

Research-Based Analysis on Hospital PFAC's

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Background

Existing Facts

- Currently, **Patient Family Advisory Councils (PFACs)** operate within hospital settings to provide a platform for engagement and opportunity on all administrative levels of the health care system
- Having a **diverse member participation** in PFAC's provides more meaningful feedback to improve the healthcare experience
- Research suggests that **patient-centeredness** is associated with high-quality medical care.
- High-performing PFAC's** have proven **better patient experience scores**, than low-performing PFAC's and hospitals without PFAC's
- It was found that the best practices include reaching out to communities served and to address barriers to communication (Dardess, et. all 2024), while the barriers to PFACs stem from a lack of strategic mindset (Fredricksson &Modigh, 2021)

Short Comings

- PFAC's engage communities through specific projects, however evidence of their **overall impacts is lacking**
- There is a **gap in large-scale data** identifying the specific areas where the PFACs should focus on to improve their effectiveness.
- Research on long-term impact of PFAC reports is limited**, thus creating a significant issue in understanding their true impact on healthcare systems
- Many PFAC reports **fail to integrate quantitative data** making it difficult to analyze their findings in a measurable way

Purpose

- The purpose of this research is to fill the gaps that exist in **understanding the values that PFAC's** that help to create an effective and efficient council
- Resource-based values will be examined to understand the strategic importance of each these values on **achieving patient care satisfaction**
- This research hopes to collect **data-driven recommendations** to contribute to the healthcare decision-making process
- As the councils operate on a level that values intrapersonal interaction, we predict many values to fall in the intangible category

Methods

- The database for this analysis comes from **2016 and 2017 annual PFAC Reports**, from all Massachusetts based hospitals.
- Data on annual top five PFAC accomplishments, challenges, & sold butof ideas were measured to determine if they fell under the **tangible, intangible or capabilities** category
- This information is entirely **self-reported** as PFAC reports are derived directly from hospitals
- Our **code was separated into two levels** to measure the data collected; **quantitative** (level 1) and **qualitative** (level 2)
- The quantitative coding results categorize hospital accomplishments as tangible, intangible, and capabilities; allowing for **patterns to be revealed in PFAC** values
 - Tangible: resources that can be bought/sold, as well as intellectual property like providing feedback or consultation
 - Intangible: cannot be bought or sold but affects how the council operates; it is related to their image, the council's culture, reputation, and how they are perceived.
 - Capabilities: while it is also intangible, it relates to their organizational and structural strategies

References

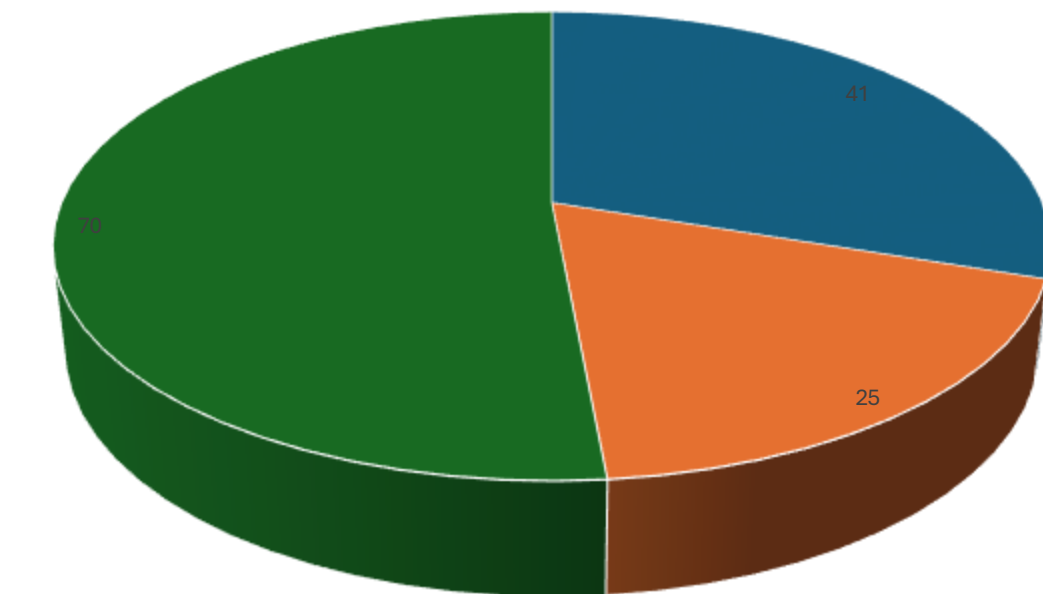
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A	B	C	D	E	F	G	H	I	J
ID	Year	Accomplishment_a	Level 1 Code A	Level 2 Code A	Idea come from_a	PFAC role_1_a	PFAC role_2_a	PFAC role_3_a	PFAC role_4_a
Saint Vincent Hospital	2017	Developed greater understanding of disaster preparedness efforts at SVH and in Worcester County.	Increasing Intellectual property	Tangible		1	1	0	0
UMass Memorial- Marlborough Hos	2017	Improved wayfinding in the hospital. Provide input for other signage throughout the hospital.	Feedback on signage	Tangible		1	0	1	1
Albion Hospital	2017	Developing Committee Demographic profile to demonstrate representation of the community served	Informational development	Tangible		1	1	0	0
Baystate Franklin Medical Center	2017	Advisors executed a plan we developed together to visit a system-wide collaborative at PFAC - this included tours, a presentation on the history of the hospital, meal and agenda planning, etc.	Idea development	Tangible		1	0	0	1

