

OPERATIONALISING PATIENT ADVISORY COUNCILS IN HOSPITALS



A Comprehensive Guide for Patient Engagement and Partnership

April 2026

Executive Summary

The *Operationalising Patient Advisory Councils (PACs) in Hospitals* framework has been developed by the **Patients for Patient Safety Foundation (PFPSF)** in collaboration with **CAHO** to strengthen **patient engagement** and enhance **patient safety** within healthcare systems. This comprehensive guide provides a **structured, practical approach** for hospitals to establish, implement, and sustain **Patient Advisory Councils (PACs)** as a **formal mechanism for integrating patient voices** into care delivery and decision-making.

This framework addresses a critical gap—despite clinical excellence, **patient experiences and insights often remain underutilized**, leading to avoidable harm, dissatisfaction, and mistrust. By institutionalizing PACs, it enables a **paradigm shift from passive care to active partnership**, where patients and caregivers become **co-creators of safer, more responsive healthcare systems**.

The document outlines **end-to-end guidance** including governance integration, composition, roles and responsibilities, operational processes, training, implementation roadmap, and monitoring mechanisms. It also provides **practical tools, Indian-context best practices, and scalable models**, making it highly **actionable for healthcare providers**.

This framework is relevant for **hospitals of all sizes**, healthcare leaders, quality teams, and administrators committed to building **patient-centred, transparent, and accountable systems**. It enables **improved communication, reduced errors, enhanced patient satisfaction, and stronger trust** with the communities they serve.

We are encouraged that **NABH has also recognized the importance of patient partnership by incorporating it into its 6th Edition standards**, further reinforcing the need for structured mechanisms like PACs.

This framework serves as a **powerful roadmap to embed patient voice into healthcare systems**, driving **safer care, better outcomes, and a culture of true patient centricity**.

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1. Background, Need and Benefits, Goals

Across India, healthcare professionals—doctors, nurses, technicians and support staff—work tirelessly to deliver clinical excellence and improve patient experience. Despite these efforts, patient dissatisfaction, mistrust and avoidable medical errors persist. Medical errors lead to physical and emotional harm, increased healthcare costs, trust deficits, provider burnout, and legal implications.

One fundamental reason for this gap is that patients and families do not play an active role in their medical journey, and their insights, experiences and concerns remain largely uncaptured. There is enough evidence that patients can provide unique perspectives on care delivery processes, identify gaps in communication, and highlight areas for improvement that healthcare providers may not see from within the system.

Patient Advisory Councils: A Transformational Step

Patient Advisory Councils (PACs) are a **hospital's structured committee** comprising healthcare teams, patients, and caregivers, working collaboratively to improve **patient safety, quality of care, and patient experience**. The council enables patients to contribute their lived experiences to **identify gaps in care and service experience, co-design solutions, and strengthen care processes**, ensuring that patient voices are **integrated into decision-making and drive meaningful, continuous systemic improvements**.

Creating Patient Advisory Councils in hospitals provides a structured, formal mechanism for engaging patients and families as genuine partners in improving care. PACs give patients a seat at the decision-making table, converting diffuse complaints into focused, solvable problems and transforming the patient-provider relationship from transactional to collaborative.

Councils may be institution-wide or condition-specific (oncology, paediatrics, diabetes), depending on the hospital's structure and patient population. PAC, also referred to as Patient and Family Advisory Council (PFAC), is a hospital-sponsored, top-management-supported body comprising carefully selected patients, family members, caregivers, healthcare professionals, hospital administrators, and community representatives who work together in a structured way to improve patient-centred care.

The **primary purpose** is to ensure that the patient's voice is heard and considered in decision-making processes, leading to better patient-centred care and safer outcomes, including strengthening inter- and intra-departmental communication and ensuring consistency in communication processes across the hospital.

Benefits to Healthcare Providers

Hospitals gain:

- Hospital etiquette and nuances of medical care
- Do's & Don'ts of Hospital stay
- More authentic, actionable feedback leading to targeted quality improvements
- Stronger trust and reduced conflict with patient community
- Enhanced reputation as patient-centric, transparent organization
- Better staff morale through constructive engagement rather than defensive complaint management
- Competitive advantage in patient choice and regulatory compliance
- Data-driven insights for continuous improvement and accreditation
- Ideate new and restructured processes/information
- Better understanding of Patient Expectations & areas of facilitating improvements
- Loyal and satisfied patient leading to better financial outcomes
- Capturing genuine Patient Experience

Benefits to Patients and Families

Patients gain:

- Voice, agency and empowerment in a system where they often feel powerless
- Better understanding of how healthcare works, reducing fear and unrealistic expectations
- Improved safety, communication and overall care experience due to system changes
- Enhanced health literacy and ability to navigate hospitals, manage conditions, prevent harm
- Sense of purpose and community through contributing to improvement and helping others

Benefits to Healthcare Professionals

Clinicians, nurses and staff benefit from:

- Clearer understanding of patient perspectives, reducing frustration and misunderstandings
- Support in improving communication, education and shared decision-making skills
- Reduced complaints and conflicts through proactive problem-solving
- Pride in working for an organization that values patients as partners
- Practical solutions to operational problems co-designed with those who experience them

Benefits to the Community

The broader community gains:

- Safer, more responsive healthcare accessible locally
- Health education and awareness through PAC outreach activities
- Role models demonstrating active participation in health and safety
- Stronger accountability of healthcare institutions to community needs
- Improved health outcomes and reduced preventable harm

Core Goals

PACs work collaboratively to achieve the following goals:

1. **Improve communication and build trust** between healthcare providers and patients/caregivers
2. **Meeting Patient expectations** and setting expectations
3. **Enhance quality of care, clinical outcomes, service experience and patient satisfaction** by incorporating feedback and suggestions from patient representatives
4. **Learn from patient experiences** to improve processes, procedures, staff training, physical environment and patient education
5. **Foster collaboration** between patients and HCPs toward common goals such as safe care, transparency and respectful communication
6. **Promote patient safety and reduce medical errors** through patient engagement and shared learning
7. **Determine effective patient education strategies** to improve health literacy and preventive care within the hospital and broader community

2. Best Practices for Effective PACs in India

Drawing from global experience, effective PACs adhere to these core principles: These are relevant in Indian context and can suitably be incorporated.

