<<INSERT Health Center Name>>

PFAC Toolkit

<<INSERT Hospital Logo>>



Revised <<Date>>

How to use this resource:

* This toolkit and the included sample documents and form have been generously shared by MHA PFAC member hospitals and are intended to be tailored to fit your organization.
  + Replace all <<INSERT health center name >> throughout the document with the name of your hospital.
  + Proofread all documents, checking for appropriate titles, procedures and timelines according to your organization’s structure, ability and capacity.
  + Apply your organization’s logo or photo to the title page and/or throughout.

**A special Thank You to DeeJo Miller, Children’s Mercy Kansas City; Sheryl Chadwick, Children’s Mercy Kansas City and Patti Bradley, North Kansas City Hospital for their work in developing this resource on behalf of MHA’s Patient and Family Advisory Council.**

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**Definitions**

**Patient Family Advisory Council (PFAC**) — a formal council within an organization with regular meeting times dedicated to collaborating with patients and families that establishes ongoing relationships and seeks diverse perspectives representing the populations served.

**Patient- and Family-Centered Care (PFCC) —** an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care and in all health care settings. In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making. A key goal is to promote the health and well-being of individuals and families and to maintain their control.

This perspective is based on the recognition that patients and families are essential allies for quality and safety—not only in direct care interactions, but also in quality improvement, safety initiatives, education of health professionals, research, facility design and policy development.

Patient- and family-centered care leads to better health outcomes, improved patient and family experience of care, better clinician and staff satisfaction, and wiser allocation of resources.

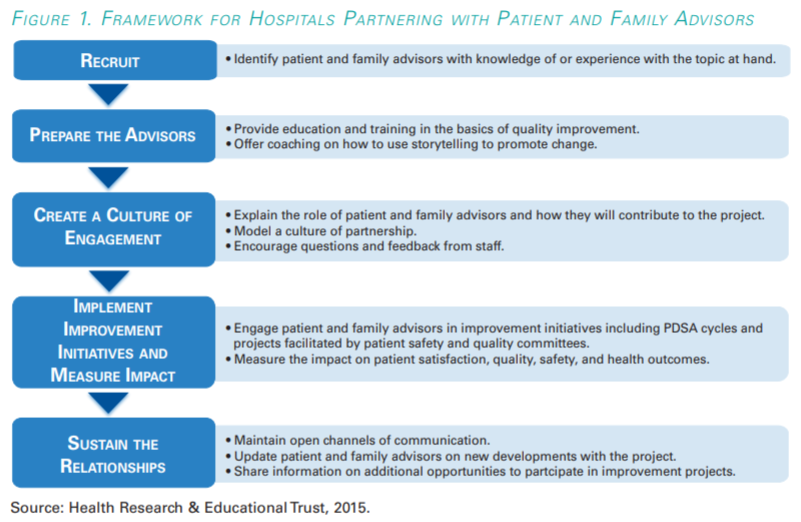
ipfcc.org

**Patient Engagement**

* Patient engagement is a strategy for improvement from the bedside to the boardroom.
* Patient engagement is dynamic, always changing, shifting and recreating in response to changes in the health care environment.
* Patient goals and preferences change with time, new information and shifting priorities in a person’s life. Providing an opportunity for patients and their families to inform health care based on these changing needs and values on an ongoing basis is a critical component of authentic engagement.
* The framework for patient engagement is the core concepts of patient- and family-centered care.
* Patient engagement is patient- and family-centered care in action.

pfccpartners.com

**Framework for PFAC**



**Roles and Responsibilities**

**Steering Committee**

* Establish and define goals and operating guidelines for PFAC creation.
* Identify potential topics, and set monthly agendas.
* Manage PFAC staff and patient/family membership.
* Write charter statement.

**Executive Leadership Champion**

* Participate in the kick-off meeting to demonstrate support for the importance of the council.
* Attend meetings, and provide administrative updates.
* Share organizational balance scorecard and/or patient-focused initiatives for council feedback.

**Provider Champion**

* Participate in meetings to provide motivation and support for council efforts.
* Communicate council initiatives to other providers.

