

# The Impact of Patient and Family Centered Care and PFACs on Healthcare

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# Unpacking Family Centered Care



Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.



The approach is based on the recognition that patients and families are essential allies for quality and safety, direct care interactions, quality improvement, safety initiatives, education of health professionals, research, facility design, and policy development.



Family Centered Care is not something you do for a family, it's something you do **WITH** a family.

# Core Concepts of Patient and Family- Centered Care

- **Dignity and Respect.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration.** Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation and evaluation; in research; in facility design; and in professional education, as well as in the delivery of care.

The benefits of  
working with  
parent  
partners:



## Patient- and Family-Centered Care Initiatives in Acute Care Settings: A Review of the Clinical Evidence, Safety and Guidelines

### Interventions and Comparators

The intervention in each of the reports was person- or family-centered care or its elements among which were included transition processes, a patient navigation program, family presence on medical rounds, communication with patients and/or families, shared decision-making, and individualized action plans.

### Improved Outcomes

- patient satisfaction
- patient experience
- functional assessments
- patient preferences
- health related quality of life
- communication
- missed work or school days
- follow-up with primary care
- medication adherence
- health care utilization
- impact on dignity
- readmission rates
- mortality

<https://www.ncbi.nlm.nih.gov/books/NBK350004/#S14>

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## Building the Business Case for Patient-Centered Care

- Better health outcomes for patients
- Reduced errors and adverse events
- Increased patient loyalty
- Reduced risk of malpractice
- Increased employee satisfaction
- Improved financial performance

Charmel PA, Frampton SB. Building the business case for patient-centered care. *Healthc Financ Manage* 2008;62(3):80–5

## ACOG Releases Report on the Role of Team-Based Care in Practice



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### ACOG Releases Report on the Role of Team-Based Care in Practice

*Task Force Report Recommends Patient-Centered Collaboration Across All Specialties and Professions*

February 22, 2016

**Washington, DC**— A team-based care model embraced by practices, payers, hospitals, and health care providers can lead to improved outcomes in support of achieving the Triple Aim while still decreasing costs, according to a new task force report from the American College of Obstetricians and Gynecologists (ACOG). The peer-reviewed report, "[Collaboration in Practice: Implementing Team-Based Care](#)," has been endorsed by nearly 20 organizations representing a wide variety of medical specialties and

- Recent News Releases
- Leading Medical and Public Health Organizations Highlight Critical Importance of the 16-year-old Immunization Visit**  
August 7, 2019
  - American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine Release Updated Guidance to Help Hospitals Provide Risk Appropriate Maternal Care**  
July 25, 2019
  - American College of Obstetricians and Gynecologists Leads Coalition of Major Medical Organizations in Submitting Amicus Brief in *June Medical Services LLC v. Gee***  
May 21, 2019

# VON Members Report Increased Family Involvement in the NICU

Ten principles of family-centered care were created in 1992 to:



Encourage families to participate fully in caring for and making decisions for their newborns

Help caregivers respect the diversity of family values and beliefs

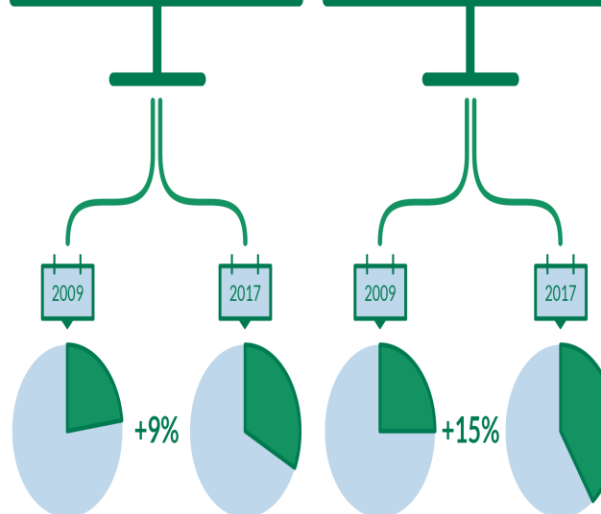


Help parents and professionals form mutually beneficial and supportive partnerships in the NICU and beyond

VON asks two questions on an Annual Member Survey to measure family involvement:

“Is there a formal family advisory council for the NICU which includes families as members, meets regularly, and reports to NICU and/or hospital leadership?”