- **Patient majority:** Aim for at least 50% patient and family representatives to ensure authentic patient voice and avoid tokenism
- **Diversity and representation:** Reflect the demographics, conditions, languages and socio-economic diversity of the patient population served
- **Leadership commitment:** Sustained executive sponsorship, visible support and resource allocation from CEO/Board level
- **Written charter and guidelines:** Clear documentation of purpose, scope, membership, decision-making, confidentiality, conflict of interest and meeting protocols
- **Formal governance integration:** PAC sits within the hospital quality and safety governance structure with defined reporting relationships
- **Meaningful engagement:** Patient Advisors participate in real decision-making and quality improvement projects, not symbolic consultation
- **Patient Friendly:** Continuously develop content, find effective ways to educate patients & families
- **Training and support:** Structured orientation, ongoing education, and resources for both patient advisors and healthcare staff
- **Measurement and accountability:** Track metrics, demonstrate impact and adjust processes based on evaluation

3. Composition and Membership

The composition of PAC critically determines its effectiveness and credibility. Success requires intentional diversity and balanced representation.

3.a Recommended Composition

A typical PAC should include 8-20 members with the following representation:

Patient and Family Representatives (50%)

- Patients who have recently received care at the hospital (within 1-2 years)
- Long-term or chronic patients with sustained engagement with the hospital
- Family members and caregivers with first-hand experience
- Represent diversity: gender, age, socio-economic status, languages spoken, urban/rural backgrounds
- Mix of professionals and homemakers to capture different perspectives

- Consider including members from patient advocacy and support groups and local opinion leaders/ influencers

Healthcare Professionals (Clinical Representatives)

- Empowered Senior Management
- Senior doctors from key departments (medicine, surgery, paediatrics, emergency, etc.)
- Nursing leaders and frontline nurses
- Allied health professionals where relevant (physiotherapy & technician)

Hospital Administrators and Quality/Safety Staff

Quality and patient safety officer

- Patient relations or customer care head
- Hospital administrator or operations manager
- Across levels within functions/ departments, clinical & non-clinical

Community and External Representatives (Optional)

- Community leaders (RWA presidents, Rotary/Lions members)
- Representatives from local NGOs working on health issues
- To ensure broad representation and avoid only elite capture ask clinicians, community partners and patient support groups to nominate members from under-represented populations

3.b Leadership Roles

Chairperson (Healthcare Leader)

- Preferably a senior clinician who values patient-family partnership and has rapport with CEO
- Bridges PAC and hospital leadership
- Secures resources, advocates for recommendations, ensures implementation

Co-Chairperson (Patient Representative)

- Patient or family member elected by patient representatives
- Co-owns agenda-setting and meeting facilitation
- Symbolizes genuine partnership

Facilitator/Coordinator (Designated Staff)

- Manages logistics: scheduling, agendas, minutes, attendance tracking
- Maintains PAC documentation and action-taken reports
- Coordinates recruitment, orientation and training
- Supports data collection for impact assessment
- Track PAC progress and accountability of each member

4. Roles and Responsibilities

Clear role definitions prevent confusion and ensure accountability.

4.a Attributes Of Patient Representatives (PR)

Patient representatives hold a position of great responsibility requiring maturity, listening skills and constructive articulation.

Core Responsibilities

- **Focus on systemic issues:** Understand PAC mandate and concentrate on patterns affecting many patients, not individual grievances.
- **Collaborate constructively:** Work with HCPs while recognizing hospital constraints, resource limitations and operational realities and complexities
- **Commit time and participation:** Attend meetings regularly, prepare in advance.
- **Engage broader patient community:** Gather feedback from other patients, caregivers and community groups; disseminate safety messages.
- **Represents a broad population** and does not engage in self-promotion
- **Improve communication:** Suggest practical ways to enhance patient-provider communication, informed consent, discharge counselling, navigation.
- **Support patient education:** Help design and distribute health education materials; participate in awareness campaigns using PFPSF/HEAL resources.
- **Share patient stories:** Help collect and share anonymized patient experience stories—both positive and negative—as learning opportunities.

4.b What Patient Representatives Should NOT Do

To protect clinical governance and maintain focus:

- **Mandate clinical policy:** Do not interfere with individual clinical decisions or treatment protocols

- **Get involved in specific cases:** Avoid discussing specific cases or medico-legal matters or clinical procedures and clinical mandates
- **Seek personal favours:** Do not request preferential treatment, concession or queue-jumping for self or acquaintances or financial aid
- **Represent narrow interests:** Avoid lobbying for any groups.
- **Take aggressive attitude:** Maintain respectful, solution-oriented behaviour; avoid confrontational or abrasive conduct

4.c Roles and Responsibilities of HCP Representatives

Healthcare professional members serve as bridges and advocates.