**Clinical & Support Champion(s)**

* Advocate practicality (reality check) by helping relate ideas to what is and is not feasible.
* Advocate to educate colleagues about council.
* Drive council initiatives and feedback to the point of service.

**Patients/Family Members**

* Attend each council meeting, or notify a staff member in advance if unable to attend.
* Engage thoughtfully and constructively around the issues and ideas discussed.
* Provide timely feedback when requested.
* Be respectful of the unique background and perspectives of each individual member.
* Be proactive in driving improvement, and share ideas for change.

**Council Structure**

* Identify 10 to 20 patient/family members representing the diversity of the community.
* Staff ratio is one staff to every two patient/family members.

**PFAC Proposal for Hospital Leadership**

Please see PowerPoint.

**Timeline**

**Sample Patient/Family Application 1**

**Patient Family Advisory Council (PFAC)**

**Membership Application**

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (M.I.)

**Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City/State/Zip)

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please briefly describe your experience with Children’s Mercy:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why are you interested in becoming more involved in Children’s Mercy?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any improvements/ideas you would want to bring to Children’s Mercy? (\*\*Please circle one) YES or NO or NOT RIGHT NOW**

**If so, please briefly explain:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are the names of your children who are cared for at Children’s Mercy?**

**What clinics, units, and/or physicians did they receive care from?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (M.I.) (Clinic/Unit/Physician)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (M.I.) (Clinic/Unit/Physician)

**May we contact the clinics, units and/or physicians who have cared for your child(ren)? (\*\*Please circle one) YES or NO**

Please return this application to:

<<Patient and Family Engagement Program Manager>>

<<INSERT health center name>>

<<INSERT health center mailing address >>

As a member of <<INSERT health center name>> PFAC, I understand that communication between members is essential. Given this, I understand my name, address, phone number and email address will be provided to all <<INSERT health center name>> PFAC members.

Please note that the information you enter into this form will be held in the strictest of confidence and will not be used or disseminated for any purpose other than as a tool to determine membership eligibility. Your application will be reviewed, and you will be provided a response as quickly as possible. Thank you for your interest.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Sample Patient/Family Application 1, Part 2**

Volunteer Permission

Dear Volunteer,

Please read and sign this form.

At <<INSERT health center name >>, the Volunteer Program requires a minimum number of hours. This form is required as part of the application process and must be completed to be considered for the Volunteer Program. We look forward to having you as a volunteer in our hospitals and clinics.

I give my permissions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ regarding the following.

To receive emergency medical treatment if I become ill or injured while volunteering at <<INSERT health center name >>.

I give permission for <<INSERT health center name >> to take photographs. I understand the Volunteer Services Department staff will not contact me when photographs are chosen for use in any brochure or publication.

I give permission for <<INSERT health center name >> to run a background check upon initial enrollment in the volunteer program. I also give permission to <<INSERT health center name >> to run recurring background checks as part of their standard practice. I have been given my rights under the fair credit-reporting act. (See below.)

Social Security Number (required for background check) \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send Document(s) to:

You may email the form by sending to: <<INSERT appropriate email address >>

You may mail the form by sending to: <<INSERT health center mailing address >>

If you have questions, please contact us at: <<INSERT appropriate phone number >>

**A Summary of Your Rights Under the Fair Crediting Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of informtion in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialtiy agencies (such as agencies that sell information about check writing histories, medical records and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additonal rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Finiancial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

* *You must be told if information in your file has been used against you.* Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment- or to take another adverse action against you- must tell you, and must give you the name, address, and phone number of the agency that provided the information.
* *You have the right to know what is in your file.* You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  + a person has taken adverse action against you because of information in your credit report;
  + you are the victim of identity theft and place a fraud alert in your file;
  + your file contains inaccurate information as a result of fraud;
  + you are on public assistance;
  + you are unemployed but expect to apply for employment within 60 days.
  + In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
* *You have the right to dispute incomplete or inaccurate information.* If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
* *Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.* Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer-reporting agency may continue to report information it has verified as accurate.
* *Consumer reporting agencies may not report outdated negative information.* In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
* *Access to your file is limited.* A consumer-reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
* *You must give your consent for reports to be provided to employers.* A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
* *You may seek damages from violators.* If a consumer reporting agency, or in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
* *Identify theft victims and active duty military personnel have additional rights.* For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
* States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

**Sample Patient/Family Application 2**

Patient and Family Advisory Council (PFAC) Application for council membership

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your experience with <<INSERT health center name >>?