“Are families who experienced care in the NICU involved as active team members in quality improvement initiatives of the NICU?”



There is much more our community of practice can do to involve families. VON supports teams working to increase family involvement by:



Involving paid family advisors and parent volunteers in VON quality improvement programs

Integrating parents into VON's Annual Quality Congress curriculum



Facilitating Experience-Based Co-Design, a QI methodology that develops improvement ideas in concert with families

This information is made possible by VON members who voluntarily contribute data in a global effort to improve the care of high risk newborns and their families. To see more, including commentary by Howard Cohen, MD, and Marybeth Fry, MEd, visit NICU by the Numbers online: <https://public.vtoxford.org/nicu-by-the-numbers/>.

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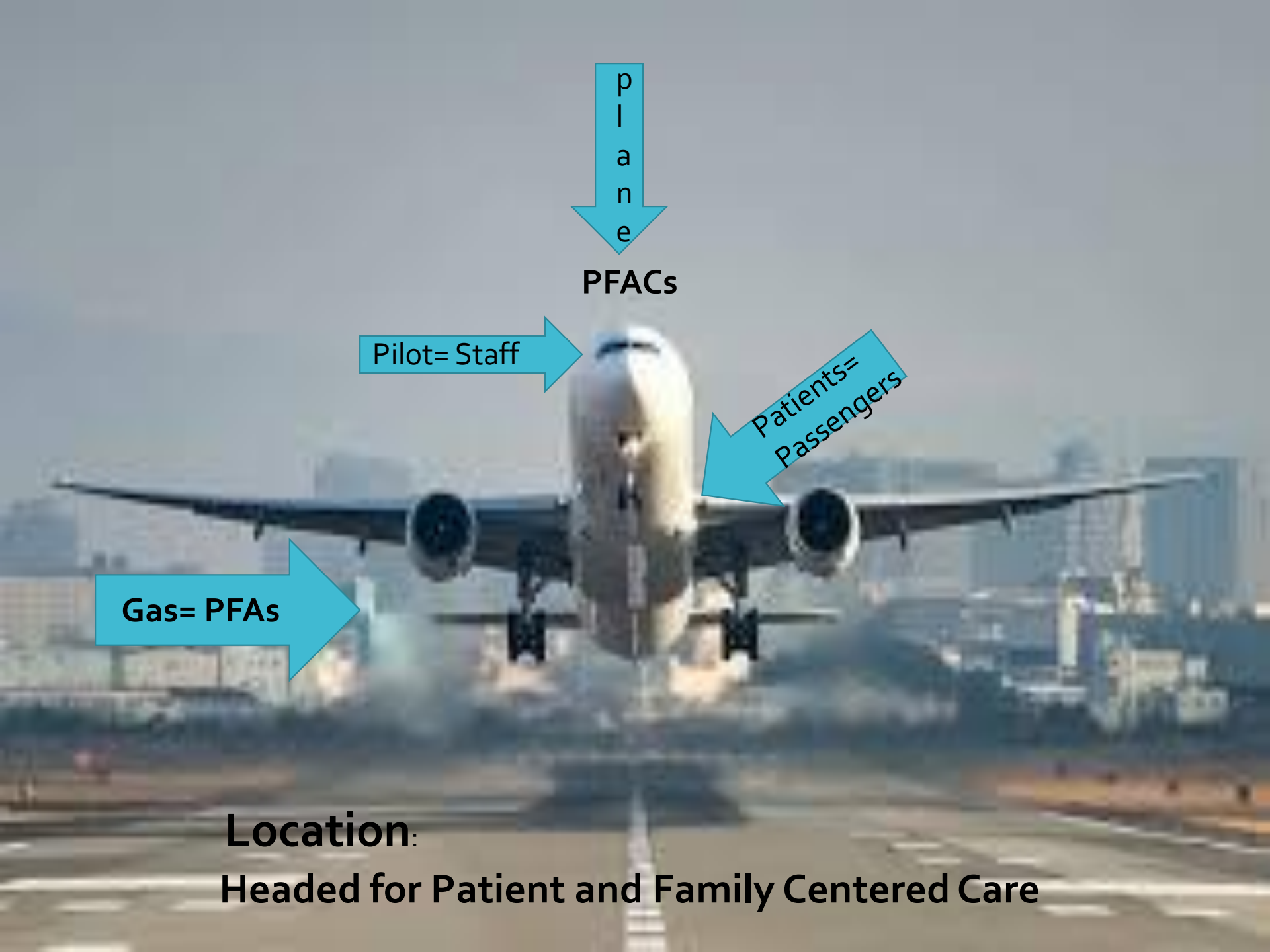
PFACs