Model used to code each hospitals top annual PFAC accomplishments & challenges and categorization of being either tangible, intangible or capabilities.

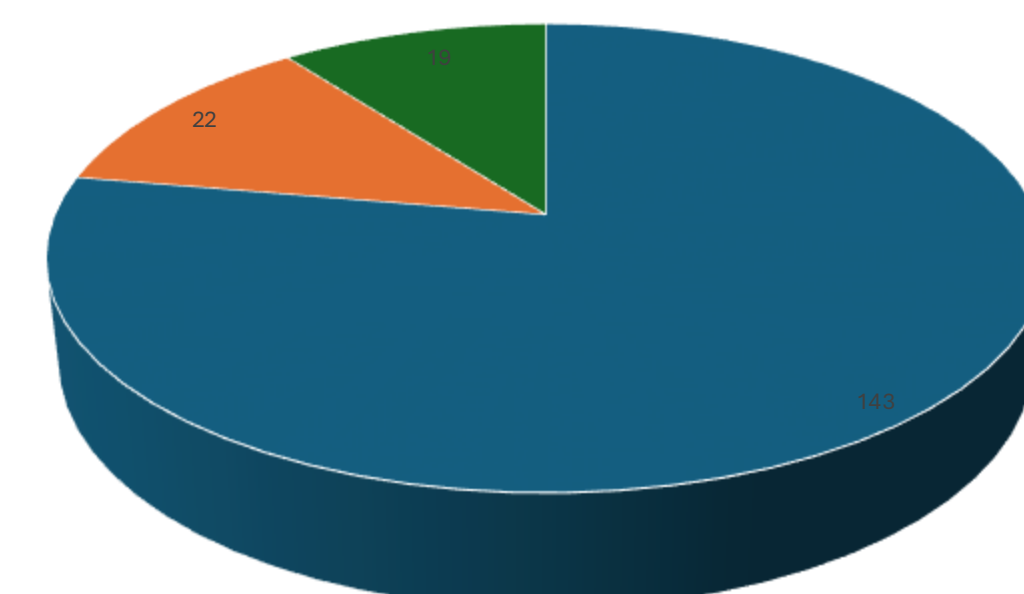
Results

PFAC Challenges 2016



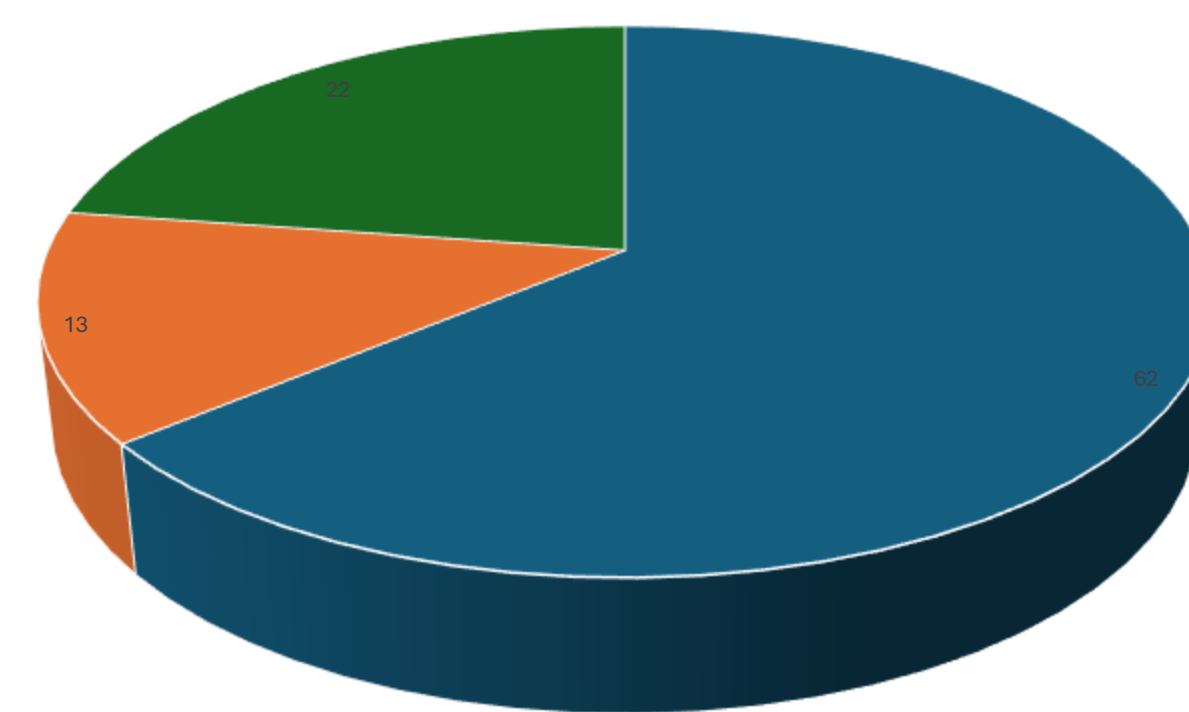
■ tangible ■ intangible ■ capabilities

PFAC Acheivements 2016



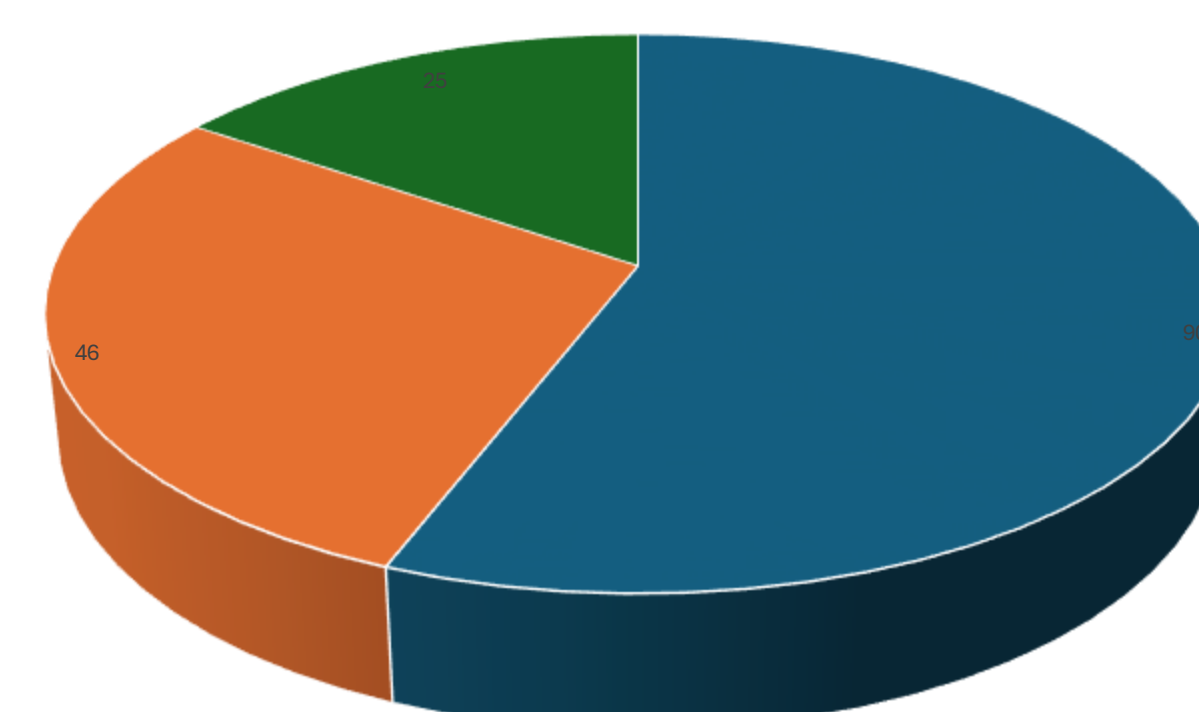
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PFAC Challenges 2017



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PFAC Achievements 2017



■ tangible ■ intangible ■ capabilities

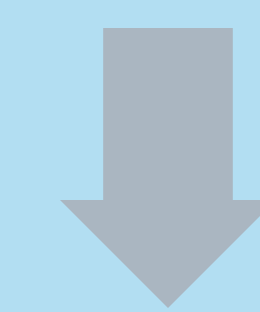
- These graphs illustrate the types of resources and outcomes the PFAC's generate, as well as challenges they encountered
- For 2016 the greatest challenges were tangible and the most common form of achievements were also tangible
- The 2017 data shows a contrast in the types of challenges faced
- For 2017 the most common challenge was tangible and resource based, while the most common achievements were categorized under capabilities
