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## Creating a patient/family advisory board

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**From our readers...Creating a patient/family advisory board**

Kerry Eaton, RN, MS and Sheila Grossman, PhD, APRN-BC

Today's nurse is challenged to procure the skills and knowledge to facilitate healthy work environments in order to achieve best patient outcomes. How better to assist the nurse and other healthcare providers than to create partnerships with patients and families and invite them to share their ideas on how to improve the hospitalization experience?

**Being patient centered**

As part of a strategy to develop a culture that reliably provides safe patient care, a patient/family advisory board (PFAB) was developed at St. Vincent's Medical Center.

Although many acute care hospitals describe themselves as patient-centered, a review of the literature suggests that few have developed a forum to accept meaningful input from patients and families. Without the inclusion of patients and families as partners in decision-making regarding those experiences that matter to them, it is difficult to conceive that meaningful changes toward true patient centered care will occur.

PFABs, while common in children's and specialty hospitals, rarely exist in general acute care hospitals. It is hoped that more hospitals will choose to establish forums, such as these advisory boards, and that a new standard of care is achieved whereby all organized health care

organizations provide a structure to ensure the voices of patients and families are both heard and acted upon.

### **Overview of the board**

The PFAB at St. Vincent's Medical Center began meeting in January 2007 and consists of 15 members, all of whom were former patients or family members of patients. The age of the members range between forty and eighty. They encompass a wide range of professional backgrounds, including education, law, engineering, business, healthcare and public service. Hospital representatives include the chief administrative officer, the chief medical officer, the associate vice president for nursing and the director of patient relations. In addition, the chief executive officer occasionally attends the meetings. The monthly meetings are chaired by an elected chair who circulates an agenda prior to each meeting. The agenda addresses topics the members have identified as needing improvement, items that hospital staff wishes to have reviewed by the group for input, updates and news from the hospital, and reports from members who sit on hospital committees.

The PFAB has representatives on the hospital's quality council, the patient safety committee, and improvement teams working on infection reduction, bedside care delivery, patient flow, discharge planning and new building design. Since the PFAB inception, the presence of patients and families in Medical Center operations has expanded. Currently, PFAB members participate in new employee and resident orientation and many patient units now have a dedicated patient/family advisor that serves as an expert resource and patient/family liaison.

Planned for implementation is the inclusion of a PFAB member on the interview team for all clinical management positions.

### **Sharing perceptions**

Because the strategic goal was to improve safety climate by implementing this advisory board, PFAB members were asked to complete an open-ended questionnaire to determine their perceptions regarding the overall climate of patient safety at the hospital and their recommendations for improvement (see below).

### **PFAB members' perceptions of the hospital's areas of excellence in provision of patient safety**

Provision of security guards as escorts to parking areas at any time of day

- The Red Shoe program for fall prevention
- Provision of scooters for family with mobility needs
- Meal tray distribution is well organized and efficient
- Good 1 to 1 observation by staff of disoriented patients
- Bed rails are always up when patients are in bed

### **PFAB members' recommendations for improvement regarding patient safety**

Keep patient call buttons accessible to patients at all times

- Increase communication with physicians by nurses and families
- Inform family of patient status frequently during admission process
- Post a directory of hospital units/departments with locations in and outside of elevator

- Label appropriate dialysis arm for IV sites and blood draws
- Orient patients to units where they are hospitalized
- Install more lighting on patient units
- Staff should wear name tags at all times
- More surveillance of people coming in and out of the hospital

A similar survey was completed by hospital senior leadership and the governing board (see below), which asked them to identify their involvement with patient safety.

#### **Governing board's perceptions of involvement with safety culture**

- Desire to continue being active in implementing safety policies
- Continuous improvement of safety is unanimously agreed as a priority of governing board
- Feeling that safety climate is overall positive and they will work on improvement
- Supportive of recommendations such as PFAB that will increase patient safety
- Dedicated to assisting with policies to decrease errors and mortalities
- Desire to inculcate improved safety throughout the institution at each organizational level

#### **Senior leader perceptions of involvement with patient safety**

- Need to continue reinforcing staff to follow policies with education and training
- There is a definite momentum to continue focusing on patient safety improvement
- Senior leaders and all staff must be accountable for patient safety
- Need to move forward instituting new practices for reporting errors

- Need to continue to identify key stakeholders who promote patient safety accountability
- Timely, non-punitive and confidential reporting of complication and error is needed
- Need for institution-wide commitment for proactive change to promote safety
- PFAB is excellent way to promote active patient and family centered model of care
- Need to continue to act as safety champion to achieve safety goals
- Continue to produce consistency in safe practices as a matter of “routine” with staff
- Senior leadership group is effectively driving safety initiatives with measurable progress
- Excellent idea to provide a different view – that of the user (PFAB members) and not just the provider in implementing safety initiatives

This unified support for improving safety has led to further efforts directed towards improving patient safety. Over the past 18 months, the Medical Center has educated nearly 100% of staff on high reliability behaviors. The role of patients and families has been a key part of that education. That, along with a number of day-to-day operational changes that focus on safety has resulted in over a 60% reduction in preventable harm.

