



Patient and Family Advisory Council (PFAC)

Terms of Reference

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 [Year 1]: To integrate patient and/or family perspectives into NHH decision making through Patient and Family Advisor representation on selected quality and practice committees as well as ad hoc program and issue-specific opportunities across the organization, 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 based on the diversity of our community through their 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 will 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 take a phased approach to integrating Advisors into the hospital culture.
 - a. **Phase 1** would begin with a small number of advisors (8) to test approach, gather feedback, assess, evaluate financial/human resource impact (staff time, orientation/education materials, training, expenses) and adjust as necessary
 - b. **Phase 2** will, pending outcomes of Phase 1, and any direction from the Ministry of Health and Long-Term Care, seek to increase the number and involvement of patient/caregiver advisors, as appropriate, and as capacity permits OR review approach, and modify to better meet Council/organization needs
2. In Phase 1, all Advisors will attend quarterly meetings of the full Patient and Family Advisory Council. They will also participate in monthly Quality and Practice Committee (QPCs) meetings. In the case of some QPCs, meetings occur fewer than 12 months of the year.
3. In the case of QPCs, the Program Director/Manager associated with the program will act as the liaison or 'Committee buddy' to the Advisor assigned to that Committee
4. Two hospital staff members (the Director, Communications and Community Engagement 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 may be invited to participate on selected 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:

Phase 1

- 8 Patient and Family Advisors
- 2 Co-Facilitators: NHH Director, Communications and Community Engagement and Director, Quality and Safety
- Others (staff, physicians) may be invited on an ad hoc basis to attend quarterly Council meetings depending on topic for discussion

Phase 2

- TBD [following assessment of Year 1]

Process for Communication/Distribution of Information:

Quarterly and ad/hoc meetings

- Co-Facilitators will prepare/distribute agenda, minutes, and supporting documentation and support the Advisors should they have any questions prior/during/following the meetings
- 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

Quality and Practice Committee meetings

- NHH Admin 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
- Meetings will be scheduled as far in advance as possible, to permit appropriate notice for Advisors
- 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

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. As opportunities arise, there will be an open call for interest 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 inviting the prospective advisor to explain his/her 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 by the Co-Facilitators, per the same process used for the inaugural Council, with recommendations reviewed by the standing Council
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

Decision Making and Quorum

Decisions will be made through consensus of all 8 members, including the 2 staff, 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.