Patient and Family Advisory Council (PFAC)

Terms of Reference (2022)

**Vision:**

To influence and be a part of decision making throughout Northumberland Hills Hospital (NHH), in a manner that reflects NHH’s core values of integrity, quality, respect, compassion and teamwork, for the purpose of continuously improving the experience of individuals who receive care at NHH and their families.

**Purpose:**

To integrate patient and/or family perspectives into NHH decision making through the inclusion of Patient and Family Advisor partners on Quality and Practice Committees as well as selected program and project-specific opportunities across the organization and, as appropriate, the Ontario Health Team of Northumberland, continuously learning together as we go and adjusting our approach as required.

**Background:**

Northumberland Hills Hospital (NHH) is committed to actively engaging the community it serves through a variety of methods for the purpose of sharing information and exchanging ideas to develop and/or improve policies, programs, practices and, ultimately, experience.

Engagement at NHH includes many strategies, to reasonably reflect all segments of the community we serve.

Established in December, 2016, Northumberland Hills Hospital’s Patient and Family Advisory Council (PFAC) is a key channel through which patients and family members may contribute to the continuous improvement of the hospital experience.

Together and as individuals, the Council members bring a richness of perspectives informed by age, gender, background, culture and their own patient/family health service experiences.

**Guiding Principles:**

Five key principles guide our work together.

1. Respecting and honouring the beliefs of patients and families
2. Collaborative engagement and partnership with patients and families
3. Excellent communication for shared decision-making with patients and families
4. Holistic care with patients and families
5. Empathetic relationship with patients and families

Accountability:

The Council reports a minimum of twice per year to the Quality and Safety Committee of the NHH Board. Board Reports are co-designed and delivered by a representative selected by the Council on a rotational basis. Board reporting is supported by the Senior Director, Patient Experience, Public Affairs and Strategic Partnerships, as required. In addition, PFAC reporting/information will be co-designed and included in key public communication documents, namely: the hospital website and the Annual Report to the Community.

Integrating Patient and Family Advisors into Northumberland Hills Hospital Culture

1. Building on our previous work with patient/family advisors, NHH will continue to integrate Advisors into the hospital culture by ensuring PFAC partner representation at a range of tables, and through a mix of group and individual activity.
2. All Advisors will attend (together) quarterly meetings of the full Patient and Family Advisory Council. Each Advisor will also participate in at least one monthly (or less frequently, as required) Quality and Practice Committee (QPC) meeting and/or individual department assignment or project (eg. Human Resources, Baby Friendly Initiative), with assignments aligned to Advisors’ stated areas of experience/interest.
3. In the case of QPCs, and supported by the Program Administrative Assistant/Patient Services, the Program Director/Manager associated with the program will act as the liaison or ‘buddy’ to the Advisor assigned to that Committee, while buddies for individual department assignments and ad hoc projects will be assigned as appropriate; buddies will be welcomed at all quarterly meetings, with the expectation that they make every effort to attend a minimum of two per annum.
4. NHH’s Senior Director, Patient Experience, Public Affairs and Strategic Partnerships will act as the primary resource for the Advisors, with support from the Program Administrative Assistant, Patient Services/QPCs, and designated Program Directors (eg Quality, Safety and Risk) as appropriate.
5. Through the course of each year, and in alignment with the hospital’s Strategic Priorities, Advisors will be invited to participate on a variety of ad hoc projects dealing with special topics or initiatives – attendance will not be required, but encouraged on an ‘as available’ basis, with an effort made to balance participation as much as possible across the full Patient and Family Advisory Council.
6. Finally, PFAC partners have the opportunity to bring forward recommendations for PFAC engagement through the Chair and/or Senior Director, Patient Experience, Public Affairs and Strategic Partnerships.

