



# NORTHUMBERLAND HILLS HOSPITAL

## Patient and Family Advisory Council (PFAC)

### Terms of Reference December, 2018

#### **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 Patient and Family Advisor representation on Quality and Practice Committees as well as selected program and project-specific opportunities across the organization, 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 an additional mechanism for NHH patients and family members to contribute to the success of the hospital.

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:**

Building on the work of Northumberland PATH (Partners Advancing Transitions in Healthcare) and NHH's Patient- and Family-Centred Care Framework, 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 will report a minimum of twice per year to the Quality and Safety Committee of the NHH Board. Board Reports will be reviewed and approved by the Council in advance and delivered by a representative selected by the Council on a rotational basis. Board reporting will be supported by the PFAC co-facilitators, as required.

### **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 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. Two hospital staff members (the Senior Director, Public Affairs and Strategic Partnerships and the Director, Quality and Patient Safety) will act as the primary resource for the Advisors in their capacity as Co-Facilitators.
5. In addition, through the course of each year, 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

### **Membership of Council (December, 2018):**

- 10 Patient and Family Advisors
- 2 Co-Facilitators: NHH Senior Director, Public Affairs and Strategic Partnerships and Director,

**Process for Communication/Distribution of Information:**

Quarterly meetings

- With support from the Program Admin. Assistant, Patient Services/QPCs, Co-Facilitators will prepare/distribute draft agendas, minutes, and supporting documentation and support the Advisors 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
- Advisors requiring special accommodations (e.g. printed documentation, vs. electronic) will be supported on an as-needed basis

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 QPC
- 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:**

- All 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, at the hospital, for approximately 2 hours
- Attendance at a minimum of 75 per cent of meetings is expected, unless extenuating circumstances arise; in the event this occurs, Advisors are expected to contact the Co-Facilitators as soon as possible to discuss

- Failure to attend three (3) consecutive meetings with no RSVP or explanation to the Co-Facilitators will result in removal from the NHH PFAC

### **Recruitment, Selection and Orientation:**

1. Active recruitment of new Advisors will be undertaken when projects exceed the ability of the current Advisor complement to sustain and/or an Advisor completes her/his maximum term of service or resigns; prospective Advisors 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 advisor and invite prospective advisors to explain the experience/ attributes that make them a suitable candidate
3. Applicants 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 the Co-Facilitators and at least one Advisor
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, including the Co-Facilitators, 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 first the Quality and Safety Committee of the Board and, finally, the Board for final approval, to help ensure alignment with organizational goals.