Pilot= Staff

Patients=  
Passengers

Gas= PFAs

**Location:**  
**Headed for Patient and Family Centered Care**





# Family Advisor Roles and Teamwork

## ***Parent Partners***



Education

Quality Improvement

Committee Members/Co-Leads

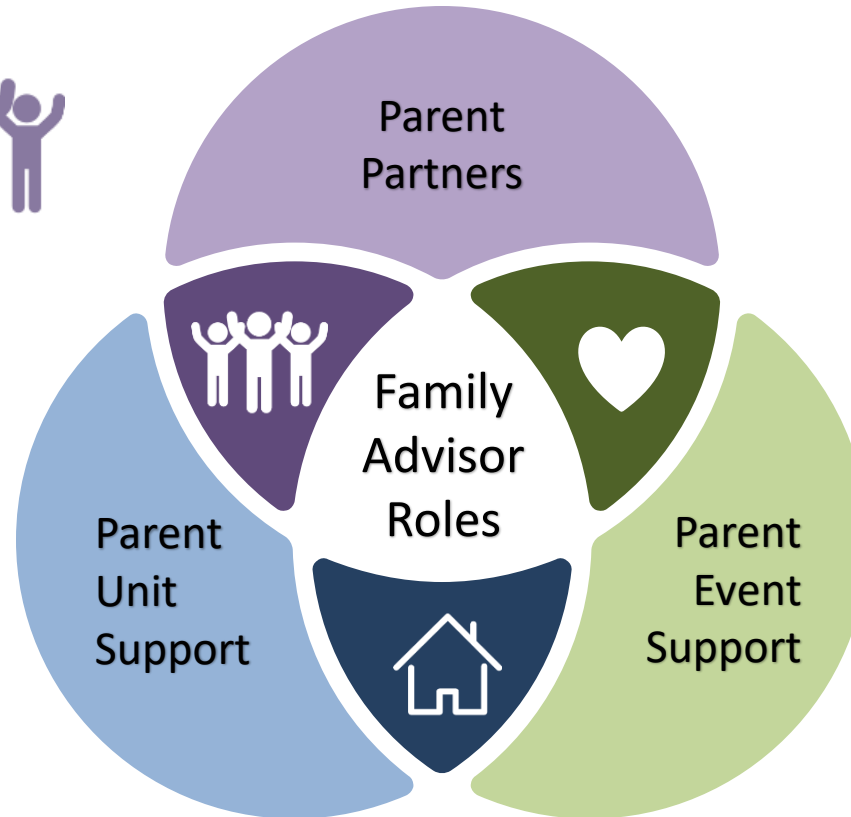


## ***Parent Unit Support***

Parent Faculty

Peer Support

Family Advisory Council



## ***Parent Event Support***

Gatherings

Holidays

Milestones

# Family Advisor Roles and Teamwork

## Parent Partners

### Education

- Reviewers
- Co-Authors
- Healthcare research & dissemination efforts

### Quality Improvement

- Working Meetings
- Conferences & Webinars
- Measuring impact on families
- Developing forms of family feedback
- Grant writing/Fundraising

### Committee Members/Co-Leads

- Facility design, renovation and wayfinding improvements
- Ethics
- Patient safety
- Interdisciplinary
- Patient experience
- New staff hiring
- Boards of trustees



## Parent Unit Support

### Parent Faculty

- Family panels
- New employee orientation
- In-service sessions
- Ambassadors and speakers
- Simulations
- Orientation and support of volunteers