* I am a patient (current or former)
* I am a patient’s family member/support person

1. The date of your <<INSERT health center name >> patient experience was:

* Less than 6 months ago
* 6 months to one year ago
* 1-5 years ago
* Greater than 5 years ago

1. The care received at <<INSERT health center name >> was provided by:
   * Emergency Department
   * Hospitalization
   * Outpatient Clinic or Outpatient services
   * Home Health
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How did you hear about this opportunity?

* From the <<INSERT health center name >> website
* Information was given to me by a <<INSERT health center name >> employee
* PFAC brochure from <<INSERT health center name >>
* I was invited to apply by a <<INSERT health center name >> employee

1. Please tell us about your experience with the hospital. What impressed you? Where could we improve?
2. Please share any previous experiences you have had serving on a board or organizational committee (work, community, church, etc.):
3. What interests you the most about the possibility of serving on the Patient Family Advisory Council?
4. Please provide a brief description of what talents or strengths you would bring to the advisory council.
5. Would you be able to commit to attending 4-6 meetings per year at <<INSERT health center name >>?

* Yes, absolutely.
* I would definitely do my best to attend them all.
* I could probably only commit to 1 or 2.

1. Are you a current/previous employee of <<INSERT health center name >>?

* Current employee of <<INSERT health center name >>
* Current employee of <<INSERT Health System>> (\*\*Include if your hospital is part of a larger health system)
* Current <<INSERT health center name >> Volunteer or Auxiliary Member
* Previous <<INSERT health center name >> employee, but no longer employed there
* Previous Volunteer or Auxiliary Member
* None of the above

**Sample Staff Application**

Patient and Family Advisory Council (PFAC) Application for council membership

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What area do you work in at <<INSERT health center name >>?

* Inpatient floor Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Outpatient area Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Surgical services Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Department
* Home Health services

1. How long have you been employed at <<INSERT health center name >>?

* Less than 1 year
* 1-5 years
* 5-10 years
* Greater than 10 years

1. How did you hear about this opportunity?

* From the <<INSERT health center name >> intranet or newsletter
* Information was shared with me by a <<INSERT health center name >> employee
* PFAC brochure from <<INSERT health center name >>
* I was invited to apply by my department director or supervisor

1. Please tell us about your experience providing care for patients at <<INSERT health center name >>. What do you think we do very well? Where could we improve our patient care?
2. Please share any previous experiences you have had serving on a board or organizational committee (<<INSERT health center name >>, previous employer, community, church, etc.):
3. What interests you the most about the possibility of serving on the Patient and Family Advisory Council?
4. Please provide a brief description of what talents or strengths you would bring to the advisory council.
5. Would you be able to commit to attending 4-6 meetings per year at <<INSERT health center name >>?

* Yes, absolutely.
* I would definitely do my best to attend them all.
* I could probably only commit to 1 or 2.

1. Please check one or more that apply
   1. I have used <<INSERT health center name >> hospital for my personal health care needs.
   2. I have never used <<INSERT health center name >> for my health care.
   3. I have a family member that uses <<INSERT health center name >> for health care services.

**Sample Interview Guide**

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Extend appreciation and excitement at receiving their application, including their offer to share their time and talents with the hospital. Ask if it is a good time to talk.
* Explain your current role and your background/experience with the PFAC (emphasizing what you most enjoy about being part of the PFAC).
* Tell me about your experience with the hospital (their story):
* Explain the commitment they are making
  + The term is for <<number>> years with optional renewable terms following.
  + There is a requirement of a minimum of 50% attendance at monthly meetings.
  + The purpose of the PFAC is to represent and serve the entire population of the hospital.
* Ask if this commitment is achievable for them:
* Tell me why you would be a good candidate for the PFAC:
* Can you share one idea you would like to see discussed at a PFAC meeting:
* What questions do you have about the PFAC:
* Make notes of your overall impression of the candidate/conversation.

