

# Patient & Family Advisory Council



*Patients and Families*  
THE **Heart** OF **Care**

## Orientation Handbook

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## Message from the CEO

The Perth and Smiths Falls District Hospital is consistently evolving to meet the challenges of an ever-changing health care landscape while providing compassionate and high-quality patient and family centred care. The involvement and advice of our Patient and Family Advisory Council provides a perspective that allows PSFDH to create a collaborative environment for our patients and their families. Our organization prides itself in ensuring that all patients and families receive exceptional care and patient experience every time.

## Introduction

- Over the past few years, there has been a shift in health care, which has resulted in health care professionals working in partnership with patients and families to improve their outcomes and experiences at the point of care as well as at the organizational level.
- The Perth and Smith Falls District Hospital (PSFDH) established the Patient and Family Advisory Council (PFAC) in 2015, as part of the Ontario Health Family Advisor Network. [www.psfhdh.on.ca](http://www.psfhdh.on.ca)

## About our Patient & Family Advisory Council

At the heart of Patient and Family Centred Care at PSFDH is the Patient and Family Advisory Council (PFAC). Established in 2015, the Council serves in an advisory capacity, providing input to, and making recommendations on, matters that impact the experience of patients and their families at PSFDH. The role and the goal of the Council, shown below, are part of our Terms of Reference, which are attached in full. We are delighted to welcome you as a new member.

### The Role of the Council

The role of the Patient and Family Advisory Council (PFAC) at Perth and Smiths Falls District Hospital (PSFDH) is to identify current and future opportunities to improve the care experience for patients, family, caregivers and staff. By building a formal and structured partnership between Advisors and the organization, PSFDH will be able to better identify and integrate the patient care experience in its planning and activities.

### The Goal of the Council is to:

- Ensure the perspectives of patients, family members and/or their caregivers are always considered and incorporated in organizational activities; and,
- Listen to and learn from patients, family members and/or their caregivers to embed the patient voice throughout the organization.
- Check for clarity of message to patients and families as a goal of our council.

## **Our Commitment to Patient Centred Care**

The Perth and Smiths Falls District Hospital (PSFDH) is committed to providing Patient Centred quality care. PFAC is a method by which the senior leadership and staff engage with patients, family and caregivers, requesting their advice on the quality and delivery of care at PSFDH. This partnership is an important connection that is required to continually improve the patient experience

Patient Centred care is based on the belief that patients, their family and the healthcare team work together as partners to improve the patient experience and to achieve the best possible outcomes. Demonstrated respect for the patient/family, active listening to what is said, and patient and staff working together as a team are some of the key principles of Patient Centred care. It takes into account the patient's individual abilities, their needs, preferences and outcome goals.

## **Your Responsibilities as a Member of PFAC**

PFAC members collaborate, advocate and provide feedback and ideas in a positive manner for hospital signage, information booklets, new initiatives, programs, and relevant policies that enhance, ensure and embrace the model of high-quality Patient Centered care at PSFDH. Through these constructive discussions and shared perspectives, the patient experience can be improved over time.

### **Meetings**

The Council holds 10 scheduled meetings a year at a convenient time for members. It is expected that members attend at least two thirds of the scheduled meetings. Meetings often include an education component, such as a presentation by a staff member on a particular health care topic. Walkabouts of the Hospital to a particular department or unit will be included, when possible.

### **Working groups**

Working groups are established, from time to time, to deal with tasks such as reviewing draft forms or documents to ensure they are clear and concise by a patient or caregiver. Working groups use a consensus model to make changes, which are then sent back to the original authors.

## Hospital Committees

PFAC is represented on several hospital committees, and members are asked to join at least one. The Hospital committees are:

- Ethics
- Critical Care (Emergency Department and Intensive Care Unit)
- Diagnostic Imaging
- Obstetrics
- Baby Friendly Initiative
- Department Head
- Palliative Care
- Health Information Systems
- Medical Reconciliation
- Falls Prevention Committee
- Council of Inter-Professional Practice (CIPP)

The Board Committees are:

- Board Quality
- Finance
- Liaison

## What does PFAC not do?

PFAC does not take on the cases of specific patients, family members or special interest groups. It is important to remember that PFAC provides only advice and does not have the final say about how care is delivered. Fundraising activities are not expected.