### Peer Support

- Educators
- Social Media
- Coaches
- Mentors
- Advocates: Bedside rounds, Parents on rounds, 2-person care, Kangaroo care, Breastfeeding, Delivery room, Siblings

### Family Advisory Council

- Council development
- Chair/Co-chair
- Member



## Parent Event Support

### Gatherings

- Celebrations
- Kangaroo-a-thons
- Reunion
- Pizza night
- Dad's night
- Scrapbooking

### Holiday Gifts

- Valentine's Day, Christmas, Mother's Day & Father's Day, Birthdays

### Milestones

- Honoring firsts: holding, bathing, breastfeeding, feeding, kangarooing, weaned off ventilator, two-person care



# What all did you do?

## QI Initiatives:

- Micropreemie
- Antibiotic Stewardship
- Teams and Teamwork
- Planning for Lung and Brain injury

## Projects at WakeMed:

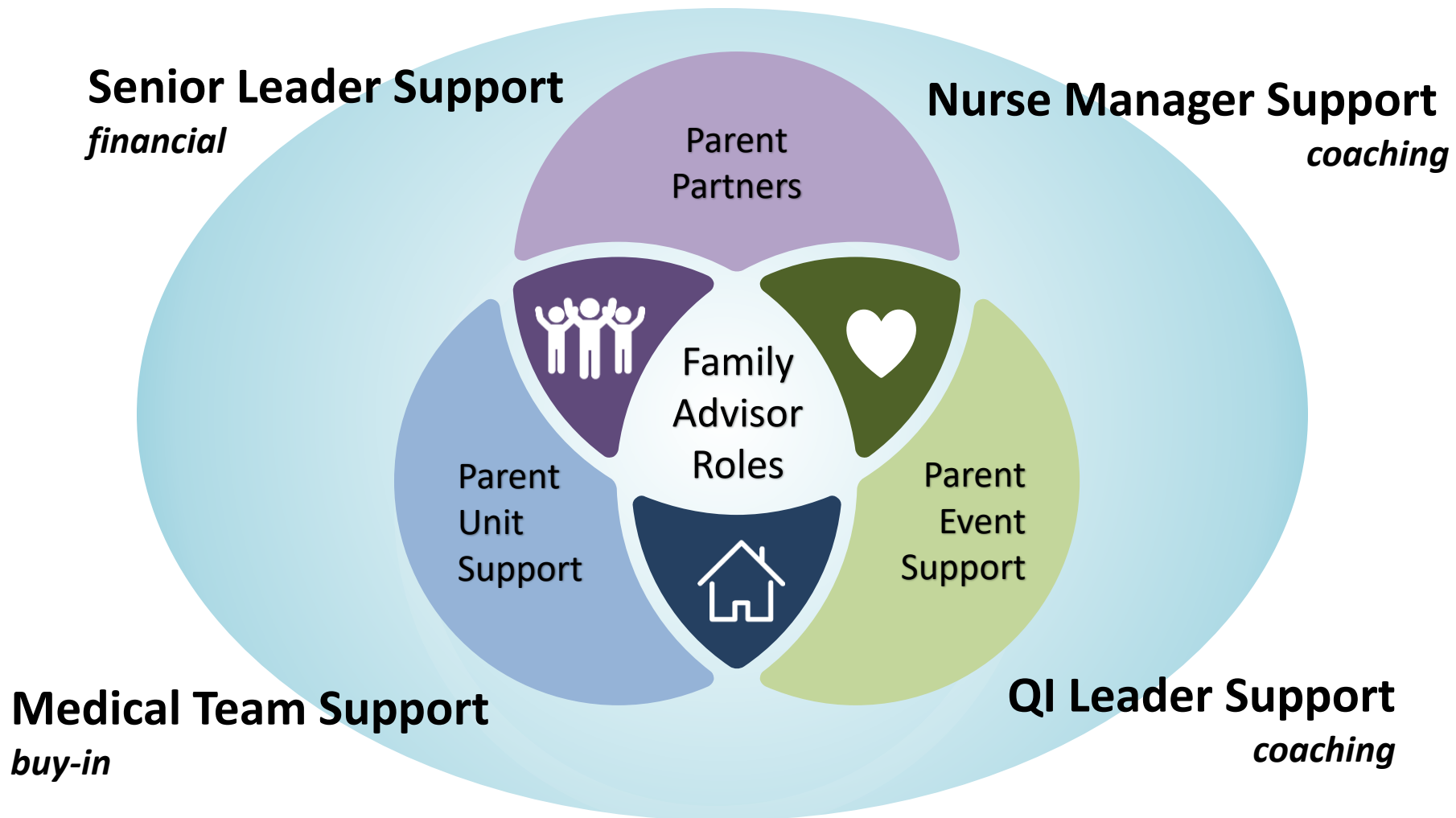
### **Current:**

- ❖ Parent Together Time Luncheons
- ❖ Regular volunteering on the floor to support parents in the nicu
- ❖ Online peer to peer mentoring, NICU Facebook group
- ❖ Getting more families to write their stories for our hospital website
- ❖ Monthly NICU newsletter for current NICU families
- ❖ Fostering relationships between veteran parents and current NICU families
- ❖ Reestablishing monthly parent meetings
- ❖ Creating graduate family activities
- ❖ Recruiting more volunteers
- ❖ Planning the next reunion with staff
- ❖ Mr. Potato Head Project
- ❖ Educating staff on FCC as it relates to Family Advisors
- ❖ Creating a new family guide with staff from a parent's perspective
- ❖ Kangaroo a thon committee

### **Future Goals:**

- ❖ Debriefing parents within teams
- ❖ Helping parents get more involved in rounds
- ❖ Developing classes for micro preemie parents to discuss the process of a long nicu stay
- ❖ Developing classes for what a parent can do while in the nicu

# Supporting Family Advisor Roles and Teamwork



## High Performing Patient and Family Advisory Councils

- Has a patient or family co chair
- Meets regularly
- Are a part of the fabric of the unit
- Looks like the community the unit serves
- Hospital offers a variety of activities for PFAs to participate in
- Learns to recruit
- Prepares a report of activities
- Performs quality improvement with the staff and without
- Are a part of policy development

# PFACs impact on Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Quality of care

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



# NYS HEALTH FOUNDATION

<https://nyshealthfoundation.org/wp-content/uploads/2018/06/strategically-advancing-patient-and-family-advisory-councils.pdf>