**Sample Acceptance Letter 1**

<<Date>>

Dear <<Name>>,

It is my pleasure to extend an invitation to join the Patient and Family Advisory Council at <<INSERT health center name >>.  
  
As <<person who spoke/interviewed the new member>> explained during your phone conversations, the PFAC meets on the <<day/date/time>>. The next meeting will be on <<date>> and will be in the <<room/location>>. Please arrive by <<time>> so we can go through a brief orientation.

If you accept this invitation to join the PFAC, you will become an official volunteer at <<INSERT health center name >>. All volunteers and employees are required to complete a background check. Attached is an additional form that you will need to complete and return so a background check can be performed. This will allow us to issue you a <<INSERT health center name >> Volunteer ID badge. *(Please alter or delete this paragraph to make it reflect your hospitals policy regarding volunteers)*

You also will receive an email from <<Name>> with the Volunteer Services Department with instructions on how to complete the required online compliance training. If you have any questions about the training, please feel free to ask me. *(Please alter or delete this paragraph to make it reflect your hospitals policy regarding volunteers)*

Approximately one week before the meeting, I will send you a copy of the meeting agenda, as well as the minutes from the previous meeting.

If you have any questions before then, please let me know.

I look forward to hearing from you. Thank you for your commitment to <<INSERT health center name >>!

Sincerely,

<<Chair/Staff Liaison>>

**Sample Acceptance Letter 2**

<<Date>>

Dear <<Name>>,

Thank you for your interest in joining the Patient and Family Advisory Council. We greatly appreciate your participation in this process.

We believe that you would make a great addition to the <<INSERT health center name >> PFAC and would like to welcome you to our group. We look forward to hearing your ideas and suggestions on how we can improve the experience for all of our patients and families.

Enclosed for your review is *(any documents you want to include)* and a Confidentiality Agreement. Please bring the signed agreement to your first meeting.

Please feel free to call me directly if you have any questions. I look forward to seeing you soon.

Thank you again for your willingness to make a difference.

Sincerely,

<<Chair/Staff Liaison>>

Enclosures (see Confidentiality Agreement and Leadership Behaviors)

**Sample Rejection Letter 1**

<<Date>>

Dear <<Name>>,

Thank you for your interest in becoming a patient and family advisor for <<INSERT health center name >>. Due to the limited number of openings for patient and family advisors, we will not be able to offer you a position at this time.

We will keep your name and contact information in our database in case an opening for a patient and family advisor becomes available in the future.

In the meantime, I would be pleased to speak with you about other opportunities to serve as an advisor or volunteer at <<INSERT health center name >>. If you are interested, please contact me. *<<Delete this section if unable to refer candidate to other opportunities>>*

Again, thank you for your interest in serving as an advisor for <<INSERT health center name >>. We appreciate your willingness to make a difference and your desire to improve the care experience for our patients and families.

Sincerely,

<<Chair/Staff Liaison>>

**Sample Rejection Letter 2**

<<Date>>

Dear <<Name>>,

On behalf of the Patient Family Advisory Council at <<INSERT health center name >>, thank you for your application for membership. Currently, there are not any openings on the PFAC; however, a position may become available during the next year. We will keep your application on file and contact you when there is an opening to see if you are still interested in setting up an interview for the council.

In the meantime, there are many other volunteer opportunities available at <<INSERT health center name >> that hopefully will interest you. Please visit the <<INSERT health center name >> website at [<<insert hospital website](http://www.childrensmercy.org/volunteer)>> to learn about how to become a volunteer. *Delete or alter this paragraph appropriately.*

Thank you for your interest in improving the quality, safety and experience for patients and families at <<INSERT health center name >>.

If you have any questions or would like additional information, please feel free to contact me at (insert contact information).

