

Patient and Family Advisory Council **Charter**

Committee Name: Patient and Family Advisory Council

Prepared By: Director of Service Excellence

Date: April 19, 2018

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A Purpose of the Patient and Family Advisory Council

Primary Functions:

The Patient and Family Advisory Council (PFAC) proactively offers insight and recommendations on the development and/or refinement of programs, policies, and procedures. Information from this group will provide Renown Health with an enhanced understanding of how patients and family members experience safety, service, and quality care throughout the Renown Health care continuum.

Duties and Responsibilities:

The role of the PFAC is both interactive and consultative. Members will serve as the voice of the customer—Renown Health’s patients and families, which includes but is not limited to:

- Sharing experiences and/or issues concerning different functions of the health system;
- Assisting Renown Health employees to better understand patient and family needs/expectations;
- Recommend refinements to Renown Health operations, policies, and procedures;
- Review selected communication materials and provide input from the patient and family perspective—making them more understandable and user friendly;
- Review patient satisfaction survey results and makes recommendations for addressing concerns identified;
- Identify structural and cultural barriers to patients obtaining health care services and recommends strategies to overcome them;
- Act as a sounding board for new and existing services, policies, health related programs, communications, and business strategies;
- Identify issues and opportunities for Renown Health consideration; and
- Consider matters referred to them by the Quality and Patient Safety Committee (QPS).

B Patient and Family Advisory Council Composition

Committee Membership:

The PFAC consists of up to fifteen patients and family members and represents a cross-section of the families served by each Renown Health system. Membership opportunities will be marketed through regular communications to Renown Health patients, families and the community. Interested patient and/or family members will complete an application and formal interview prior to being considered for council membership. If selected, members are expected to complete a HIPAA Compliance form and Confidentiality Agreement.

Role of a Committee Member:

- Assist in the identification of issues and opportunities, which have the potential to improve Renown Health safety, service, and quality experiences that are aligned with the Renown Health strategic plan,
- Recommend solutions (or refinements) to programs, policies, communications, and/or business strategies that are more effective in meeting the needs of patients and families,
- Develop creative and cost-effective solutions to problems and challenges faced by the health system,

- Promoting respectful, effective partnerships between patients and families and health care providers and administrators, and
- Considering matters referred to them by the Hospital Quality Councils/Senior Management Teams.

Selection Process:

Potential committee members who express interest by completing the below application will be interviewed by a member of the Service Excellence team. During this interview, the Service Excellence team member will provide an overview of the council, and if selected, a brief orientation regarding what to expect during meetings.

Term and Attendance:

Members are expected to serve at least a 1 year term from their date of acceptance. There are no term limits.

Committee members are expected to attend 75% of meetings in a calendar year. If members do not meet this expectations and have not reached out to the chairs, they will be removed from the council.

C Patient and Family Advisory Council Meetings

Meeting Schedule and Process:

The Committee will meet monthly, with the exception of December. Meetings will be held at Renown Regional from 6-8pm. Dinner will be provided.

Meeting Agenda:

The agenda for each meeting will be sent out no later than 24 hours prior to the meeting. Written minutes will be taken at each meeting and sent out with the agenda for the following month’s meeting.

Performance Evaluation:

The PFAC will prepare a report and present to QPS at least once on an annual basis. This report will include a review and feedback of the council submitted by members.

D Application

Renown Health recognizes that patient-centered care is a vital component in delivering service excellence focusing on quality, safety, experience and value.

The Patient and Family Advisory Council (PFAC) will empower patients and families to take an active role at Renown Health and serve as a partner by participating in the co-design of quality improvement initiatives, policies, strategies and services.

The PFAC will provide a forum to create more meaningful programs to truly serve the needs of the community and to infuse a deeper understanding of the patient experience within all levels of the organization.

To be considered for membership, please complete the following:

_____ **First Name**

_____ **Last Name**

_____ **Street Address**

_____ **City, State, ZIP Code**

Email address

Best phone number to reach you

May we text you?

Yes No

Have you or a close family member used Renown Health services within the past 12 months?

Yes

No

Which Renown Health location(s) served you or your family member?

Please tell us why you would like to serve on the Patient and Family Advisory Council (PFAC).

What kind of issues would you like the PFAC address?

What special interests or experiences would you like to offer to the PFAC?

Is there anything else you'd like to share about yourself?

The PFAC meets one evening per month. Are you able to commit to attending monthly meetings for at least one year?

I understand that completion of this form does not imply membership on the PFAC. Renown Health will choose participants that best meet the needs of the program.

Signature _____ **Date** _____

Please mail or email this form to

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