



Making the Most of a Patient Advisory Council

A hospital is only as good as the sum of its resources. It takes every department, from facilities and food service to nursing and surgeons, to work together for the collective goal of patient care and wellness. While technical expertise stems from the hiring and training of the most qualified administration and staff, the ability to provide compassion, convenience, and an exceptional quality of service depends on patient feedback and continual attention to overall experience. Healing and life preservation are a hospital's primary mission; doing so while implementing a comprehensive approach designed with feedback from patients and their families, however, builds the foundation for an exceptional culture.

It can be argued that the implementation of a Patient Family Advisory Council proves unsurpassable as a tool of capturing and acting upon patient feedback.

The Agency for Healthcare Research and Quality ([AHRQ](#)) defines patient and family advisory councils as formal groups that meet regularly for active collaboration between clinicians, hospital staff, and patients and family members on policy and program decisions¹. It is imperative for hospitals to facilitate independent councils to glean first-hand experience of their hospital, rather than relying upon published data applying to the industry as



a whole. This provides a forum for patients and their loved ones to critique and commend everything from way-finding and general layout, to access to amenities such as outlets and parking, to feedback on experiences with individual nurses and doctors.

Comprehensively, the way these components interact with each other provides each and every individual with a unique experience and data on how to constantly improve.

This purpose of this paper is to present the foremost ways in which to make the most of a hospital patient advisory council, addressing best practices for the creation, implementation, use, and maintenance of the council.

This type of patient advocacy plays a chief role in **Integrated Loyalty Systems' (ILS)** Cultural Transformations by bringing the human side of healthcare to the forefront.

1 | The building blocks of a patient advisory council

Prior to reaching out to patients and their families, a plan must be established among hospital decision makers outlining a mission and corresponding goals for the council.

Although hospital decision makers need to sign off on the process, they may want to delegate champions to put the plan into practice. Each person in the group should be dedicated to the idea and prepared to provide creative ideas to engage patient participation and put feedback into practice.

Creators of the plan should understand that a patient advisory council does not simply follow up with patients on their experience. Rather, it requires identifying the proper patients for participation, engaging them for the long-term, providing them with a clear understanding of their role, and utilizing them as a permanent resource and member of the council.

Finding Potential Council Members

The most suitable patients for a position on the council are those who had an underwhelming experience. Although it is important to understand areas in which the hospital is excelling, it is more critical in this instance to uncover areas which need improvement. The personality of the patient is also a factor, as this person needs to be willing to share their feedback and provide ideas, solutions, and dialogue aimed at improvement. Potential council members should not be angry patients wishing to simply complain; they should be people whose experience was negatively impacted in either a major way or in multiple minor ways. Most importantly, they need to be willing to participate and dedicated to the

cause. Serving on a council is a long-term voluntary position, so identification of the right patients and families is imperative.

Once a candidate has been identified, they should be approached at the proper time, usually shortly after their experience has ended. This should always be done with compassion and respect for the patient, first defining what the council is and why they would be beneficial to the mission. They should be asked if they would be willing and able to work with both staff and other patients on ongoing basis. Approaching them with suggestions for their role is recommended, yet they should be able to provide ideas on how they believe they could be most helpful.

For example, assume a patient has a confusing surgical experience. They expressed disappointment with a lack of communication with their family during surgery, and a lack of nurses and surgical team members who could answer their questions. This patient may have valuable insight into how to ensure a patient's questions are addressed. Although they cannot provide medical care to patients and would not likely interface with them personally, they would serve as a resource for staff and potential patient advocate volunteer for families.

The most important quality to look for in a patient council member is passion. Over time, the process of identifying these individuals will become easier and more transparent. Vetting is crucial, however, to maintaining focus and functioning within the group. Examples of how to find and recruit the best members provided in the [AHRQ handbook](#) include holding information sessions, asking candidates to complete applications, creating template letters for both invitations and regrets, and

creating models for patients to share their story³.