- **Bridges clinical and patient perspectives**
- **Acts as a knowledge link** between staff and the PAC, translating medical information and fostering understanding between healthcare providers and patients/caregivers
- **Reaches out to healthcare providers beyond the hospital** to support improved clinical solutions
- **Engages with the patient community periodically**
- **Listen and participate actively and non-defensively:** Take feedback and gather patient experiences without immediately defending the HCP perspective; conduct due diligence before responding.
- **Co-design patient-centric strategies:** Work collaboratively with patient representatives to design programmes addressing critical and repetitive issues of dissatisfaction or errors
- **Socialize recommendations:** Present PAC insights and recommendations to hospital leadership, quality committees and department heads & internal meetups
- **Implement patient-centered practices:** Work with inter & intra departments to translate PAC recommendations into changes in training, policies, procedures and physical environment
- **Support impact measurement:** Help gather data showing improvements linked to PAC work; share success stories

4.d Role of PAC Facilitator/Coordinator

The facilitator provides facilitation support for the efficient functioning of the PAC

- **Schedules and coordinates meetings;** circulates agendas in advance
- **Ensures inclusive participation** of hospital and patient representatives for diverse views and experiences

- **Records minutes and maintains documentation** (charter, membership, meeting records, ATRs, etc.)
- **Supports recruitment, selection, and onboarding** of new members; maintains a pipeline to fill vacancies
- **Facilitates attendance and logistics support** for members
- **Coordinates orientation** and ongoing training programmes
- **Prepares patient voice summaries**, aggregating feedback from all channels before each meeting
- **Follows up on action items** with responsible departments and tracks implementation status
- **Ensures periodic review** of PAC operations and participation
- **Collects data and impact examples** of PAC for evaluation and communication

4.e Role of Executive Sponsor (CEO/COO/Medical Director)

Sustained leadership commitment is essential for PAC success:

- Champion PAC concept and secure buy-in from Board and senior management. Appoint Chairperson for PAC. Review progress with him/her.
- Lead inaugural PAC orientation to signal top-level commitment
- Attend at least 2 PAC meetings annually
- Allocate resources (staff time, meeting space, modest budget) to PAC function
- Ensure PAC recommendations receive timely, written responses from relevant departments
- Include PAC updates in Board quality reports and senior management reviews
- Publicly recognize PAC contributions through awards, newsletters, townhalls

5. Structure and Logistics

5.a Selection Process for Patient Representatives

Selection must be careful, transparent and values-based:

Sources for Recruitment

- Hospital patient database: past and current patients with longer stays or chronic conditions
- Local communities, RWA groups, civic bodies

- Patient advocacy and support groups, NGOs
- Referrals from clinicians and social workers
- Hospital publicity: posters, website, social media

Selection Criteria

- Wants to do this; it's not for prestige; passionate for the cause.
- Familiar with patient issues & Hospital environment
- Ability to hear multiple perspectives without judgment
- Articulate clearly and constructively; comfortable speaking in groups
- Work well with diverse individuals; respectful of differing views
- Interpret feedback, identify patterns, help think strategically about solutions
- Committed has time to attend, prepare & follow-through.
- Has Analytical, Collaborative & Communication skills
- Collectively, PRs should reflect hospital patient diversity

Selection Process

1. Publicize opportunity through multiple channels
2. Interested candidates submit brief expression of interest
3. Core group conducts informal interviews to assess fit with PAC values and expectations
4. Explain time commitment, scope of work, boundaries and responsibilities clearly
5. Selected candidates sign a written role agreement and code of conduct possible an NDA
6. Maintain a waiting list for future vacancies
7. Orientation/ Onboarding of new members

5.b Tenure and Terms of Engagement

- **Tenure:** 2 years for patient representatives; renewable for up to 2 additional terms (total 6 years maximum) Have a pipeline for replacements
- **HCP members:** Typically serve as long as they hold relevant position; rotations to bring fresh perspectives. Provide continuity in case of changes.
- **Continuity:** Stagger terms so all members do not turn over simultaneously

5.c Meeting Frequency and Protocols

- **Regular meetings:** Once every two months (minimum); quarterly acceptable for smaller hospitals

- **Special meetings:** Additional sessions for urgent issues or specific projects
- **Attendance requirement:** Members must attend at least 2/3 of meetings; planned absences communicated in advance
- **Meeting duration:** 90-120 minutes maximum to respect participants' time
- **Timing:** Schedule at times convenient for patients
- **Advance agenda:** Circulate 7 days before meeting; allow members to suggest agenda items
- **Minutes and ATR:** Distribute within 7 days after meeting; include action items, responsible persons and deadlines

5.d Size of PAC

- **Total size:** 8-20 members (practical range for meaningful discussion)
- **Smaller hospitals:** May start with 8-10 members and expand as programme matures
- **Larger/multi-site hospitals:** May establish specialities-specific or site-specific PACs reporting to a system-wide council. We could evolve from one area to other areas to cover hospital wide

5.e Physical and Logistical Requirements

- **Meeting space:** Dedicated, accessible, comfortable room with table seating arrangement fostering dialogue
- **Technology:** Video conferencing capability, display screen for presentations
- **Documentation:** Secure storage for PAC files (physical and electronic); confidentiality protocols
- **Budget:** Modest allocation for refreshments, printing materials, travel reimbursement, recognition tokens
- **Accessibility:** Ensure meeting location is accessible to persons with disabilities; provide language interpretation if needed

6. Integration with Hospital Governance

PACs must be integrated into the hospital's existing quality, safety and governance structures—not operate as isolated entities. This is not a structural change it supplements and should blend in existing processes.

