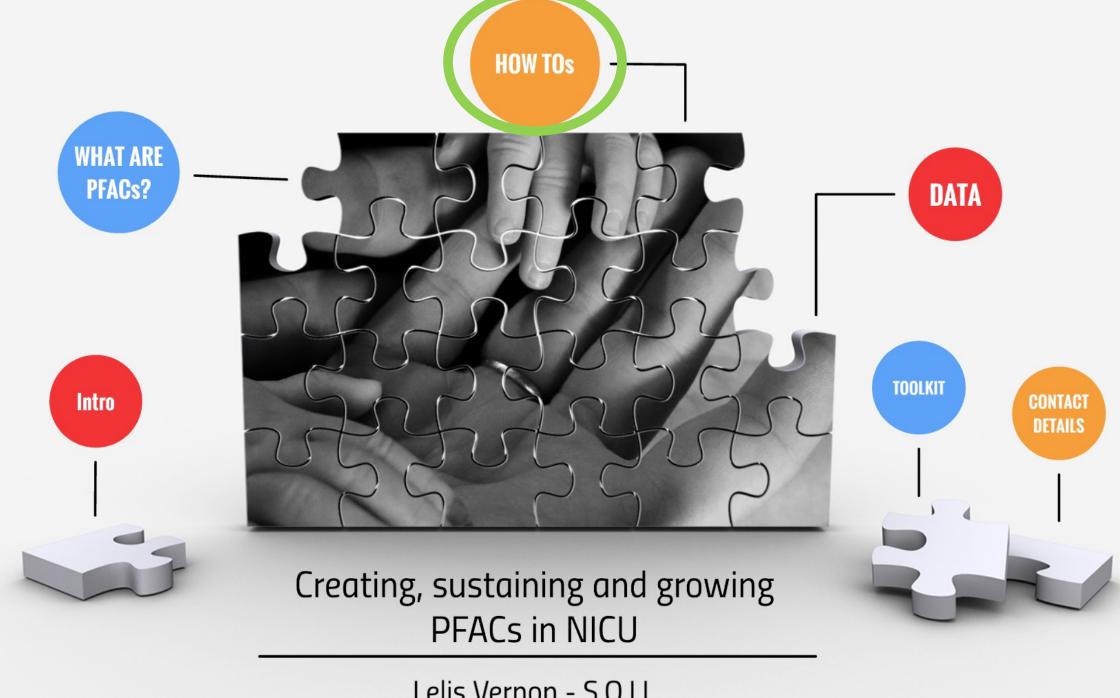




# Challenges

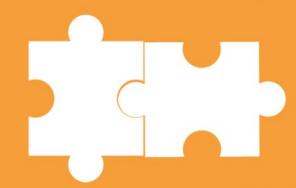
- Budgeting, creating a niche for family leader
- Aligning family and administration expectations regarding function, scope, and authority;
- Sustaining family and provider interest in the work;
- Balancing staff and family input;
- Assuring equal voice among family participants;
- Assuring FAC engagement in meaningful work;
- Accommodating to the slow process of change in health care settings;
- Marketing the FAC within the unit





# Get ready!

## Clinical



## **Family**

- Inform leadership of need for PFAC (bring the evidence! show the numbers!)
- Inform unit of PFAC formation
- Designate staff liaison
- Venue (NICU grads included?)
- Secondary liaison
- Media and tech tools

- Identify/ welcome family
   Clear Family Partner (FD)
- Clear Family Partner (FP) with volunteer department
- Receive education/training (Unit based)
- Receive education/ training (FP role)
- Hold "onboarding" meeting
- Feedback
- Meet with leadership/staff





## Where are the FPs?

Brochures (advertise)
Interviews (**EBCD?**)
Focus Groups
Feedback
Customer-Facing Employees
NICU Reunions

Surveys Phone calls Reviews



## Who are the FPs?

## Families who had a NICU experience

- Are coping well with their NICU experience
- Are able to leave their NICU grad to attend meetings
- · Are willing to talk about their experiences and can effectively share insights and information
- Demonstrate a passion for improving health care for others
- Have the ability to listen well, respect the perspectives of others, interact with many different kinds of people, and work in partnership
- Enjoy working with others, show a positive outlook on life, and bring a sense of humor
- Represent a broad cross-section of your hospital's population



