Fact Sheet

A Guide to Establishing Effective Hospital Family Advisory Councils

When families partner with their children's health care providers the quality of care improves and parents' fears and anxieties are reduced. This is especially important when the health of children with chronic, complex conditions depends on hospital care. Creating effective Family Advisory Councils (FACs) in children's hospitals is one proven approach to ensuring that families have a strong voice regarding how health care is delivered to their children. To promote such Councils, the Lucile Packard Foundation for Children's Health provided grant funding for the formation of the *California Patient & Family Centered Care Network*, a statewide collaborative composed of parents and providers representing 15 pediatric hospitals and clinics. Network members shared their experiences with FACs and developed a checklist for establishing effective Councils.

Family Advisory Council Checklist
1. FAC Function
☐ Determine function of Council (advise; implement; hybrid)
☐ Identify resource needs to proceed with identified function (Advising—do you have diverse representation? Implementing—do you have capacity to plan and implement?)
☐ Set clear expectations regarding function with Council members
☐ Clarify function with hospital administration and staff
☐ Incorporate FAC function into member orientation
☐ Intervene when Council work veers from stated function
2. FAC Authority
☐ Develop co-agreement of Council authority (advice; recommendation; binding recommendation) with hospital administration
☐ Set clear expectations with Council members
☐ Maintain parent as leader or co-leader to model expected "authority level"
☐ Incorporate FAC authority definition into member orientation
☐ Create feedback loops from initiatives, projects and policies to determine effectiveness of FAC input
☐ If staff members are part of Council membership, clarify their role in giving input
☐ Make sure hospital staff understands FAC authority prior to work with Council

3. Scope	
☐	Brainstorm potential internal and external projects and individuals who would benefit from FAC input
☐	Prioritize projects and individuals for highest impact
4. Member Management	
☐	Create a recruitment process that includes: ■ a set of member characteristics that are aligned with Council goals ■ an interview process to determine goodness-of-fit ■ opportunities for potential parent participants to observe FAC prior to committing
☐	Screening: List of member characteristics identified by Network—a beginning list ■ good communication skills ■ able to speak in broad terms as well as specific terms about health care experience ■ child not in active disease process (not hospitalized or in diagnostic phase) ■ interested in change
☐	Training: ■ should be ongoing (more than a one-time orientation) ■ a brief debriefing should occur after each Council meeting ■ facilitate respect for varying opinions ■ provide strategies to tell an effective story ■ identify strategies for providing "solutions" to issues
☐	Feedback: Facilitate Council members agreement on approach to give feedback that promotes partnership and respects differing opinions
☐	Feedback: FAC facilitator develop set of communication strategies to enhance parent feedback; some suggestions: ■ "That's a powerful story—what would have improved your experience?" ■ "What would you like to see changed based on your story?" ■ "Let's pull out the key elements of your story and think of recommendations for change."
☐	Feedback: Assure that all Council members are provided the opportunity to give input at every meeting ■ Suggestion: Provide written notification (table card) asking, "Has everyone been heard?" as a reminder to let everyone have input
5. Meeting Management (Sustaining FACs)	
☐	Mix up type of Council work ■ short-term focus group ■ ongoing project input ■ environmental "walk-abouts" ■ meet and greets ■ policy input ■ document review ■ special Council project ■ variety of topics (customer service; patient safety; new construction)
☐	Tap into member interests and passion (arrange for feedback in an area of member interest)
☐	To help plan (or expand) the FAC agenda—reflect on the following: ■ Does FAC work reflect the institution's strategic goals? ■ Does the agenda include presentations from both ongoing staff champions as well as staff unfamiliar with the FAC?

	■ Which hospital-based change initiatives would benefit from parent input?
☐	Pre-meeting protocol with provider-presenter ■ interview health care provider prior to presentation to clarify function and authority of FAC ■ get "homework" or pre-materials to prepare Council members to give input
☐	Post-meeting protocol with provider-presenter ■ send thank-you to provider ■ check in with provider to determine if additional input is needed ■ determine next steps or date of return ■ periodically check in with provider to determine additional input needs
☐	Post-meeting debrief with Council members ■ discussion generates thoughts-feelings-concerns? ■ what was the quality of Council input? ■ was everyone heard? ■ need for more training? ■ describe how issues/questions/input fits into hospital operations
6. Accountability/Messaging	
☐	Periodic newsletters to list accomplishments of FAC
☐	Presentations to hospital leadership to describe Council function and accomplishments
☐	Ongoing list of FAC agenda items
☐	Content analysis of FAC input to trend type and frequency of work

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See [Creating and Sustaining Effective Hospital Family Advisory Councils: Findings from the California Patient and Family Centered Care Network of Pediatric Hospitals](#) for a full report on the work of the Network.