6.a Governance Structure and Reporting Relationships

- The flow chart clearly shown how PAC fits into the structure and works closely with existing hospital structure.
- Hospital Leadership oversees Quality & Patient Safety Committee
- Patient Advisory Council (PAC) will feed insights and recommendations upward and receives updates on quality/safety initiatives
- **Patient Relations / Quality & Safety Committee:** Provides aggregated complaint and feedback data help continue to resolve/close individual cases; implement on improvements suggested by PAC
- **Quality Research Improvement Teams:** PAC members serve as advisors on selected QI projects (discharge process, medication reconciliation, patient education materials)
- **Clinical Governance:** PAC Chairperson presents patient perspectives at Clinical Governance Committee meetings
- **Operations / Process Teams:** Implement PAC recommendations on infrastructure navigation, signage, billing, waiting times, patient education etc.

6.b Relationship with Patient Relations / Customer Care

Distinct but complementary functions:

| Function | Patient Relations | PAC |
|------------|----------------------------------------------------|---------------------------------------------------------------|
| Focus | Individual cases, immediate resolution | Systemic patterns, long-term improvement |
| Timeline | Real-time, reactive | Strategic, proactive |
| Activities | Handle complaints, service recovery, documentation | Analyse trends, co-design solutions, recommend policy changes |
| Membership | Hospital staff | Patients, families, HCPs, administrators |

Practical Integration

- Patient Relations head is ex-officio PAC member
- Before each PAC meeting, Patient Relations prepares "patient-voice summary": aggregated complaint themes, response times, resolution rates, examples of recurring issues

- PAC suggests improvements to complaint processes, communication scripts, signage, escalation pathways
- Patient Relations tests and implements PAC recommendations; reports back on results

6.c Relationship with Quality and Patient Safety

- PAC functions as a formal substructure of the Quality & Patient Safety programme. PAC Chairperson sits on, or regularly presents to, Hospital Quality & Safety Committee
- **Data sharing:** Quality team shares incident trends, audit findings, patient satisfaction scores with PAC
- **Policy review:** PAC reviews and provides input on patient-facing policies (consent forms, patient information leaflets, discharge instructions, complaint procedures)
- **Safety campaigns:** PAC co-designs and helps implement patient safety campaigns (medication safety, infection prevention, speak-up culture)

6.d Departmental/ Function PAC Champions

To ensure implementation and follow-through: have champions based on the size & complexity of the hospital

- Each clinical and non-clinical department appoints a "Patient (PAC) Champion"
- Champions attend selected PAC meetings when their department's work is discussed
- Responsible for coordinating departmental response to PAC recommendations
- Report back to PAC on actions taken, challenges faced, data showing impact
- Facilitate intra- and inter-departmental collaboration on cross-cutting issues
- Share department-level innovations and patient stories with PAC

6.e Executive Accountability

To prevent PAC from becoming symbolic:

- For each major PAC recommendation, assign an "Executive Sponsor" (senior clinical or operations leader)
- Executive Sponsor ensures resources, authority and timeline for implementation

- PAC recommendations requiring policy changes go to appropriate governance committee with Executive Sponsor endorsement
- Every PAC recommendation receives formal written response within 30 days: approved, approved with modifications, deferred with timeline, or declined with rationale
- Track PAC recommendation implementation rate as quality metric (target: 70%+ actioned within 6 months)

7. Integrating Patient Voice Channels

PACs should function as the "ear & eyes" that synthesizes multiple patient feedback streams, not replace existing channels.

7.a Mapping All Patient Voice Channels

Most hospitals already collect patient feedback through various mechanisms All formal patient voice channels are inputs to the PAC agenda:

- Patient satisfaction surveys (in-patient, out-patient, discharge)
- Touch Points in Patient Care Journey
- Complaint and grievance system (verbal, written, online)
- Incident reports involving patient harm or near-misses
- Social media mentions and online reviews
- Suggestion boxes (physical and digital)
- Patient Relations/ Help Desk interactions (walk-ins, calls, emails, WhatsApp)
- Informal feedback to doctors, nurses, administrators

7.b Practical Integration Mechanism

Pre-Meeting Patient Voice Summary

Before each PAC meeting, the Facilitator (with support from Patient Relations, Quality and IT teams) prepares a "Patient Voice Summary":

- **Quantitative summary:** Number of complaints by category, satisfaction scores, incident reports involving communication failures
- **Thematic analysis:** Top 3-5 recurring themes across all channels since last meeting
- **Patient stories:** 1-2 anonymized anecdotal patient stories (positive or negative) illustrating key themes
- **Trends:** Are certain issues increasing or decreasing? Are there seasonal patterns?

- **Comparisons:** How does current period compare to previous period or benchmark?

Standard PAC Meeting Agenda & Flow (Illustrative)

1. **Welcome and attendance** (5 min)
2. **Review previous meeting minutes and ATR** (15 min): What was done? What remains pending?
3. **Patient Voice Digest presentation** (15 min): Facilitator presents digest; open discussion on patterns
4. **Deep dive on priority issue** (30 min): Departmental presentation on specific topic with data, proposed solutions; PAC feedback and suggestions
5. **Project updates** (15 min): Status of ongoing PAC projects
6. **New business** (10 min): New issues raised by members or from patient community
7. **Communication and education planning** (10 min): Patient education campaigns, internal communication about PAC
8. **Closing and next steps** (5 min): Confirm action items, responsible persons, deadlines

Closing the Loop

- For each prioritized issue, PAC recommends: responsible department, expected action, timeline
- At next meeting, departmental PAC Champion presents: actions taken, data showing change (e.g., complaints in that category decreased 30%, satisfaction improved 15 points)
- If issue not resolved, PAC escalates to executive sponsor or Quality Committee
- Successful resolutions are communicated back through all channels: website, patient education materials, staff newsletters

7.c Direct Patient Input Resolution

- Existing grievance and feedback mechanisms remain intact for individual case resolution
- Patient Relations can flag "complex or recurring themes" for PAC review.