Sincerely,

<<Chair/Staff Liaison>>

**Sample Training Outline**

* Hospital Orientation
  + History/Leadership
  + Hospital Mission and Vision
  + History and Goals of PFAC
* PFAC Orientation
  + Roles and Responsibilities
  + Goals
  + Expectations
* Compliance
  + Hospital volunteer orientation training
    - Take picture for volunteer badge
    - Behavioral expectations
  + HIPAA
  + Ethical Compliance
  + Professional Boundaries
  + Background Check

**Sample Charter Statement**

**<<INSERT HOSPITAL LOGO>>**

*Patient Advisory Council Charter Statement*

**Purpose**: <<INSERT health center name>> believes the collaborative voices of patients and their family members are essential and welcomed by the hospital’s leadership team and staff for continuous improvement of the overall patient experience, safety and outcomes. Integrating the voice of the patient and their family will offer the view of how it feels to be a patient and will provide valuable feedback for identifying opportunities for improvement or sustainment.

**Mission**: By openly engaging with patients and their family members, we can improve the patient experience while promoting quality health care to provide hope and healing to every life we touch at <<INSERT health center name>>.

**Patient Experience Advisory Council Goals:**

* From the patient and family point of view, identify what defines a remarkable patient and family experience.
* Advise on identified focus topics to refine or improve opportunities for excellent patient and family experiences.
* Champion <<INSERT health center name >>-approved initiatives that enhance patient experiences, safety and outcomes for patients and families.
* Promote the mission, vision and values of <<INSERT health center name>> among patients and family members in the <<INSERT health center name>> community.

**Membership**: The council will consist of patients and/or family members who have received care at <<INSERT health center name>>, employees of <<INSERT health center name>> and hospital leadership.

The committee will consist of five community members who have been past patients or family members of patients, five employees of <<INSERT health center name>>, Senior Director of Patient Experience, Director of Spiritual Care and Guest Services, and Vice President of Quality. One alternate for both community and employee members will be chosen and invited to attend meetings when a designated member will not be in attendance.

**Patient Experience Advisory Council Expectations:**

* Be respectful of all council members, and value the opinions and the diversity of the council members.
* Utilize personal experiences to engage in open, honest and meaningful dialogue to improve patient- and family-centered care at <<INSERT health center name>>.
* Display readiness and willingness to learn from one another by discussing issues related to the patient and family experience at <<INSERT health center name>>.
* Ensure regulatory compliance with confidentiality of all patient-related discussions.
* Support the mission, vision and values of<<INSERT health center name>>.
* Actively participate in one meeting every other month; meetings are two hours in duration.
* Participation in ad hoc meetings as needed/desired.

**Sample Bylaws 1**

Patient Family Advisory Council Guidelines

**PFAC Mission Statement:**

The <<INSERT health center name>> Patient Family Advisory Council will work in partnership with the <<INSERT health center name>> staff members to advocate on behalf of families for the best quality of care. The council will serve as a resource for parents or guardians to provide input on policies and procedures, enhance communication, and expand education for patients and families in both inpatient and outpatient settings.

**Application Process:**

To achieve a diverse representation and work towards our mission, the council has created an application process for potential members. The PFAC will review all new applications at monthly meetings and will then vote to fill available seats.

**Size:**

The council will strive for membership of no less than 10 and no more than 20 patient/family members at any given time. <<INSERT health center name >> staff are nonvoting members.

**Terms:**

Commit to serve on the <<INSERT health center name >> PFAC for a minimum of two years. Terms begin at approval of application. Members will consist of patients and their family members who receive services at <<INSERT health center name>>.

**Attendance:**

Consistent and active attendance is vital to the purpose of the council. Each member is strongly encouraged to attend and participate in all PFAC meetings and conference calls. Council members are required to attend 50 percent of the meetings within a 12-month period, either in-person or via phone/videoconference. It will be assumed all members will be in attendance. If a member cannot attend, out of courtesy for the group, he/she will notify *(identified staff)* as soon as possible via email. Meetings are subject to be canceled or rescheduled if the majority of members are unavailable. A quorum of 50 percent, either in person or electronically (or a combination), is required to vote on issues. All decisions that require a vote need a simple majority to pass.