Council Leadership

As the council begins to take shape, an organizational outline should be drafted detailing the roles each person, both staff and patient members, will take in the organization. Areas such as finance and anything having to do with direct access to current patients should always be handled by a staff member. It is suggested that leadership roles, such as President, be split into two – one staff member and one patient member. Doing so will help maintain a balance, allowing both groups to have strong representation.

A key member of the hospital's administrative or management team must always be involved to oversee all activities and decisions. Ultimately, however, the group should be operated and viewed as one entity rather than staff versus patients. This is imperative for true progress to be made.

Long-Term Engagement

Once the chosen candidates agree to sit on the council, they must be engaged based on their passion to help and be educated by staff, printed materials, and other council members. Timing is critical in this process and depends largely on the individual patient. If a patient remains ill, extremely angry, or presents a condition which will not allow them to be open and engaged for the long-term, they should not be approached for council membership. They need to have had gone through the experience fully and demonstrated their willingness to share.

Surprisingly, a survey published in 2015 in the BMJ Safety and Quality Journal noted that less than 40% of hospitals surveyed had panels or councils in place². This means they may need to have the patient advisory model explained

to them, as they may be unfamiliar with the concept. Hospitals will be well-served by creating simple, clear brochures providing information to patients. A key decision in this process will be how and if this material will be circulated to maintain an operative council, but should be available for identified candidates regardless. This brochure should define a patient advisory council and the hospital's unique mission statement for theirs, provide information on the types of patients they are looking for, how to help, and whom to contact. Overtime, this information can be supplemented with success stories, allowing patients to appreciate the impact their time will have on the quality of care provided at the hospital.

Once the volunteers are engaged, a long-term place for their assistance should be established. As the council grows, roles and duties will naturally present themselves, and can be assigned to the most appropriate council member. These members must also have regular, face-to-face meetings with hospital staff and other council members. Mandatory meetings should be approached as any other formal gathering, with attendance and notes taken, motions approved and disapproved, and ideas shared and vetted. An engaged and insightful patient council member is highly valuable to a hospital, and he or she should be presented with the opportunity to take ownership over their assigned role within the group.

Just as the work the council performs should be measured and evaluated on a consistent basis, patient council members should be provided with feedback on their endeavors to keep them engaged. Patient responses,

changes in staff communication or routine, or newly implemented practices should be presented within the council, rewarding and motivating the council.

Likewise, ideas that proved unsuccessful should be addressed and possibly re-structured within the group.

Patient and family council members are not exclusive in their requirement for long-term engagement: Hospital administration, physicians, nurses, aides, and maintenance should all be represented in the council, and their ability to make changes on patient feedback should be acknowledged and celebrated. Hospital staff serving as council members should be provided with training on a wide variety of topics, including communication skills, task prioritization, leadership, and policy updates, such as HIPAA requirements and patient advocacy law.

- Is there an under-represented issue or need missing? What type of people are needed, when, and how many? These questions do not need to be answered immediately, but rather, they should become an ongoing topic of conversation.

Involved parties should establish a written plan, or Council Mission, stating the group's organizational structure and budget. It should also detail each recognized issue with examples or testimony, proposed solution, timeline, markers of success, ultimate outcome, and supporting data. Each individual patient member should also have a mission statement detailing their main responsibilities and areas of focus, and training plans should be documented. The overarching goal of the Council Mission should be in alignment with the hospital's core mission statement and/or cultural identity. As issues or areas of excellence are identified, the plan can be modified accordingly, making it a living document rather than a static plan.

Ongoing Evaluation

Evaluation of progress against the Council Mission should be continual. Although the plan is changing as the council makes progress, it should always be used as a tool to maintain consistency in membership, accomplishments, and productivity among the group. Changes to the Council Mission should always be presented to the entire council and voted on in council meetings. Annual evaluation from a third-party specialist organization, such as ILS, is also critical in receiving a non-biased assessment of structure, activities, and overall impact.

2 | Maintaining the established patient advisory council

Once both staff and patient council members are in place, trained, and understand their roles, the work can truly begin. The goals which were put in place at the onset of the planning should be re-evaluated using the following questions:

- Do these goals fully align with the hospital's mission statement while increasing a focus on the patient experience, or has vital information been gained during planning?
- Have all members of the council had the opportunity to get to know one another, forging trust?
- Has each member's story and experience been shared among the group, followed by brainstorming sessions?