## Highlights from NYS Research

- Only 29% of hospitals had high-performing PFACs, defined in terms of the PFAC's influence on hospital leadership, strategies, and operations. High-performing PFACs were more likely to provide orientation and training; integrate PFAs into other committees; and evaluate their efforts.
- Massachusetts Law- Although there were challenges, including the lack of funding earmarked for implementation, key informants still noted the influence of the legislation in spurring the creation of PFACs across the state.
- Resources Needed: Federal and State-level prioritization of the work. Educational and training events , Resources and tools, and Coaching and support (Louisiana)



### 130.1800: Patient and Family Advisory Council

A hospital shall establish a Patient and Family Advisory Council to advise the hospital on matters including, but not limited to, patient and provider relationships, institutional review boards, quality improvement initiatives, and patient education on safety and quality matters to the extent allowed by state and federal law.

(1) a hospital shall prepare an annual written report documenting the hospital's compliance with 105 CMR 130.1800 and 130.1801 and describing the Council's accomplishments during the preceding year.

(2) The hospital shall make the report required in 105 CMR 130.1800(A)(1) publicly available through electronic or other means, and to the Department upon request.



### 130.1801: Policies and Procedures for Patient and Family Advisory Council

(A) A hospital shall develop and implement written policies and procedures for the Council, which shall address, at a minimum, the following:

- (1) The Council's purposes and goals.
- (2) Membership of the Council including qualifications, selection, retention, term of service, and duties and election of officers. The Department recommends that the chair or co-chairs be current or former patient(s) or family member(s), or a staff person and a patient or family member.
- (3) Orientation, training and continuing education for members of the Council.
- (4) Roles of members of the Council, which may include the following as examples:
  - (a) participation on hospital committees, task forces and/or advisory boards;
  - (b) review of publicly-reported quality information;
  - (c) participation on committees addressing patient safety issues;
  - (d) participation on search committees and in the hiring of new hospital staff;
  - (e) participation in reward and recognition programs;
  - (f) as co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees; and
  - (g) any other role in accordance with the hospital's policies and procedures.





