



FALL 2025 EDITION

PFAC

Patient and Family Advisory Council Toolkit

Developed by the PFAC Executive Council



Table of Contents

1. Importance of Building a Patient and Family Advisory Council (PFAC)
2. Purpose/Responsibility of the PFAC
3. Benefits of a PFAC
4. Determining Your Level of Engagement
5. Representing the Patients and Families Served
6. Qualities and Skills of PFAC Advisors
7. PFAC Advisor Recruitment and Orientation
8. Developing the PFAC
9. PFAC Structure
10. Meetings & Communication
11. Measures of Success
12. Sustaining the PFAC
13. Sharing the Stories
14. Conclusion
15. Resource/References

Introduction

A Patient and Family Advisory Council (PFAC) enhances patient and family engagement in the care experience. Patients and families partner with the healthcare facility, reshape operational processes, and build a patient-centric healthcare experience.

1. Why Build a Patient and Family Advisory Council

PFACs are designed to support a culture of patient and family involvement in the design of care processes to:

- Promote improved outcomes and patient satisfaction.
- Develop creative, cost-effective solutions to problems and challenges within a healthcare program or organization.
- Encourage hospitals and healthcare settings to focus on patient/family centered care.

2. Purpose and Responsibilities of the Patient and Family Advisory Council

PFACs were developed to involve patients, families, and caregivers in the care process. While PFACs may differ by organization, and for the varying populations and settings they serve, the general purposes are to:

- Provide a safe, structured opportunity for patient/family/community and professional input into an organization's care policies and processes.
- Improve patient/family connections to the community at large.
- Develop policies that prioritize patient needs, preferences, and values which enhance outcomes and facilitate cost-effective solutions tailored to the patient's specific needs.
- Provide opportunities for community, professional, and patient/family collaboration for the best possible health outcomes.
- Promote staff education which hardwires patient-centered solutions into the culture.
- Facilitate patient, family, community, and professional engagement in improving quality, safety, and communication.
- Improve the patient experience overall as reflected by improved patient ratings of care.

3. Benefits of a Patient and Family Advisory Council

While PFACs are a tool to engage patients and families in the care experience, they may vary in how they are set up, and the goals for the population they serve. In general, PFACs benefit organizations by:

- Assuring care policies are patient-centered.
- Promoting formation of respectful patient and family partnerships through collaboration with the healthcare team.
- Improving quality metrics through creative, cost-effective solutions to organizational challenges and reductions in barriers to care.

- Facilitating community engagement by creating a structure for patients and families receiving care in the organization to be involved in the PFAC where they will meet with facility leaders, community members, and healthcare professionals.

**"BECOMING A MEMBER OF A PATIENT AND FAMILY ADVISORY COUNCIL (PFAC) HAS TRULY BROADENED MY PERSPECTIVE. I WAS UNAWARE OF THEIR SIGNIFICANT ROLE IN SHAPING PATIENT EXPERIENCES AND INFLUENCING DAILY OPERATIONS."
TINA LIPSCOMB MSN, RN, CCM
CASE MANAGER**



4. Determining Your Level of Engagement

The process to establish a PFAC may involve several steps:

- ASSESS the organization for readiness.
- PILOT the PFAC following a plan including structure and members.
- FORM the PFAC and establish a meeting schedule to achieve a shared vision.
- COMMUNICATE PFAC ideas and changes with leadership and staff to BUILD SUPPORT.
- IMPLEMENT a structured process for member recruitment and engagement.
- USE stories to motivate staff and generate short term wins.
- INCORPORATE PFAC into the organizational culture, measure gains, assure leadership commitment, and communicate improvements.



“WE HAD POCKETS OF WONDERFUL IN OUR HOSPITAL, BUT IT DID NOT NECESSARILY TRANSLATE ACROSS THE HEALTHCARE SYSTEM...HOW DO WE TAKE A CULTURE AND MAKE THAT TRANSFORMATIVE ACROSS AN ORGANIZATION”

AHA VICE PRESIDENT OF CLINICAL AFFAIRS AND WORKFORCE

5. Representing the Patients and Families Served

While forming the PFAC, seek patients and families who represent a variety of clinical experiences such as type of condition, illness, and programs utilized to serve on the PFAC.

- Look for a broad range of clinical experiences.
- Include patients and families who have positive, as well as, negative perspectives of clinical experiences and encounters.
- Seek members, both patients and family, who reflect the diversity served by the hospital, clinic, or program including age, sex, illness, race, etc.

