Transforming the Patient Experience: Successful Strategies for Initiating a Patient and Family Advisory Council

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Abstract

Patient Experience Council assessed council function and identified a gap in inclusion of the voice of the patient in their work. Members historically assumed they knew what the patient wanted and made decisions based on that assumption. Patient Experience Council established partnerships with patient safety and volunteer managers to initiate a Patient and Family Advisory Council (PFAC). PFAC was initiated in September 2015. Monthly meetings involved dynamic interactions with patients vested in helping the organization make changes to support a more positive patient experience including revision of the patient welcome packet. Patient representatives on the PFAC were found to be committed to organizational improvement, honest and straightforward with feedback, and perceived their participation as a “calling”. Keys to success included finding the right fit in members and executive leadership support. Challenges identified were: obtaining the right members and avoiding target numbers; developing new member mentor program; finding balance between continuing initiatives and orienting new members. Discussion includes: defining meeting pre-work to facilitate accomplishment of council goals; provision of resource articles to optimize function level; feedback to executives; and strategies to avoid immobilization. Patients and families provide unique perspectives, adding valuable direction to provision of patient-and-family-centered care.

Materials and Methods

FY14
- Vision of Patient Safety Manager and Patient Experience Director (Fig. 1)
- Past attempts to involve community members or previous patients less than successful

FY15
- Collaboration Director of Patient Experience, Patient Safety Manager and Manager of Volunteer and Courtesy Services
- Literature search completed, best practices explored, PFAC conference attended, and site visits done
- Proposal presented to and approved by Patient Safety Council and senior leaders

FY16
- Patient Experience Council established partnerships with patient safety and volunteers (Fig. 2)
- PFAC recruitment flyer developed and recruitment initiated (Fig. 3 & 4)
- PFAC initiated September 2015, with two prior patients as members.
- Expanded to 6 patient/family members by January 2016.
- Monthly meetings involved dynamic interactions.
- Initial PFAC work:
  - Creating a mission statement
  - Developing meeting agenda items
  - Implementing a PFAC charter
  - Recruitment measures continued
  - Interviewing potential members (Fig. 5)

Keys to Success
- Find the “right fit” in patient/family member participants
- Executive leadership support
- Timeline to guide council development and implementation
- Conduct due diligence in evaluation of council purpose and objectives

Challenges
- Recruiting the “right” members
- Developing new member mentor program
- Creating member biographies
- Finding balance between initiatives and orienting new members
- Norming, forming and evolving over time

Implications for Practice
- PFAC initiatives have contributed to the improvement of:
  - Patient safety
  - Patient satisfaction
  - Quality (Fig. 6)

Discussion and Conclusions

Council Outcomes
- Five of eight initiated projects completed

Patient Safety
- Expanded to 6 patient/family members by January 2016.
- Monthly meetings involved dynamic interactions.

Literature Cited


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