Continued...

(5) Responsibilities of members of the Council, including policies that address confidentiality of patient information.

(B) Required Policies and Procedures.

(1) The Council shall meet at least quarterly.

(2) Minutes of Council meetings shall be maintained for a minimum of five years.

(3) Minutes of Council meetings including Council accomplishments shall be transmitted

to the hospital's governing body.

(4) At least 50% of the Council members shall be current or former patients and/or family members and should be representative of the community served by the hospital.

# Institute for Patient and Family Centered Care Best Practices for PFACs

## PFAC structure and membership

- The PFAC has an executive sponsor and staff liaison.
- There is a defined relationship between the PFAC and the hospital/health system leadership and board of directors.
- More than 50% of PFAC members are PFAs; PFAs are representative of the patient populations served.

## Recruitment

- Recruitment is an ongoing program rather than a one-time event.
- Recruitment strategies are designed to ensure that the PFAs reflect the diversity of communities served.
- Clinicians and staff members help identify potential PFAs; other contacts and resources available through the hospital are used (e.g., support groups, relationships with community organizations).

## Onboarding and orientation

- Onboarding and orientation are provided to all PFAC members, covering the key elements of the role of a PFA and helping orient PFAs to hospital quality and safety work.

## PFAC operations

- The PFAC meets regularly, approximately 10 times per year.
- There is an agenda for each PFAC meeting, ideally developed by a PFA chair or co-chair, or by the PFAC.
- Language/translation services, childcare, parking/transportation, and even stipends are provided to encourage participation, especially among disadvantaged populations.

## Opportunities offered to PFAs

- The hospital offers a variety of ways to serve as PFAs, including virtual opportunities and full membership on key committees, quality improvement and safety teams, and governing boards.

## Feedback, evaluation, and reporting

- PFAs receive feedback about the impact of their work.
- There is an annual PFAC evaluation that measures the outcomes and impact of PFAC activities and initiatives.
- An annual report is prepared to summarize PFAC accomplishments and future plans and shared broadly with the health system and the community.

## **Recommendation for NC Perinatal PFACs**

Perinatal hospitals shall establish a Perinatal Patient and Family Advisory Council (PFAC) to advise the hospital on matters including, but not limited to, patient and provider relationships, institutional review boards, quality improvement initiatives, and patient education on safety and quality matters to the extent allowed by state and federal law. The PFAC must adhere to the best practices for PFACs established by the Institute for Patient and Family Centered Care that is located on their website at <https://www.ipfcc.org/bestpractices/patient-family-advisory-councils.html>

- (1) A hospital shall prepare an annual written report documenting the hospital's compliance with the law and describing the Council's accomplishments during the preceding year.
- (2) The hospital shall make the report publicly available electronically via their website annually by October 1<sup>st</sup>.
- (3) The minutes for each PFAC meeting must be forwarded to the hospital's Board of Directors.
- (4) Council members shall be current or former patients and/or family members and should be representative of the community served by the hospital.
- (5) A hospital shall include a social media group peer to peer support component to their PFAC function.

# Citations:

Johnson, B. H. & Abraham, M. R. (2012). *Partnering with Patients, Residents, and Families: A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-Term Care Communities*. Bethesda, MD: Institute for Patient- and Family-Centered Care.

[www.ipfcc.org](http://www.ipfcc.org)

<https://public.vtoxford.org/nicu-by-the-numbers/von-members-report-increase-in-family-involvement-in-the-nicu/>

<https://nyshealthfoundation.org/wp-content/uploads/2018/06/strategically-advancing-patient-and-family-advisory-councils.pdf>

<https://www.ncbi.nlm.nih.gov/books/NBK350004/#S14>

<https://www.mass.gov/doc/09-07-514-patient-and-family-advisory-councils-782009>

Thank You!

Questions?