**"I ESTABLISHED THE 1ST PFAC AT THE HOSPITAL WHERE I WAS CNO ABOUT 10 YEARS AGO. BACK THEN, ORGANIZATIONS WERE JUST BEGINNING TO UNDERSTAND & APPRECIATE HOW THE VOICE OF THE PATIENT & COMMUNITY MEMBERS IMPACTS THE QUALITY OF CARE, STRENGTHENS THE PARTNERSHIP WITH THE COMMUNITY, & BUILDS TRUST."
CAROL CONROY**



6. Qualities and Skills of Patient and Family Advisors

Identify patients, families, staff, and community organizations that can recommend potential PFAC advisors.

Seek individuals and families who will:

- Share insights and information about their experiences in ways that others can learn from them.
- See beyond their own personal experiences.
- Show concern for more than one issue or agenda.
- Listen well.
- Respect the perspectives of others.
- Speak openly and honestly in a group setting.
- Interact well with a variety of people.
- Work effectively in partnership with others.



**“NURSES BRING LIGHT
INTO DARK PLACES.”
DONNA CARDILLO,
RN, MA, FAAN**

7. Recruitment & Orientation

Recruiting patients, families, and community advisors

- Ask staff for suggestions of future advisors.
- Post and advertise within the units or clinics.
- Place notices on websites, social media platforms, and in publications.
- Send direct mail to present and former patients.
- Outreach through patient portals.
- While recruiting community advisors recognize individual abilities or challenges to select best candidates.
- Engage in community outreach that includes identifying healthcare workers for the PFAC, including experienced nurses from the community.

Find the Right Fit

- Outreach and recruitment should specify the types of candidates such as patients, family members, and individuals in the community, including healthcare volunteers such as physicians and nurses.
- Select individuals based on qualifications, experience, and ability to communicate effectively.
- Individual candidates need to demonstrate the ability to be respectful, understanding, and share appropriate information.

Find the Right Advisors

- Publish in newsletters and community publications
- Send out targeted mailings
- Hold “Town Hall” events including outreach which provide questions and answers for individuals who might be interested in PFACs
- Use Social media to outreach



Recruit, Screen, and Interview Applicants

Build a recruitment strategy that will incorporate the following:

- Specify eligibility criteria for membership.
- Outline general roles, responsibilities, time commitment involved, and any term limit.
- Draft a general mission statement.
- Highlight opportunities for PFAC advisor involvement.
- Prepare hospital leadership, clinicians, and staff to work with PFAC members.



Develop a communication plan to include:

- A packet of information used for recruitment purposes that builds upon the elements in your recruitment strategy. It should define the role of a PFAC and include logistics (e.g. the application process, time commitment, training).
- Information sessions for interested patients and family members.
- Personal invitations to staff and clinicians to enlist support.
- Placement of recruitment brochures/flyers in easily accessible locations on units for staff to distribute to patients and families.
- Consider providing talking points to staff to accompany brochure distribution indicating what a patient and family advisor is and how they can get involved.
- Distribute recruitment materials through patient education meetings and support groups conducted within the hospital.
- Advertise opportunities on the hospital website.

Recruit, Screen, and Interview Applicants, continued

Structure a formal selection process:

- Request candidates to complete an application.
- Interview the candidates in a standardized manner either in person or by telephone.
- During the interview:
 - Explore candidates' responses to the open-ended questions included in their application form, including the reasons for wanting to become a PFAC member.
 - Ask candidates what they would like to do and discuss upcoming opportunities to assess their interest.
- While there are no special qualifications or expertise necessary to be a PFAC member, there are some qualities to look for, such as:
 - Ability to effectively share insights and information about their experiences.
 - Health care experiences reflecting the diversity of the patient and community population.
 - Ability to see beyond their personal experiences.
 - Concern for more than one issue or agenda.
 - Demonstration of good listening skills.
 - Respect for the perspective of others.
 - Cope well with their health care experiences.
 - Demonstrate a passion for improving healthcare.
 - Represent a broad cross-section of the organization's population.
- Inform patients and family members about selection promptly.
 - Send a letter inviting the applicants chosen to join the PFAC.
 - Send letter of regret to those that not selected for the current term.

Orientation of New PFAC Advisors

Orientation should include:

- Introductions and the sharing of personal and family stories of healthcare experiences.
 - The vision and goals of the organization.
 - The role of the PFAC, how it fits within the organization's structure, and how it can assist the organization in achieving its vision and goals.
 - The roles and responsibilities of PFAC members.
 - The roles and responsibilities of staff and PFAC leaders.
 - HIPAA and expectations for honoring privacy and confidentiality.
 - Expectations of meeting attendance of advisors.
 - The roles and responsibilities of staff on the PFAC.
 - Signing confidentiality agreement(s).
- Education on how to:
 - be an effective PFAC member,
 - present issues effectively, and
 - collaborate with organizational leaders, clinicians, and staff.