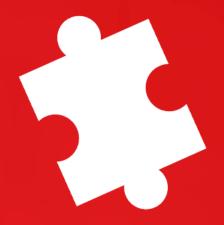
# Our FPQC family team







# Family Partners by the numbers





Volunteers

55%

>5 years

**75%** 

### Variations in:

- LOS
- Outcome
- Time lapse after d/c

## Sustainability and Scalability:

- Engagement of community groups (post pandemic)
- "Virtual" expansion
- "Back to the Future" effect of COVID



**INFORM** 

Being informed

Study plans are communicated to the patient community CONSULT

Consulting on decision

Offer opinions, advice and feedback Serve as language lens COLLABORATE

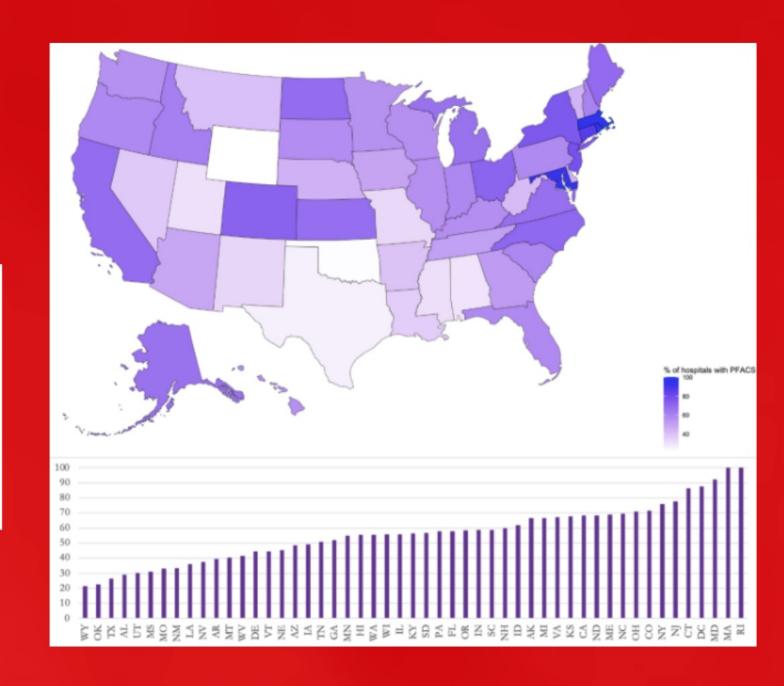
Decide together/act together

Joint decisions solicited Taking actions STAKEHOLDER DIRECTED

Encouraging independent initiatives

Leading to patient-caregiver-community-generated research

**PCORI** 





# Compensation



## **VOLUNTEER**

Hospital PFAC Membership
(May include expense reimbursement)

\$15/hour
Select Hospital PFA Committee

\$20-50/hour

Working Groups and Webinars for Hospitals \$100-300 Gift Card

Webinars, Workshops, Patient Panels

\$175/hour

**Research Project Teams** 

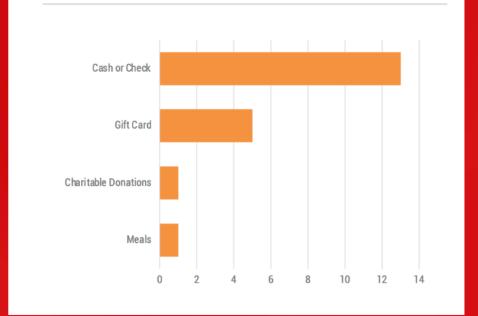
\$1,800 Stipend

Measure Development Teams, Consulting Interviews, Focus Groups \$250/hour

Co-Investigator Roles

## **Compensation Preferences**

65% of PFAnetwork members preferred cash or check compensation for Advisory efforts. Gift cards, food, and donations were also preferred.