This program works toward fulfilling the initial PFAB group recommendations centered on improved communication between patients and families and the health care team. The senior leaders and board members identified the need for patient safety to be a consistent and core focus for the organization.

### **Getting started**

St. Vincent’s Medical Center began to work on implementing the PFAB in 2006. There was little guidance to be found in the literature. Most of the invaluable tips for getting off the

ground were supplied via conference calls and a site visit to Dana Farber/Brigham and Women's Cancer Center in Boston. Their Advisory Council has been in effect for many years. To the observer it is clear that their patients and family members have become indispensable contributors to virtually all decisions that impact patient care.

Additionally, the Institute for Family Centered Care's manual by Webster & Johnson, 2000, *Developing and Sustaining a Patient Advisory Council*, was indispensable. The Institute also publishes a Patient and Family Centered Care Hospital Self-Assessment that effectively identifies priorities for action. With these tools in hand and the recruitment of 15 volunteer members, the Advisory Board was up and running. The single greatest resource expenditure is the time allocated to organizing the program and maintaining the related operations, however, it was not necessary to retain additional employees.

The group has had many accomplishments. In addition to their routine role of providing input and advice for many projects and on many committees they have made several key contributions. The group created a new visitor policy that puts the patient in charge of visiting hours, allows the patient to name a care partner and ensures the care partner is not considered a visitor; developed easy to understand Advance Directive materials for patients, established new processes so that the group screens written materials that we provide to patients to ensure they are clear and understandable, helps with decisions about menus for patients and our cafeteria and also oversees the selection of products that are distributed with the admission kits to be sure they are easy to open and use. The group was also instrumental in the placement of a hand-washing station in our front lobby. It is especially gratifying to watch the hospital team

become comfortable with the presence of patients and family members on our committees and improvement teams. We are making better decisions because of their participation.

### **Challenges**

There certainly are challenges. We learned immediately that the hospital staff speaks a different language than our patients and families. We underestimated the need to simplify our language to make it understandable. This learning alone has been a major contribution. Also, like any group, the committee needs expert facilitation to ensure participation from all and to stay on task. While, we were delighted at the organization's receptiveness to our PFAB and to their willingness to allow members to sit on committees that discuss very sensitive information, we still have a ways to go in terms of opening up this sort of access across the organization.

### **Words of wisdom**

There is no doubt that the benefits outweigh the challenges. Our best advice is to actively listen to your members. Endeavor first to understand their experience. All too often we spend an inordinate time trying to first ensure we are understood. It should be the other way around.

**Editor's note:** More information regarding the development and integration of a patient/family advisory board can be obtained from Kerry Eaton, MS, RN, Senior Vice President/Chief Administrative Officer, St. Vincent's Medical Center, Bridgeport, Connecticut. E-mail: keaton@stvincents.org

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## References

Conway J. *Patients and Families – Powerful new partners for healthcare and for caregivers.*, 2008. Available at <http://www.ihi.org/NR/rdonlyres/E19AA8CE-F5FC-4DCE-8B52-39D03074C100/0/ConwayPatientsandFamiliesHCExecutiveJan08.pdf>. Accessed January 16, 2008.

Conway J, Johnson B, Edgman-Levitan S, Schluccter J, Ford D, Sodomka P, Simmons L. *Partnering with Patients and Families To Design a Patient- and Family-Centered Health Care System- A Roadmap for the Future – A Work in Progress*. Institute for Family-Centered Care in collaboration with Institute for Healthcare Improvement. June, 2006. Available at <http://www.familycenteredcare.org/pdf/Roadmap.pdf>. Accessed January 12, 2008.

Pronovost P, Nolan T, Zeger S, Miller M, Rubin H. How can clinicians measure safety and quality in acute care? *Lancet*, 2004; 36:9414, 1061 -7.

Stevens K, Staley J. The quality chasm reports, evidence-based practice, and nursing's response to improve healthcare. *Nursing Outlook*, 2006; 54:2, 94 -101.

Webster PD, Johnson BH. Institute for Family Centered Care's manual, *Developing and sustaining a patient advisory council*. Institute for Family-Centered Care, 2000.

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