Schedule a Meet and Greet:

The intention of a meet and greet is to show appreciation for the patients, family members, and all PFAC advisors before the first PFAC meeting. This should include the opportunity to network with other members, thereby establishing comfort and confidence with the PFAC goals before the first meeting.



8. Developing the PFAC

The function of a PFAC will vary based on the unique mission and goals of each healthcare setting. However, certain key elements should be consistently addressed. These include securing necessary resources and creating a clear PFAC strategy and fostering a shared vision. These steps are preliminary to establishing an operational structure that is both practical and transparent to all members. Another critical consideration in the planning and development is ensuring the long-term sustainability of the PFAC .

Budget

While there may be heavy reliance on volunteers, It is important to create a budget for the required resources to support the PFAC effectively.

Considerations:

- Support for the operational department/individual managing the PFAC
- Salaries/Stipends
- Accessible handicap-accessible space for meetings with adequate seating
- Technology/Computers/AV equipment
- Office supplies
- Food/beverage cost, if provided for meetings
- Marketing
- Funded support for brochures, patient/family education, and organization/staff education

**“TO SERVE, NOT TO BE SERVED”
ETHEL ANDRUS PERCY, AARP FOUNDER**

Develop a PFAC Strategy

- Identify areas of opportunity and interest for the PFAC.
- Develop PFAC mission and goals which reflect the mission and goals of the organization.
- Develop a recruitment timeline and publicize request for advisors.
- Identify the desired qualities in potential advisors.
- Incorporate patient and family knowledge, values, and cultural beliefs in the design of the PFAC strategy.
- Build long term sustainability into PFAC strategy.

Create a Shared Vision

Early in the initial meeting(s) of the PFAC, it is important to establish a shared vision of the team. This may need to be evaluated and revised. Establishing a shared vision will be critical to the success of your PFAC.



“PFACS ARE WELL DEVELOPED AND AN INTEGRAL COMPONENT IN THE COMPREHENSIVE APPROACH TO IMPROVING THE PATIENT EXPERIENCE”

SENIOR VICE PRESIDENT AND CHIEF NURSING OFFICER, COMMUNITY HEALTH SYSTEMS

9. PFAC Structure

The PFAC structure, size, meeting frequency, operating procedures, and guidelines for each council is determined by the functions and services it provides.

PFAC Chair

The sponsoring organization will appoint an individual as the chair of the PFAC. The role of the PFAC Chair is to oversee the creation of the council and ensure that the PFAC supports a culture of patient and family involvement in patient care processes.

The selected PFAC Chair will:

- Show concern for more than one issue or agenda.
- Listen well.
- Respect the perspective of others.
- Speak comfortably in a group with candor.
- Interact well with many kinds of people.
- Work in partnership with others.
- Adhere to Robert’s Rules of Order in conducting meetings.

“I AM PRIVILEGED TO SERVE ON A PFAC. IT IS IMPORTANT TO HEAR ABOUT THE GREAT CARE THE PATIENTS ARE RECEIVING AT THE HOSPITAL THROUGH THE COMMUNITY MEMBERS. IT IS ALSO IMPORTANT TO HEAR THE CONCERNS OF PATIENTS AND THEIR FAMILIES AND BE ABLE TO ADDRESS THOSE THROUGH ACTIONS TAKEN BY HOSPITAL ADMINISTRATION..”

CONNIE JASTREMSKI RN

PFAC Size

The size of the PFAC is based on principles known to facilitate group processes:

- Smaller groups encourage greater discussion and participation by all members.
- Most people are more comfortable speaking in a smaller group, however larger groups may be more diverse and provide a wider range of experiences and input.
- It may be more challenging to facilitate larger groups and obtain input from everyone.
- Consider availability of meeting sites to accommodate various sizes of groups. Six to eight patient and family advisors are usually considered a manageable size when added to the community representative, Chair, Physician, Nurses, staff based on discussion topic, and support staff.

Staff Membership

No more than 3-4 staff should have a permanent place on the council. Other staff may attend depending on topics for discussion. Staff should have easy access to the council. Too many staff may result in patients and families feeling it is not their council. Nurses should be included in the membership to share information on the patient experience. The nurses should be both community volunteers and nurses from the facility site.