**Officer Elections:**

Council members can nominate themselves or other members for leadership roles. Elections will be held every June as terms will be limited to a year with a one-time renewal option.

Chair

The chair will organize and lead meetings, as well as define the agenda and action items. The chair will be the PFAC representative at official meetings when needed.

Secretary

The secretary will support the chair in his/her duties, including serving as acting chair during the chair’s absence, record minutes, track the member volunteer hours associated with this PFAC and submit them to staff facilitator.

**Member Expectations:**

The council will serve as an action-oriented group with expectations of time investment outside of the meetings. However, it is important to note that this council will not meet the needs and capacity of a support group.

Members will:

* Serve as an advisory resource to administration and staff.
* Advocate for education and clinical programs to improve the quality and accessibility of care.
* Assist in the development and review of educational materials.
* Respectfully listen and tactfully discuss ideas, issues and concerns.
* Respect the privacy and confidentiality of council members, their families and all staff.
* Actively participate with expectations of time investment outside of the meetings.

Any articles of these guidelines may be added to, deleted or amended by a majority vote of at least two-thirds of the council.

**Sample Bylaws 2**

The Patient and Family Advisory Council is a well-defined group of patients, families and staff members who meet at least quarterly to ensure the patients’ experiences, points of view and recommendations for improvement are identified.

**Purpose**: The collaborative voices of patients and their family members are essential and welcomed by <<INSERT health center name>> leadership and staff for the continuous improvement of the overall patient experience to improve patient safety and clinical outcomes.

1. PFAC is composed of <<number>> members *(NOTE: List appropriate council membership details as appropriate. Those listed below are just examples.)*
   1. Chair: Sr. Director Patient Experience
   2. Council co-chair: One patient or family member elected to co-chair position
   3. Council facilitator: Director of Spiritual Care and Guest Services
   4. (5) Prior patient or family members
   5. (4) multidisciplinary staff members
   6. VP of Quality
2. Council Participation Expectations
   1. Patients and family members will serve for at least one year and not more than four years. A rotation of membership will be established to ensure continuity from year to year.
   2. Meetings will be scheduled for two hours on an every other month basis. Attendance is important for the success of the advisory council. If unable to attend meeting, notify the co-chair of anticipated absence.
   3. Meetings will be set one year in advance, and a schedule of meetings will be provided six months in advance.
   4. PFAC members will be notified of the need for any ad hoc meetings as determined by the council.
   5. A member who misses three consecutive PFAC meetings will become inactive and a replacement will be sought.
   6. The PFAC co-chair will assist the chair and the facilitator in preparation of the meeting agenda. The chair and facilitator will distribute agendas and meeting notices to all PFAC members.
   7. Minutes will be recorded and distributed to the membership.
3. Nomination and Selection of PFAC Members
   1. Prospective council members may be nominated by <<INSERT health center name >> staff and physicians, or self-referral may be made through the <<INSERT health center name >> website.
   2. Prospective council members will be contacted by the chair or facilitator of PFAC via telephone to discuss the PFAC opportunity.
   3. Persons interested in pursuing PFAC membership will complete an application and all necessary documents.
   4. Potential PFAC members will be scheduled for an in-person interview with the chair or facilitator of the PFAC.
   5. Final selection of PFAC members will be approved by the PFAC Steering Committee.
4. Orientation of PFAC Members
   1. Patient and family council members will be oriented in accordance with <<INSERT health center name>> volunteer orientation procedures.
   2. The onboarding process will include a background check; however, according to employee health reports, there are no testing or immunizations required for external PFAC members.
   3. The orientation process includes completion of mandatory compliance and HIPPA competencies. Members will sign a <<INSERT health center name>> compliance document and respect all rules and regulations of HIPPA to protect patient privacy.
   4. The orientation process will be completed at the first PFAC meeting and must be completed in its entirety before attending a second PFAC meeting.
5. Roles and Responsibility of a PFAC Member
   1. Be an active and cooperative participant in council meetings and/or activities.
   2. Define a remarkable experience from a patient and family point of view.
   3. Advise on identified focus topics to refine or improve opportunities for excellent patient and family experiences.
   4. Champion <<INSERT health center name>>-approved initiatives that enhance patient experiences, safety and outcomes for patients and families.
   5. Promote the mission, vision and values of <<INSERT health center name>> among patients and family members in the <<INSERT health center name>> community.
   6. Consider all information, initiatives and discussions of PFAC meetings to be confidential.
   7. Bring new perspectives about the patient care received at <<INSERT health center name>>.
   8. Provide timely feedback to improve and impact future care.
   9. Establish connections with the community as “Provider of Choice.”
   10. Advocate for patients and family members receiving health care services at <<INSERT health center name>>.
6. Through collaboration with the PFAC, <<INSERT health center name>> will:
   1. Listen and identify opportunities to positively impact satisfaction rates of patients, employees and providers.
   2. Gain feedback for methods and approaches that facilitate improved transitions of care and patient safety initiatives.
   3. Identify potential initiatives to improve the quality and safety for improved patient outcomes.
7. The PFAC will function under guidance of PFAC Steering Committee members:
   1. Chair: VP of Quality
   2. Chief Operating Officer
   3. Senior Director Patient Experience
   4. Director Spiritual Care & Guest Services
   5. Senior Director Nursing Representative
   6. Director Professional Services or Representative
   7. Environmental Services Representative
   8. Food & Nutrition Representative
   9. Patient Accounts Representative
   10. Scheduling and Registration Representative
8. The PFAC will provide quarterly reports on progress and outcomes at the <<INSERT health center name>> Management and Leadership meetings.