3 | Organization and Full-

It will be difficult to build a fully-functioning council immediately. It will take time to recruit members from the staff and patient pool. In the beginning, council members may want to simply gather to discuss issues to be brought to hospital administration. As membership grows, however, the measures discussed throughout this paper will need to be taken to ensure proper organization and full-integration into hospital culture. If the culture within the hospital is already strongly focused on patient experience and service, the integration of a patient advisory council will likely be welcome.

If the culture at the hospital has not been proactively built upon these principles, however, it may be challenging for the institution to adopt a new service-oriented practice. As found by the Journal of Participatory Medicine in their 'Lessons Learned in Implementing Patient Family Advisory Councils in Ontario', hospitals must be dedicated to listening to the patient, and that "it all starts with the CEO and senior management."⁴

Integrated Loyalty Systems (ILS) was built upon the foundation of cultural transformation, specializing in working with hospitals to help them create an organic, unique approach to service and care. This work has shown that the overall atmosphere of a hospital affects each experience and endeavor taken within. Embarking upon the creation of a patient advisory council is a step in the right direction, however an active culture of service and human experience will elevate the outcome tremendously. ILS serves as a resource for full integration, and can help in establishing long-term, experience-oriented, sustainable change.

Best Practices

An organized, diverse PFAC team and the hospital's dedication are the most critical

components to success, but there are many minor ways to strengthen the council, such as:

- Holding quarterly or bi-annual Q&A sessions for interested parties
- Bringing together non-council volunteers for special activities or outreach
- Publishing a council newsletter sharing accomplishments with staff and patients
- Creating, distributing, and collecting patient satisfaction forms
- Branching off into focus or research groups to gather pertinent data for various departments, especially if the data shows a cost-savings or increase in patient satisfaction
- Holding occasional social outings for members to encourage and foster relationships and trust
- Customizing the efforts and culture of the council to the specific traits of the hospital, thereby making it unique to the demographics it serves.

4 | Conclusion

This white paper has presented the foremost ways in which to make the most of a hospital patient advisory council, addressing best practices for the creation, implementation, use, and maintenance of the council.

At its core, a patient advisory council is the primary means to marrying patient experience with the day-to-day administration of a hospital. It is **fully dependent upon buy-in from hospital leadership or ownership**, and is most impactful when:

- Staffed with a wide variety of patients and hospital staff representative of numerous departments
- Reserved for members dedicated to long-term involvement and change
- Maintained according to the desire for a human-focused, patient centric culture

- Run in accordance with a living, evolving Council Mission plan
- Regularly evaluated by a third-party specialist organization, such as ILS

When properly maintained, staffed, and supported, a patient advisory council will provide meaningful insight into patient experiences and serve as an avenue for human centric, deliberate change for the better of the entire facility.

Integrated Loyalty Systems has the proven blueprints needed to create patient-driven cultures that engage and empower every care team member to deliver exceptional patient experiences ... always. To learn more and to receive our FREE newsletter, email info@wecreateloyalty.com or call (407) 859-2826

¹ Cited from the AHRQ's "Working With Patient and Families as Advisors Implementation Handbook" at https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf on May 14, 2017

² Cited from the Wall Street Journal, "Hospitals Form Patient Advisory Councils to Learn How They Can Improve Care," at <https://www.wsj.com/articles/hospitals-form-patient-advisory-councils-to-learn-how-they-can-improve-care-1448852618> on May 11, 2017

³ Cited from the AHRQ's "Working With Patient and Families as Advisors Implementation Handbook" at https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf on May 14, 2017

⁴ Cited from the Journal of Participatory Medicine's "Lessons Learned in Implementing Patient Family Advisory Councils in Ontario" at <http://www.jopm.org/evidence/research/2017/05/09/lessons-learned-in-implementing-patient-family-advisory-councils-in-ontario/> on May 21, 2017.