Length of Membership Term

- Suggested membership term is 2-3 years to maintain consistency and rotate the opportunity.
- When the individual's term ends, the individual may serve as an advisor in other ways such as a member of an adjunct committee.
- Consider length of term with rotation being intermittent, rather than multiple advisors/members turning over at once.

Compensation/ Reimbursement

- Membership on the PFAC is voluntary without compensation.
- A small stipend to cover transportation expenses, etc. may be provided for patients, families, and community volunteers.

PFAC Leaders

A Chair should be appointed by the sponsoring organization with an individual designated as the Vice Chair to serve in the Chair's absence.

- These leaders and staff should have organizational support to assist with minutes; facility arrangements including room reservations and setup, food, and AV setup; distributing materials for the meeting; and handling phone calls.

Committees

Considerations:

- Permanent committees could include the membership of patients and family advisors who are not currently on the council.
- Task forces or ad hoc committees might be identified to work on a specific issue or short-term project.
- Patients and family advisors who are not on the council could be encouraged to participate in a task force/adhoc committee. This will increase the number of patients and family members who participate and provide input as well as help in recruiting long-term advisors.

Charter

A charter is a document that authorizes a project. A charter is generally short in length and outlines the project purpose, scope, objectives, and milestones. A draft of the current AARP Patient and Family Advisory Council Charter is on the following page.

AARP Patient Family Advisory Council (PFAC) Executive Council Charter

PURPOSE The AARP PFAC Executive Council champions the ideal patient experience, supports patient/family/care partner communications between organizational leadership and the PFAC, and recommends areas for service quality improvement. The Council advises, mentors, and supports current and potential PFAC advisors. Patient Family Advisory Councils (PFACs)

BUSINESS CASE (Goals)

- Promote improved outcomes, increased patient satisfaction, and error reduction to optimize financial outcomes for the organization.
- Develop creative, cost-effective solutions to problems and challenges facing the program or organization.
- Promote effective, respectful partnerships between patients, families, providers, caregivers, and staff to ensure services provided address patient/family expectations and priorities while improving safety and quality.
- All healthcare delivery systems should have a PFAC: Hospitals, Clinics, Specialty Clinics, Behavioral Health Facilities, Assisted Living Residences, Nursing Homes, and other health care providers.

COMPOSITION The Executive Council consists of AARP Nurse Leaders and AARP staff who are committed to this work.

DUTIES OF COUNCIL

- Develop and support the AARP PFAC Network.
- Assist in finding PFAC placements for the Peer Network participants.
- Create a forum for sharing best practices.
- Foster collaboration and shared purpose by providing a platform to connect nurses interested in PFAC engagement.
- Provide a framework and guidance to create PFACs.
- Educate PFAC members about confidentiality including:
 - Compliance to all HIPAA standards and guidelines, and
 - Ensure all PFAC members adhere to confidentiality requirements within their charter.

MEETINGS

Executive Council:
Meets at least monthly to provide leadership for PFAC deliverables.

Peer Network:
Meets at least monthly with Peer Network group and engage with them to advance the AARP PFAC Network.

OUTCOMES AND EVIDENCE BASED FINDINGS

ADOPTED February 2025

Guidelines

Operating guidelines need to be developed by the PFAC.

Guidelines provide the framework for goals and objectives.

Developing guidelines can be time consuming; however, reviewing examples from existing advisory councils may save you time. They can be adapted and amended to suit your group's specific needs.

Select a small core group to develop the guidelines. Among the issues that should be addressed in the guidelines are:

- Purpose of the PFAC
- Vision statement / mission statement
- Goals and responsibilities
- Structure and size of the PFAC
- Membership qualifications
- Nominations and selection of members and leaders
- Duties of members and leaders
- Committees and task force
- Voting procedures
- Meeting participation and location
- Meetings restricted to in-person closed meetings with advisors and members only and invited guests with respect for privacy concerns
- Standard Agenda format
- Expectation for annual assessment of the PFAC and the advisors/members
- Designation of frequency of guideline revisions/updates
- Guidelines identifying authority
- Delineation of confidentiality/ privacy expectations
- Attendance Requirements

After developing PFAC guidelines, PFAC members should review, discuss, and amend if necessary. The chair will then review the guidelines with administration. Guidelines should be reviewed annually and revised as necessary.

Reporting Structure

The designated PFAC Chair will work with the facility administrator to determine the reporting structure. This includes the executive or committee with whom the agenda, escalations, and reports or minutes will be shared.

Considerations:

- Who will be financially responsible for expenditures?
- What needs to be reported?
- How often will reporting be required?
- Which cost center should be used for the budget.