7.d Publicizing PAC to Patients (Illustrative)

Many patients don't know PAC exists. Do proactive communication once the process is standardized: It enhances trust, encourages participation, enhances loyalty.

- **Hospital premises:** Posters in waiting areas on TV charts/ Noticeboard, billing counters, wards explaining "Your Voice Matters: Patient Advisory Council"
- **Website and social media:** Dedicated PAC page with membership, meeting schedule, past achievements, how to submit suggestions
- **Patient education materials:** Include brief mention in discharge packets, consent forms, patient handbooks
- **Suggestion boxes:** Prominently placed with clear signage; reviewed monthly; themes shared with PAC
- **Staff communication:** Doctors, nurses and front-desk staff informed about PAC so they can refer patients appropriately

8. Training and Capacity Building

Comprehensive training is essential for PAC effectiveness and sustainability.

8.a Orientation for All PAC Members

First Orientation Session (led by CEO/Executive Sponsor):

- CEO welcome: Emphasize organizational commitment, expected impact, top-level support
- PAC concept and goals: Why PACs matter; global evidence; expected benefits
- Roles and responsibilities: Clear explanation of what members will and will not do
- Charter and bylaws review: Purpose, scope, membership, meeting protocols, confidentiality, conflict of interest
- Ground rules: Respectful dialogue, non-defensive listening, focus on systems not individuals, constructive tone
- Introduction to each other: Members share brief personal stories and what they hope to contribute

Socializing PAC Internally

- Introduce PAC concept to all hospital staff via townhalls, department meetings, intranet

- Include PAC orientation in new-hire induction programmes
- Feature PAC in internal quality and safety forums
- Ensure staff understand PAC is about learning and improvement, not blame or individual case investigation

8.b Orientation Curriculum for Patient Representatives

Develop formal orientation program for patient representatives. These could be done by the senior staff of hospital.

Understanding Healthcare Environment

- Hospital structure and departments: How a hospital functions; interdependencies
- Roles of different staff: Doctors, nurses, technicians, administrative staff; time pressures and constraints
- Understanding hospital costs: Infrastructure, operational and patient-care costs; business realities
- Regulatory and accreditation requirements: Quality standards, licensing, NABH/JCI expectations

Patient Safety and Quality Improvement

- Patient safety fundamentals: Concepts of harm, near-miss, adverse event, root cause analysis
- Quality improvement basics: PDSA cycle, data interpretation, process mapping
- International examples of PAC-driven improvements: Case studies showing impact
- PFPSF resources: Introduction to HEAL (Health Education and Awareness Library) and other patient education tools

Sensitization to Patient and Provider Perspectives

- Patient-side challenges: Fear, stress, language barriers, health literacy, socio-economic constraints, stigma
- Provider-side challenges: Workload, burnout, fear of litigation, resource limitations, systemic pressures
- Navigating conflicts in medical decisions: Balancing clinical judgment, patient preferences, costs, ethics
- Empathy and mutual understanding: Building trust across the table

Practical Tools and Expectations (Do's & Don'ts)

- How to gather and represent patient community voice: Informal conversations, listening sessions, feedback forms
- How to share patient stories effectively: Anonymization, focus on learning not blaming
- Setting realistic expectations: What PAC can and cannot change; timelines for system change
- Recognition and sustainability: How contributions will be recognized; importance of commitment

8.c Training for Healthcare Staff

HCP members and hospital staff also need orientation:

- **Working with patient advisors:** How to listen non-defensively; value lived experience as expertise
- **Shared learning mindset:** PAC is about system improvement, not individual blame
- **Communicating constraints:** How to explain clinical, operational and financial realities transparently
- **Co-design principles:** Techniques for collaborating with patients on policy and process redesign
- **Managing difficult conversations:** Respond to sensitive issues or criticism constructively

8.d Ongoing Education and Refreshers

To sustain engagement and update knowledge:

- **Annual update:** Review goals, celebrate achievements, update on new hospital initiatives, refresh communication skills
- **Mini-training at meetings:** Dedicate 15 minutes at selected meetings to brief education on specific topic (e.g., infection control, medication safety, consent process)
- **External learning opportunities:** Invite PAC members to attend CAHO conferences, PFPSF webinars, patient safety events
- **Peer learning & evolutions:** Connect PACs across hospitals for knowledge exchange (facilitated by CAHO). Keep refining/ evolving as it matures
- **Feedback and adaptation:** Survey members annually on training needs; adjust curriculum based on feedback

9. Rollout and Operationalization

A phased, disciplined rollout increases likelihood of success.

Step 1: Secure Leadership Buy-In and Organizational Readiness

Assess Readiness

- Are leaders inspired and passionate about patient partnership?
- Do they appreciate tangible benefits (not just conceptually)?
- Are they willing to allocate time and resources?
- What is the magnitude of cultural change required?

Build the Case

- Present PAC concept to CEO, Board, senior management: evidence of impact, benefits to all stakeholders, alignment with accreditation goals
- Address concerns transparently: PAC is advisory, not a threat to clinical governance
- Obtain formal commitment: written support from CEO, budget allocation, designated staff time

Critical Success Factor: This is a patient-centric initiative implemented in spirit and letter, not a PR exercise. Leadership commitment must be genuine and sustained.