# **IPFCC survey 2021**

#### **PFAC Prevalence**

The majority of children's hospitals have at least one PFAC

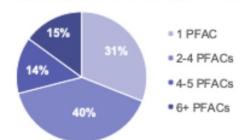
Hospitals with at least one PFAC

88%



Hospitals with a PFAC in development

#### Many hospitals have multiple PFACs



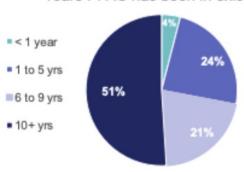


### **PFAC History**

### Many children's hospitals have a long history with PFACs

In interviews, specific influential leaders often cited as forces behind PFAC development

#### Years PFAC has been in existence





### PFAC Adaptations Due to COVID-19



#### Meeting virtually

86% of PFACs had met at least once since March 2020



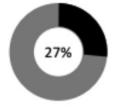
#### Meeting frequency

84% of PFACs anticipated meeting as frequently as before the pandemic



#### Meeting attendance

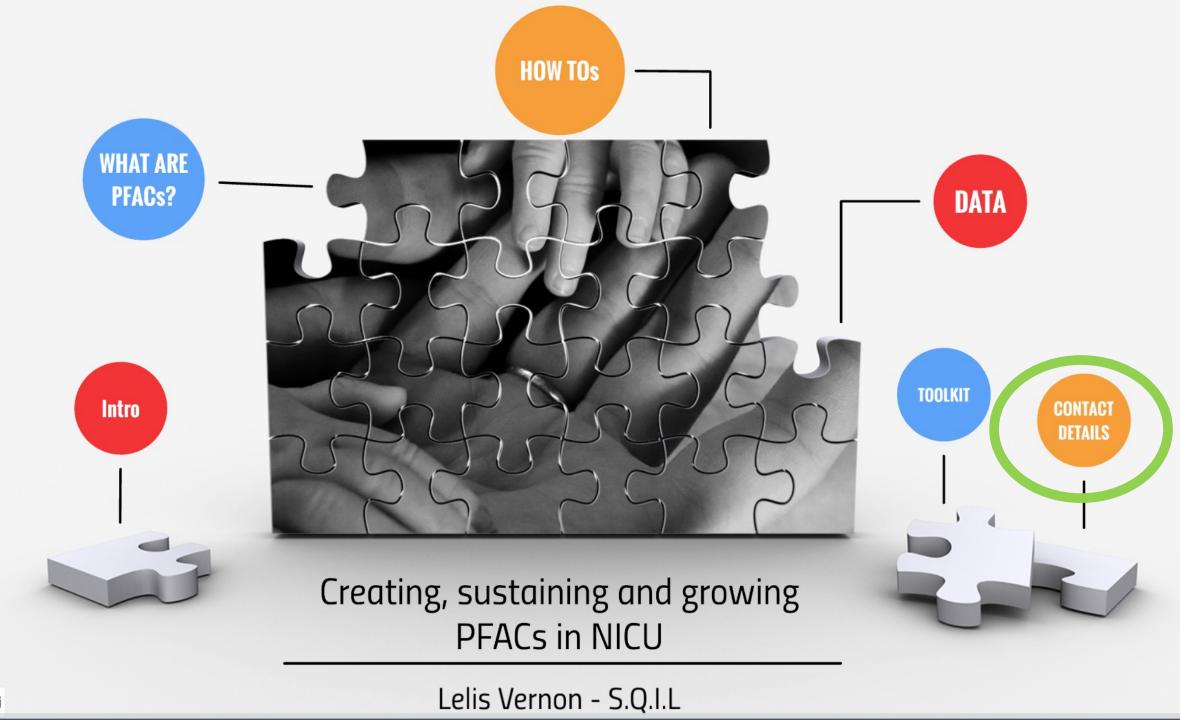
72% of PFACs reported attendance at meetings was the same as or better than before the pandemic



#### PFA involvement in COVID committees

27% of hospitals involved PFAs on pandemic planning and response committees

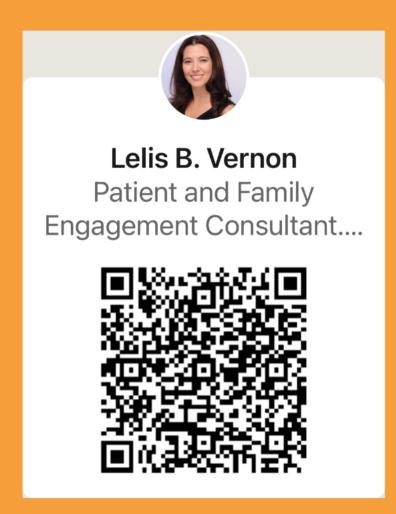






# Thank you!











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