Prepare Facility Leadership, Clinicians, and Staff to Work with Advisors

Simultaneous to setting the formal structure for the council, begin meeting with facility leadership, clinicians, and staff with a presentation on the purpose of the PFAC.

Considerations:

- Set expectations of how the leaders, clinicians, and staff will interact with the PFAC.
- Discuss ideas for presentations and feedback from PFAC members.

Build Informal Internal Support

Identify and get to know the formal and informal leaders in the hospital.

- Learn how decisions are made.
- Learn about the clinicians and organization's staff.
- Assess the organization's experience with the PFAC.

10. Meetings & Communication

Frequency - Meeting monthly is highly recommended. When meetings are less frequent, members lose momentum and involvement, and less work may be accomplished. When they are too frequent, members may have trouble attending.

Days/Times - The PFAC's membership should select days/times that allow membership participation on dates that meeting rooms are available. Consider times/dates/locations that are convenient for patients, family members, and staff.

“THE HUMAN CONTRIBUTION IS THE ESSENTIAL INGREDIENT. IT IS ONLY IN THE GIVING OF ONESELF TO OTHERS THAT WE TRULY LIVE”

ETHEL PERCY ANDRUS, AARP FOUNDER



Agenda

The PFAC should develop a list of issues they wish to work on. Staff, patients, and families may add to the agenda.

Effective and productive councils are those that align their goals with the strategic priorities of the organization.

Minutes

Minutes should be recorded and maintained in accordance with their content, e.g. patient-specific information should be kept confidential; situations that may identify the patient/staff should be kept confidential; and information that is anonymous, non-identifiable, and provides insights to best practices should be distributed to appropriate individuals.

Maintaining History

- Develop a process for tracking issues the council is addressing.
- Use a system to archive accomplishments to measure the overall success of the work.
- Disseminate the accomplishments widely in a manner that maintains anonymity

Communicating with PFAC Members/Advisors

Obtain member/advisor contact information for receiving phone, mail, and email correspondence from the PFAC.



11. Measures of Success

PFACs should establish a set of measures that demonstrate success. Early identification of Measures of Success will help the group create actions that are attainable and relevant to the PFAC's purpose.

Common PFAC Measures of Success include:

- Increased patient satisfaction;
- improved quality of care based on patient feedback and nursing measures;
- Increased patient engagement;
- Reduction in the number of service complaints and/or grievances.
- Positive changes implemented based on PFAC recommendations;
- improved communication between caregivers, patients, and families.
- Changes building a highly reliable patient-centered culture.

“NURSES FROM THE CARE DELIVERY PERSPECTIVE EXPLAIN TO THE PATIENTS AND FAMILIES SOME OF THE INNER WORKINGS OF HEALTHCARE - AND PATIENTS AND FAMILIES REALLY RESPOND TO THAT. A PERFECT BLEND OF PERSPECTIVES”

AHA SENIOR VICE PRESIDENT AND CHIEF NURSING OFFICER

12. Sustaining the PFAC

The sustainability of a PFAC is an important consideration to assure that patient and family concerns can continue to be addressed over the long-term horizon. Intentional actions are needed to accomplish PFAC goals of improved patient experiences and better health outcomes.

Some suggestions include:

- Learn from other PFACs.
- Invest in building leadership skills of PFAC members.
- Ensure that the PFAC is representative of patients and families served.
- Select members wisely.
- Maintain a balance between new members and those with longevity.
- Set priorities and focus on meaningful collaborative projects.
- Monitor measures of success and share findings.
- Maintain open communication with organizational leadership.

13. Sharing the Stories

Share Your Story: Keeping Engagement Alive

- **Generate Short-term Wins**
 - Encourage the dissemination of initial problematic issues followed by the story of how the situation was addressed, new procedures which were required, and the outcome. It's important to include the member's/advisor's response throughout the change process.
- **Exercise the Power of Storytelling**
 - Telling the story helps identify the types of issue that may need to be addressed in the PFAC. Including the outcome may encourage members to identify problems and identify solutions.



14. Conclusion

Patients and their families deserve to be seen and heard. Feeling acknowledged is a fundamental aspect of effective communication. PFACs create a safe and respectful place where patient and family voices are valued, and their needs and preferences are understood by healthcare staff.

PFACs provide a structured opportunity for patients and families to contribute to organizational policies and processes, drive meaningful change that improves quality, safety, and communication. This engagement fosters a culture that enhances patient outcomes, satisfaction, and can lead to cost-effective solutions.

While PFACs may follow similar processes for planning and development, their structure and functionality are shaped by the unique mission and goals of each healthcare setting and the patients and families they serve.



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