Step 2: Form Core Group and Develop Charter

Establish Core Group

- 4-5 senior hospital members representing clinical, nursing, quality, patient relations, administration
- Core group will design PAC structure, draft charter, support member recruitment
- Members of core group typically continue as HCP representatives in PAC

Develop Written Charter and Guidelines

The charter is a foundational document which essentially is customized version of this document

- **Purpose and goals:** Why PAC exists; what it aims to achieve
- **Scope of work:** Domains of engagement (clinical vs non-clinical, service design, policy review, safety campaigns); explicit boundaries
- **Membership:** Composition, size, diversity expectations, tenure, selection and removal criteria

- **Leadership structure:** Chairperson, Co-chair, Facilitator roles and responsibilities
- **Meeting protocols:** Frequency, quorum, agenda-setting, decision-making process
- **Confidentiality and ethics:** Handling sensitive information, conflict of interest, code of conduct
- **Reporting and accountability:** Relationship to Quality Committee, Board; how recommendations are processed
- **Communication:** How PAC will communicate internally and externally
- **Evaluation:** How impact will be measured

Step 3: Recruit and Select Members

Recruitment Campaign

- Multi-channel outreach: Hospital database, community partners, patient support groups, posters, website, social media
- Clear messaging: What PAC does, time commitment, how to apply
- Simplified application: Brief expression of interest (written or verbal); no intimidating forms
- Targeted outreach to under-represented groups through community health workers and NGOs

Selection and Onboarding

- Core group conducts informal interviews; assess fit with criteria (listening, communication, collaboration, commitment)
- Clearly explain role, expectations, boundaries
- Selected members sign role agreement and code of conduct
- Formal appointment letters issued; introduce new members to hospital staff

Step 4: Conduct Orientation

Inaugural Orientation Session (led by CEO)

- CEO welcome and commitment statement
- Introduction to PAC goals, charter, roles
- Team-building: Members introduce themselves and share why they joined
- Set expectations and ground rules

Follow-Up Training (modules described in Section 8)

- Schedule 2-4 training sessions over first 2-3 months

- Cover healthcare environment, patient safety, communication skills, practical tools
- Provide training materials and PFPSF resources

Step 5: Launch Regular PAC Meetings

First Few Meetings

- Keep agenda focused and structured
- Start with easier topics to build trust and comfort
- Ensure patient voices are heard; encourage quieter members
- Demonstrate active listening from HCP side
- Document decisions clearly; assign action items with owners and deadlines

Meeting Rhythm

- Once every two months (bi-monthly) is practical minimum
- Consistent scheduling: e.g., second Tuesday of even months at 5 PM
- Circulate agenda 7 days prior; distribute minutes within 7 days after
- Track action items in shared tracker; review status at each meeting

Step 6: Identify Initial Focus Areas (Low-Hanging Fruit)

Strategic Selection of Early Projects

- Use existing patient feedback, grievance data, satisfaction surveys to identify 2-3 priority issues
- Select issues that are: highly visible to patients, solvable within 3-6 months, have measurable impact
- Examples: improving discharge instructions, enhancing signage and navigation, clarifying billing communication, streamlining registration process
- Early wins build credibility, motivate members, demonstrate PAC value to skeptics

Step 7: Implement Improvements and Close the Loop

Departmental Accountability

- PAC recommendations forwarded to relevant departments with executive sponsor endorsement
- Departmental PAC Champion coordinates response and implementation
- Set clear timelines and success criteria (e.g., reduce billing-related complaints by 25% within 3 months)

- Departments report back to PAC: actions taken, data showing impact, lessons learned

Data-Driven Impact Measurement

- Track metrics before and after interventions: complaint volume, satisfaction scores, incident rates, patient education material uptake
- Share data with PAC and leadership to demonstrate impact
- Conduct brief case studies on successful projects for internal and external communication

Step 8: Internal and External Communication

Internal Communication

- Share PAC updates with staff: monthly newsletters, quality forums, department meetings, intranet
- Celebrate achievements: feature PAC-driven improvements in townhalls, recognition events
- Gather staff stories and innovations to share with PAC ("KBC - Kaun Banega Champion" suggestion box)
- Hold intra & inter-departmental communication events every 2-3 months to share PAC progress
- Recognize & Celebrate successes with staff

External Communication

- Publicize PAC existence and achievements: website, social media, local media, community forums
- Display PAC member names and photos in hospital (with consent) to enhance visibility and accountability
- Distribute patient education materials created or endorsed by PAC in waiting areas, wards, billing counters
- PAC members conduct at least one community outreach event annually to carry hospital messages and gather feedback

Step 9: Continuous Improvement and Scaling

Phase 1: Pilot and Learn

- Start with one hospital-wide PAC
- Focus on 3-4 high-impact projects
- Document processes, challenges, successes
- Adjust charter and protocols based on experience

- In large multi-speciality hospital start with one speciality and then grow to the other department

Phase 2: Strengthen and Expand

- Conduct formal evaluation (see Section 11)
- Scale to additional departments or conditions if appropriate (e.g., dedicated oncology PAC, paediatric PAC)
- Recognize high-performing PACs and share best practices with other hospitals (via CAHO network)
- Continuous recruitment to replace members who complete their terms

Phase 3: Embed and Sustain

- PAC becomes "business as usual," embedded in governance
- Regular refresher training and annual evaluations
- PAC actively contributes to accreditation processes
- External recognition (awards, publications, conference presentations)
- Recognize and Celebrate successes

10. Monitoring, Evaluation and Sustainability

Measurement demonstrates impact and ensures accountability.