Membership of Council:

- 8-12 Patient and Family Advisors, including representation across all core care services of the hospital
- 1 PFAC Chair (self-appointed by PFAC partners)

Process for Communication/Distribution of Information:

Quarterly meetings

- With support from the Program Admin. Assistant, Patient Services/QPCs, and input from Senior
Director, Patient Experience, PFAC Chair will ensure preparation/distribution of draft agendas, minutes, and supporting documentation and, with Senior Director, support PFAC partners should they have any questions prior/during/following the meetings

- Educational presentations will be coordinated for each quarterly meeting, to support continuous orientation/education
- Meetings will be scheduled as far in advance as possible, to permit appropriate notice for Advisors
- Meeting materials, particularly background reading, will be shared in advance, to permit adequate time for review
- PFAC partners requiring special accommodations (e.g. printed documentation, vs. electronic) will be supported on an as-needed basis
- Both virtual and in-person meetings will be conducted, with hybrid options supported when possible/appropriate

Quality and Practice Committee meetings

- The Program Admin. Assistant, Patient Services will distribute agendas, minutes and supporting documentation to each Advisor specific to their particular Committee responsibilities
- Meetings will follow the existing schedule of the QPCs
- Advisors will receive notice of meetings as far in advance as possible, to permit appropriate notice
- The Program Director/Manager associated with the QPC program will support the Advisor assigned to that Committee should they have any questions prior/during/following the meeting
- Permanent space on each QPC agenda will be dedicated for PFAC input, as appropriate

**Term and Expectations:**

- Advisors will make a commitment to serve for a minimum of one year and a maximum of three*
- Quarterly meetings of the full Patient and Family Advisory Council will be held a minimum of 4 times per year for approximately 2 hours, with Tracking Activity reports submitted in advance to support reporting of activity and measurement of impact
- Attendance at a minimum of 75 per cent of meetings is expected, unless extenuating circumstances arise; in the event this occurs, individual PFAC partners are expected to contact the Chair and/or Senior Director as soon as possible to discuss
- Failure to attend three (3) consecutive meetings with no RSVP or explanation to the PFAC Chair will result in removal from the NHH PFAC.

**Recruitment, Selection and Orientation:**

1. In addition to continuous passive recruitment via the hospital website, active recruitment of new PFAC partners will be undertaken when projects exceed the ability of the current PFAC complement to sustain and/or a PFAC partner completes her/his maximum term of service or resigns; prospective PFAC partners will also be welcome to submit expressions of interest for consideration in future opportunities via the Patient and Family Advisory Council pages on nhh.ca
2. As specific opportunities arise, there will be an open call for interest (per past practice) to the west Northumberland community via all NHH communication channels, i.e. web, social media, local news media, newsletter and hospital information boards
2. Documentation will describe the role, responsibilities and desired attributes of an NHH patient/family partner and invite prospective PFAC partners to explain the experience/attributes that make them a suitable candidate

3. Applicants, excluding designated youth representatives, must be over the age of 18 and have experience in the past three years as a patient of NHH or the family member/caregiver of one who has been a patient at NHH in that timeframe

4. Expressions of interest will be collected from those interested

5. All applicants will be interviewed and selected by a recruitment sub-committee comprised of at least one PFAC representative, the Senior Director and the appropriate buddy

6. Successful candidates will be matched as opportunities arise; those who are not successful will be notified in writing

7. General and specific orientation will be provided for each patient/caregiver advisor and refreshed as required

**Decision-Making and Quorum**

Decisions will be made through consensus of all members, whenever possible. If unable to achieve consensus on an issue that requires decision, a majority of 50% plus one will be used. Quorum is 50% plus one of all members, including hospital staff.

**Review of Terms of Reference**

The Terms of Reference will be reviewed annually by the PFAC. Upon approval from the PFAC the Terms will be brought forward to the Senior Leadership Team for final approval, to ensure alignment with organizational priorities.

*special accommodation has been made through the COVID-19 pandemic to sustain PFAC participation beyond the three-year maximum term*