Meetings also include sharing patient experiences. If members wish to talk about a particular patient's issue, members must have their permission, and present the information without identifying them.

## Resources

### The PFAC mini portal

This contains all PFAC documentation, including Minutes and Agendas. It also contains contact information for staff and volunteer advisors. The username and password were generated only for PFAC members. Advisors must not share their password, as the materials posted may be considered confidential. It also contains information such as:

- Map of the Hospital
- Emergency Code list
- Committee List (*also in Word*)
- PFAC Work plan

## **Working Environment**

Hospitals take the health, safety and security of everyone very seriously, and all members of PFAC have signed a confidentiality agreement. When members are on site for meetings, we ask that all members meet the expectations of the Hospital, listed below:

### **Identification**

As an advisor of the Perth & Smiths Falls District Hospital members will be provided with a badge that will allow members to enter the building and use the gated parking lots on both sites. This badge is a privilege and it is not to be shared with other individuals or used to access locations that are off limits. For PFAC visits, members must wear their badge at all times.

### **Cell Phone Usage**

Cellphones are permitted within the hospital however, members cannot not use their cell phone for taking photographs, videos or any voice recordings, due to the privacy rights of our patients and staff. Cell phone users must also respect their surroundings and the people around them. It is asked that all cell phone users keep their voices and ringers low.

### **Social Media**

We ask that members to not post anything on social media in relation to PFAC discussions, walkabouts or materials. This aligns with our confidentiality agreement.

### **Smoking**

If a member requires a smoke break during a meeting, please leave the hospital property. All hospital buildings and property, including parking lots, are completely smoke free, including cigarettes, pipes, cigars, e-cigarettes, vaping and cannabis.

### **Scent Policy**

PSFDH has a no-scent policy. When on site for meetings or appointments we ask that, in consideration of others who may suffer from chemical sensitivities and/or allergies, members should refrain from wearing scented products such as perfumes, colognes, hairspray, creams or aftershave when at either site of the Hospital.

### **Accessibility/accommodations**

Any member requiring accommodations to fully participate in PFAC activities, please express your request to the Council chair. The Chair with your help will pass the concern on to the Senior Leadership of the hospital.

**We hope this orientation handbook has provided a thorough overview of what our Patient & Family Advisory Council does and what is expected.**

## **Patient and Family Advisory Council (PFAC)**

### **Terms of Reference**

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#### **Accountability:**

The PFAC reports to the President and CEO, the VP of Clinical Services/CNE and the various hospital and board committees PFAC members will participate on. The PFAC will maintain Council membership eligibility criteria and council expectations as outlined in Appendix B.

#### **The Role of the Council**

The role of the Patient and Family Advisory Council (PFAC) at Perth and Smiths Falls District Hospital (PSFDH) is to identify current and future opportunities to improve the care experience for patients, family, caregivers and staff. By building a formal and structured partnership between Advisors and the organization, PSFDH will be able to better identify and integrate the patient care experience in its planning and activities.

#### **The Goal of the Council is to:**

- Ensure the perspectives of patients, family members and/or their caregivers are always considered and incorporated in organizational activities; and,
- Listen to and learn from patients, family members and/or their caregivers to embed the patient voice throughout the organization.
- Check for clarity of message to patients and families as a goal of our council.

#### **Membership and Term (See Appendices A & B):**

PFAC will be comprised of between eight to ten (8-10) patients, family members of patients, and/or caregivers of patients who have received services from PSFDH. These members will act as Advisors to PSFDH. Members will be invited to join the Council by the Chair and the President and CEO. PFAC will strive to have a diverse representation of the catchment area.

The term for PFAC members is two years, renewable by mutual consent for a maximum of four (4) terms (eight years) upon review of participation collaboration by the PFAC council. A member's term may be extended beyond the four (4) terms (eight years) at the discretion of the council and with consideration of current recruitment status.

PFAC will also include; the Manager of Professional Practice, the Manager of Privacy and Patient Relations, Administrative Assistant, VP of Clinical Services/CNE and the President and CEO. PFAC will also include up to two staff positions (ideally one staff member from the Smiths Falls Site and one staff member from the GWM Site). Hospital members will remain non-voting members and will serve as resources to the council.