10.a PAC Scorecard: Key Metrics to Track

Process Metrics (measure PAC activity)

- Number of meetings held per year (target: 6 for bi-monthly, 4 for quarterly)
- Average attendance rate (target: >75%)
- Number of patient representatives, HCP members, diversity breakdown
- Number of hours volunteered by patient advisors
- Percentage of agenda items resulting in concrete action (target: >70%)
- Percentage of recommendations receiving timely response (target: 100% within 30 days)

Output Metrics (measure PAC deliverables)

- Number of projects initiated and completed per year
- Number of policies or procedures reviewed or revised with PAC input
- Number of patient education materials created or improved
- Number of staff trained on patient partnership
- Number of patient stories collected and shared
- Number of community outreach events conducted by PAC members

Outcome Metrics (measure impact on hospital performance)

- Change in patient satisfaction scores in targeted areas
- Change in complaint volume and themes in areas addressed by PAC
- Change in specific safety or quality indicators linked to PAC projects (e.g., falls, medication errors, hospital-acquired infections)
- Change in patient participation in safety practices (e.g., hand hygiene compliance, speak-up culture)
- Staff perception of patient engagement (survey before and after PAC implementation)

10.b Member Feedback and Experience

Conduct annual confidential survey of PAC members:

- Do you feel your voice is heard and valued? (1-5 scale)
- Are meetings well-organized and productive?
- Do you see tangible results from PAC recommendations?
- Do you feel adequately prepared and supported in your role?
- Has your understanding of hospital operations improved?
- Would you recommend PAC participation to other patients?
- What should we start, stop or continue doing?

Target: Overall satisfaction >75%; >80% would recommend participation.

10.c Annual PAC Report

Prepare brief annual report (4-6 pages) covering:

- PAC membership and meeting activity
- Priority issues addressed and projects completed
- Measurable impact (data before and after interventions)
- Patient stories illustrating change
- Challenges faced and how addressed
- Plans for next year

Distribution: Share with Board, senior management, hospital staff, PAC members, post on website.

10.d Continuous Improvement Cycle

- **Quarterly review:** PAC Chairperson and Facilitator review metrics; identify issues; adjust processes

- **Annual deep-dive:** Conduct thorough evaluation using scorecard, member surveys and qualitative feedback; present to Quality Committee
- **Action planning:** Based on evaluation, update PAC charter, training curriculum, meeting protocols
- **Knowledge sharing:** Share learnings with other PACs through CAHO network

10.e Long-Term Sustainability Strategies

- **Embed in organizational culture:** PAC becomes "the way we do things here"; patient partnership is core value
- **Link to accreditation:** Include PAC evidence in NABH, JCI, CAHO accreditation submissions
- **Succession planning:** Stagger member terms; mentor new members; document institutional memory
- **External recognition:** Apply for national patient safety awards; publish case studies; present at conferences
- **Peer network:** Connect PACs across hospitals for mutual support, problem-solving, innovation
- **Continuous recruitment:** Maintain visibility and rolling recruitment so PAC never stalls due to vacancies

Summary: PAC Sustainability Checklist

Hospitals should review annually:

- Executive sponsor actively engaged; attends at least 2 meetings/year
- PAC formally integrated into governance; to Quality Committee
- Budget line item allocated for PAC activities
- Membership reflects patient diversity (demographics, conditions, socio-economic)
- Rolling recruitment pipeline maintained; vacancies filled within 3 months
- 2-3 impactful projects completed per year with measurable results
- Regular meetings held (bi-monthly or quarterly) with good attendance
- Meeting minutes and Action-Taken Reports consistently produced and shared
- At least 70% of PAC recommendations actioned within 6 months
- Annual member feedback survey conducted; satisfaction >75%
- PAC achievements communicated internally and externally
- Refresher training provided annually

11. Common Challenges and Mitigation Strategies

Globe experience reveals predictable challenges; proactive strategies can mitigate most.

- **Leadership Fatigue or Turnover:**
 - PACs may lose visibility when leadership changes.
 - Embed PAC in governance structures, ensure leadership handovers include PAC continuity, maintain leadership participation, and report PAC performance to the Board.

- **Competing Priorities & Limited Resources:**
 - Staff shortages and workload may make PAC seem like an extra burden.
 - Allocate modest resources, integrate PAC projects into existing quality and safety initiatives, link outcomes to key performance indicators, and recognize staff contributions.

- **Limited Diversity & Representation:**
 - PACs often begin with limited demographic representation.
 - Improve diversity through targeted outreach, simplified recruitment materials, and regular diversity reviews to address gaps.

- **Retention & Engagement of Advisors:**
 - Advisors may disengage if they feel unheard or face personal constraints.
 - Provide regular feedback on impact, publicly recognize contributions, involve advisors in meaningful roles, and maintain a pipeline of new members.

- **Unfocused Meetings & Weak Follow-Through:**
 - Inefficient meetings reduce motivation.
 - Use structured agendas based on patient data, ensure clear action items and accountability, track recommendations, and keep meetings time-bound.

- **Time & Logistical Barriers:**
 - Busy schedules and rigid processes discourage participation.

- Use concise pre-reads, limit meeting frequency and duration, and schedule meetings at convenient times for patients and clinicians.
- **Perception That PAC Is Only Symbolic:**
 - If PAC impact is not visible, engagement declines.
 - Select meaningful projects, embed advisors in quality teams, widely share success stories, and provide formal responses to recommendations.
- **Staff Discomfort with Patient Partnership:**
 - Some clinicians may fear scrutiny or loss of authority.
 - Provide orientation on collaborative engagement, begin with trust-building initiatives, demonstrate leadership support, and share positive experiences.

