Committee Name: Patient and Family Advisory Council

Prepared By: Director of Service Excellence

Date: April 19, 2018

Latest Revision: February 17, 2022

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).

Patient and Family Advisory Council Composition

Council Membership:
The PFAC consists of up to 15 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 Council 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.

**Council Chair:**
Council Chair will be selected by Council members and Service Excellence Team. The Chair will build the agendas with the Renown representative and be the liaison between the Renown Service Excellence Team. The Chair will work to establish the goals of the Council and ensure they align with Renown strategies. Additionally, the Chair will report findings and decisions to the Renown Service Excellence Team. The Chair will need to be an effective planner, confident presenter and diplomatic. They will be required to lead and facilitate conversations during meetings. This is a 1-year term.

**Council Vice Chair:**
The Council Vice Chair will work primarily to support the Chair. They will need to be in regular communication with the chair and be capable and available to fill in should the Chair not be able to attend a meeting. They must have great collaborative and facilitative skills. This is a 1-year term which transitions to Chair for another year, making it a 2-year Council leadership commitment.

**Council Scribe:**
The Council Scribe will assist the Chair and the Vice Chair with clerical responsibilities. They will take minutes and assist with the agenda on standard forms provided by Renown. This is a minimum of a 1-year term.

**Selection Process:**
Potential Council members who express interest by completing an application will be interviewed by a member of the Service Excellence team and a representative from the Council. 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. At minimum 70% of members will be patient and family advisors, reflecting diversity of community served. Within the 70%, members may not be former or current Renown employees.

A member from the Service Excellence Team will be Renown’s representation on the Council.

**Term and Attendance:**
Members are expected to serve at least a 1-year term from their date of acceptance. There is a three-year term limit for each member.

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

**Patient and Family Advisory Council Meetings**

**Meeting Schedule and Process:**
The Council will meet at least quarterly. Meetings will be held at Renown and/or via Microsoft Teams. The Council will decide the next meeting date and time at each meeting to ensure that a majority (51%) of current members can be in attendance.

**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 upcoming meeting.
Performance Evaluation:
The PFAC will prepare a report and present to Quality and Patient Safety Committee on an annual basis. This report will include PFAC accomplishments from the previous year.

Application (To be Moved Online)
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 at least quarterly, with the possibility of adding more meetings throughout the year. Are you able to commit to attending quarterly 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 _________________