- These results demonstrate a strong correlation in the relationship between PFAC achievements and challenges being primarily tangible

Discussions & Implications

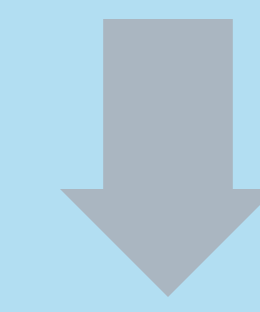
- This project incudes both **facts** and **opinion** to assess the results.
- They key takeaways from this research are that PFAC reports have the capabilities to enhance efficiency in the long-run
- Another takeaway is that **tangible accomplishments and challenges** are most faced by the PFAC committee and should be targeted when finding solutions
- Hospitals can benefit from implementing changes based off **patient and family feedback**
- The results of finding out the most common challenges that hospitals face is that solutions can be developed to target these exact issues.
- This research is a mix of both **conclusive** (the types of achievements and challenges faced) and **ongoing results** (the results from changing policy/structure based off these findings)
- Some limitations regarding the PFAC analysis include the potential bias in data collected to hospitals self-reporting their PFAC reports and the lack of completion of some PFAC reports
- The **strengths** in this research included:
 - Easy access to public PFAC information
 - Simple way of coding data to finalize results
 - Qualitative data was gathered to support quantitative results
- There is a **positive impact in improving PFAC** engagement within hospitals
 - More time will be allocated to events/meetings
 - Safety education will improve
 - Demonstrated compliance
 - Reduced readmissions eliminating costly inefficiencies
 - More equitable health outcomes

Next Steps

Narrowing down the most impactful findings that can drive change and discussing further research



Develop clear, feasible recommendations: 1)increase PFAC member diversification 2)focus on intangible values 3)allocate more time to committee meetings



Tracking long-term outcomes of PFAC reports to create permanent changes in care practices and policies