

PFAC: Embracing Our Most Valuable Resource – People

One of the most powerful tools for practice improvement can be found seated in the chairs of the patient waiting room. In this era of patient centeredness, it is critical that patients are not only involved in their care, but that their ideas on improving every aspect of their healthcare experience are heard, considered, and implemented. The Institute of Medicine defines patient-centered care as care that is respectful of and responsive to the individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.¹

The Department of Family & Community Medicine (DFCM) at Thomas Jefferson University (TJU) recognizes the importance of not only taking the patient's thoughts and concerns into consideration, but putting them into action. In February of 2014, Jefferson's DFCM organized Jefferson's very first Patient and Family Advisory Council (PFAC).

A Patient and Family Advisory Council links patients and families with members of the healthcare team to provide guidance on how to improve the patient experience. Patients and their families are invited to serve on this committee to ensure that their comments, point of view, perspective and experience may be heard and integrated into the care they receive.² The mission of this committee is to ensure that all patients receive the highest level of quality service and patient-centered care as well as an exceptional patient experience. Jefferson has a similar [Patient and Family Advisory Council](#) for inpatient care at the hospital.³

The DFCM's PFAC started with a planning committee consisting of representation from the full spectrum of the healthcare team: physicians, nurses, medical assistants; front desk, billing, and phone

room staff as well as administration. After doing much research on how other institutions around the country have put together their own PFACs, our planning committee created a timeline and began to discuss how to start recruiting patients.

We asked members of the healthcare team, via email and during weekly meetings, to identify patients that they felt would be good representatives for PFAC. We also created and displayed flyers in the patient waiting room and on bulletin boards in every exam room. We received many inquiries and conducted phone interviews using a membership application we created. In addition to obtaining the patient's name, address, etc., the patient is asked why they would like to become a PFAC member, their areas of special interest, and what related experiences they may have to share. The applicant must then sign the application, agreeing that: 1) the info given is correct and given voluntarily; 2) agree to abide by the volunteer policies and guidelines of PFAC; 3) must keep confidential all information gained, directly or indirectly, concerning a patient, physician, or any other person; 4) authorize the staff of PFAC to discuss the patient's participation on PFAC with associated clinical care staff, including nurse and/or social worker, if applicable. Our main concern was to be sure we formed a diverse group of people that well represented our patient population. After careful screening, we achieved this result, and ended up with a dedicated group of people that truly want to make the patient experience at TJU's DFCM excellent.

The PFAC has been meeting every other month since September 2014. These are 2-hour breakfast meetings that include 15 patients and 10 DFCM faculty and staff members. The Planning Committee



Patient greeter Shirley Beckett

meets every week for one hour. The initial meeting consisted of icebreakers and an explanation of patient access and patient flow in the office. Every patient member asked important questions related to patient flow and access and offered advice on how to help the patient population understand these topics. This opened up a theme where at subsequent meetings we did a "virtual patient visit" beginning from making the appointment (phone room) to the closing of the visit.

We have implemented several changes since the launch of our first PFAC meeting in September 2014. New signage on registration desks is helping patients navigate where they need to go. Rejuvenation of an outdated website is reintroducing our patients to their healthcare team. A new and improved patient brochure has been introduced to answer all questions patients may have and to let them know when their health caregiver is seeing patients. Currently, one of our PFAC members is translating the brochure into Spanish; addressing language barriers is always on the agenda of every PFAC meeting. We now have a greeter at the front entrance of the practice to welcome patients upon their arrival and to address any questions

CONTINUED ON PAGE 2

and concerns they may have. On the horizon are more education materials and monitors providing appropriate medical education. We are also planning a patient appreciation week in the spring.

Although we have made great strides, we have much more to do. Our patient team is on a 2-year rolling membership and it is now time to start recruiting again. We need to expand our patient constituency to be more diverse and fully-inclusive, one

that is welcoming to all persons. When we started this committee in 2014, we weren't sure if we would have a dynamic group of people that formed a constructive team. But what we have learned is that each member of the council is passionate about sharing ways in which we can improve the patient experience given their own unique thoughts, ideas and experiences. Everyone feels comfortable speaking their mind and they all bring something different to the table. By working together to improve Family and

Community Medicine at Jefferson, I believe PFAC has begun to feel like "family" – we honestly care about one another – and that's what healthcare is all about.

Amy Burzinski *Co-Chair, Patient and Family Advisory Council*
Department of Family & Community Medicine, Sidney Kimmel Medical College at Thomas Jefferson University
Amy.Burzinski@Jefferson.edu

REFERENCES

1. Institute of Medicine. Washington, D.C: National Academy Press; 2001. Crossing the Quality Chasm: A New Health System for the 21st Century.
2. West M, Brown L, Skunks Team. BJC Healthcare. Patient and Family Advisory Council. Getting Started Toolkit. 2007. http://c.ymcdn.com/sites/www.theberylinstitute.org/resource/resmgr/webinar_pdf/pfac_toolkit_shared_version.pdf. Accessed March 27, 2016.
3. Arfaa JJ. The people behind Jefferson's new Patient and Family Advisory Council. *Pop Health Matters*. 2016;29(1):4-5.