Success Factors to be Effective PAC

- **Leadership support** - Involvement of hospital leadership in creating and managing PAC, Strong support & demonstrate actions
- **Structure** - Structure of the PAC, Seniors representation from HCP & Patients; committed resources & secretariat, clarity of objectives, execution process
- **Formal & Regular** - Determine frequency of meetings, formal agenda involvement of all departments, cross functional and cross level teams
- **Communication** - Communication with the patients, communication with the healthcare team members, and hospital leadership.
- **Celebrate** - Evidence of PAC's contribution; impact of PAC on patient experiences & outcomes

12. Conclusion: Benefits to All Stakeholders

Transforming Healthcare Through Partnership

A well-designed, well-supported Patient Advisory Council transforms patients from passive recipients of care into active partners and co-designers of safer, more patient-centred healthcare systems.

Looking Ahead: A Movement for Patient Safety

Patient Advisory Councils are not merely committees—they represent a fundamental shift toward genuine partnership between patients and healthcare providers. When implemented with commitment, transparency and humility, PACs become powerful engines for learning, improvement and trust-building.

The Patients for Patient Safety Foundation (PFPSF), in partnership with CAHO and the wider healthcare community in India, commits to supporting hospitals in establishing and sustaining effective PACs. Together, we can ensure that the patient voice is not just heard but actively shapes the future of healthcare in India.

Every patient. Every time. Every voice matters.

**Operationalizing PAC Manual
Annexures -
Checklist for Selection criteria**

Annexure 1. Checklist: Criteria for Selecting Patient Representatives

Sources for Recruitment

- Hospital patient database: past and current patients with longer stays or chronic conditions
- Local communities, RWA groups, civic bodies
- Patient advocacy and support groups, NGOs
- Referrals from clinicians and social workers
- Hospital publicity: posters, website, social media

Selection Criteria

- Wants to do this; it's not for prestige; passionate for the cause.
- Familiar with patient issues & Hospital environment
- Ability to hear multiple perspectives without judgment
- Articulate clearly and constructively; comfortable speaking in groups
- Work well with diverse individuals; respectful of differing views
- Interpret feedback, identify patterns, help think strategically about solutions
- Committed has time to attend, prepare & follow-through.
- Has Analytical skills
- Collaborative & Communication skills
- Collectively, PRs should reflect hospital patient diversity

Selection Process

- Publicize opportunity through multiple channels
- Interested candidates submit brief expression of interest
- Core group conducts informal interviews to assess fit with PAC values and expectations
- Explain time commitment, scope of work, boundaries and responsibilities clearly
- Selected candidates sign a written role agreement and code of conduct possible an NDA
- Maintain a waiting list for future vacancies
- Orientation/ Onboarding of new members

Annexure 2. Checklist: Patient Representative's Attributes & Responsibilities

Core Responsibilities

- Focus on systemic issues: Understand PAC mandate and concentrate on patterns affecting many patients, not individual grievances.
- Collaborate constructively: Work with HCPs while recognizing hospital constraints, resource limitations and operational realities and complexities
- Commit time and participation: Attend meetings regularly, prepare in advance.
- Engage broader patient community: Gather feedback from other patients, caregivers and community groups; disseminate safety messages.
- Represent large population and Not self promotion
- Improve communication: Suggest practical ways to enhance patient-provider communication, informed consent, discharge counselling, navigation.
- Support patient education: Help design and distribute health education materials; participate in awareness campaigns using PFPSF/HEAL resources.
- Share patient stories: Help collect and share anonymized patient experience stories—both positive and negative—as learning opportunities.

What Patient Representatives Should NOT Do

- Mandate clinical policy: Do not interfere with individual clinical decisions or treatment protocols
- Get involved in specific cases: Avoid discussing specific cases or medico-legal matters or clinical procedures and clinical mandates
- Seek personal favours: Do not request preferential treatment, concession or queue-jumping for self or acquaintances or financial aid
- Represent narrow interests: Avoid lobbying for any groups.
- Take aggressive attitude: Maintain respectful, solution-oriented behaviour; avoid confrontational or abrasive conduct

Annexure 3. Checklist: Criteria for Selecting Hospital Representatives

Composition Criteria

- Empowered Senior Management
- Senior doctors from key departments (medicine, surgery, paediatrics, emergency, etc.)
- Nursing leaders and frontline nurses
- Allied health professionals where relevant (physiotherapy & technician)
- Quality and patient safety officer
- Patient relations or customer care head
- Hospital administrator or operations manager
- Choose mixed hierarchy in domains/ functions/ departments, clinical & non-clinical

Annexure 4. Checklist: Hospital Representative's Attributes & Responsibilities

Core Responsibilities

- Bridge clinical perspective with patient perspective
- Act as a knowledge link between staff and the PAC, translating medical information and fostering understanding between medical practitioners and patients or caregivers.
- Reaching out to HCP/ beyond an hospital association for improved clinical solutions
- Engage with patient community periodically
- Listen and participate actively and non-defensively: Take feedback and gather patient experiences without immediately defending the HCP perspective; conduct due diligence before responding.
- Co-design patient-centric strategies: Work collaboratively with patient representatives to design programmes addressing critical and repetitive issues of dissatisfaction or errors
- Socialize recommendations: Present PAC insights and recommendations to hospital leadership, quality committees and department heads & internal meetups
- Implement patient-centered practices: Work with inter & intra departments to translate PAC recommendations into changes in training, policies, procedures and physical environment
- Support impact measurement: Help gather data showing improvements linked to PAC work; share success stories

About Us

Patients for Patient Safety Foundation

Our Vision

A healthcare ecosystem where every **patient and caregiver is well-informed, actively engaged,** and confident in their ability to navigate and prevent healthcare errors.

Our Mission

To **enhance Patient Safety and reduce avoidable medical harm with active involvement of Patients, Families and Community** with support from Healthcare provider



 www.patientsforpatientsafety.in