**Sample Meeting Preparation Checklist**

* Room reservation
* Catering arrangements
* Name tags (employee/volunteer badges preferred)
* Agendas printed
* Handouts printed (if applicable)
* Information Desk notified of location
* If using computer presentations (PowerPoint, etc.)
  + Projector
  + Computer
  + Remote clicker for slides
* If using paper presentation materials
  + Flip chart(s); If not self-stick flip chart:
  + Easel for chart
  + Markers

**Sample First Agenda 1**

**Agenda Item Description**

Welcome from Hospital Leadership Leadership welcome

* Hospital administration/leadership provides a brief welcome and thank you to PFAC members for their participation, feedback and commitment.

Introduction & PFAC Roles Facilitator leads discussion

* Facilitator introduces themselves, their job role and role on the council.
* Employees introduce themselves, their job role and role on the council.
* All members introduce themselves and share their interest in being a member of the council.

Set Ground Rules Facilitator leads discussion

* As a group, discuss the rules that everyone agrees to abide by during meetings.
* Confirm Confidentially Agreement signed.

Share Stories Group discussion

* Each council member briefly describes their experience as a patient and/or family member of a patient.

Objectives and Goals Facilitator leads discussion

* Describe the council’s purpose, structure, commitment, process, report out and

PFAC impact.

* Discuss needs, vision and goals.
* Be clear and concise about commitment from each person.

Bylaws Facilitator leads discussion

* Review and approve bylaws.

Next Steps Facilitator review with group

* How will an action plan be established?
* How will completed actions be communicated?
* Questions/concerns/issues

Next meeting date Facilitator review with group

* Dates/time/location for future meetings

**Sample First Agenda 2**

patient and Familyadvisory committee

<<month day, year>> <<Time>> Marketing services conference room

Agenda

|  |  |  |
| --- | --- | --- |
| Time | Topic | Presenter |
| 10:00 | Introduction of any PFAC members who were unable to attend last meeting |  |
| 10:05 | Review goals for PFAC  “Rules of Engagement” for group process |  |
| 10:10 | Introduction to “Discharge Planning” |  |
| 10:20 | Group process: Discharge Planning |  |

Special Notes

**Sample Membership Roster**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **City, State, ZIP** | **Phone** | **Email** |
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**Sample PFAC Sign-in Sheet**

<<Date>>

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| **Member Name** | **Signature** |
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**Sample PFAC Attendance Spreadsheet**

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| **Name** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
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