If a member at any time feels they are unable to serve on PFAC, said member must communicate in writing to the Co-Chairs and an exit interview will be offered.

If at any time during the term, in the opinion of the Chair and Co-Chair, a member is not adhering to the goals, eligibility criteria and commitment expectations of the council, they will be asked to discontinue their involvement with the group.

### **Membership Selection:**

Candidates must apply for PFAC membership. The application will be reviewed by the Co-Chairs and the interview team to determine eligibility. The successful candidate will then be asked to join the PFAC team. Please refer to Appendix D - PFAC Member Selection Process.

### **Chairs:**

- The Chair will be renewed and/or a new Chair will be appointed at the June PFAC meeting on an annual basis.
- The Co-Chair will be the VP of Clinical Services/CNE

### **Meetings:**

Meetings are held at least 10 times a year. The meetings will be held in-person, when possible, or via zoom and/or teleconference. ADHOC Meetings will be scheduled at the call of the chair.

### **Quorum:**

The meeting shall take place if there is 50% + 1 representation from the voting council members and the presence of one member of the Senior Management Team.

### **Communication and Reporting:**

PFAC activities shall be reported to the various Committees PFAC members sit on – See Appendix C. The PFAC will produce and present an annual report at the Hospital's Annual General Meeting.

## **Appendix A – Members and Their Duties**

Chair (PFAC member), Co-chair (Senior Leadership), Vice- chair (PFAC member)

### *Chair:*

- Presides over all meetings
- Works with the help of the co-chair to develop and finalize the agenda
- Invites guest speakers

### *Co-Chair:*

- In the event of the Chair's absence, will preside over the meeting
- Undertakes any tasks at the request of the Chair
- Assists and works closely with the Chair
- Will arrange for staff to provide extra information on certain topics (if needed)

### *Vice-Chair:*

- In the event of the Chair's absence, the vice-chair will assist the Co-chair
- Assists the Chair and Co-Chair

### *Administrative Assistant:*

- Records the minutes of each meeting
- Keeps the minutes as a permanent record
- Informs the members of the next meeting
- Gathers information prior to the next meeting
- Completes scorecard of activities completed
- Assists in the creation of the PFAC Annual Work Plan
- Is a Hospital appointed position

## Appendix B – Eligibility Criteria and Commitment Expectations

To qualify and maintain membership, a person must:

- ✓ Have a strong interest in health care policy and a willingness to learn about how it impacts our community;
- ✓ Have a sound knowledge of the community in which he or she resides;
- ✓ Be at least eighteen (18) years of age;
- ✓ Be a resident of the catchment area for at least three (3) months preceding the application for membership or work in the catchment area of PSFDH;
- ✓ Be retired and/or not working, for a minimum of one year from any of the of the following list of positions to qualify for PFAC membership:
- ✓ A previous employee of the corporation;
- ✓ Adhere to the Mission, Vision and Values that PSFDH holds;
- ✓ Support our Strategic Plan and Operational goals;
- ✓ Sign and maintain the expectations of the PSFDH's Confidentiality Agreement;
- ✓ Sign and adhere to the conditions of PSFDH's Code of Conduct;
- ✓ Follow appropriate policies;
- ✓ Attend a Board/New Member Orientation session within the first year of membership;
- ✓ Provide a Criminal Reference Check Vulnerable Sector upon commencing membership; and submit an Annual Offence Declaration
- ✓ Follow the needs of the PSFDH hospital vaccination
- ✓ Attend a minimum of two-thirds (2/3) of the regularly scheduled PFAC meetings

## Appendix C – PFAC Member Selection Process

Action	Responsibility	Timeline	Required Action
Application Received	Designated PFAC Member		Date of receipt of application documented
Interview Committee Established	Chair of PFAC	Within 15 Business Days of Receipt of Application	Interview Team chosen from members of PFAC
Schedule Interview With Candidate	Admin Support of PFAC		Candidate informed of date and format for interview
Interview Completed	Interview Team	Within 15 Business Days of Scheduled Interview	All notes and questions to be stored for future reference if required
Reference Check Permission Signed by Candidate	Candidate		Reference Check forms completed
All Interview Documentation collected and given to HR.	Hospital Rep on interview Team		
Reference Checks Contacted	Hospital Rep on Interview Team		
Candidate Made Aware of Committee's Decision	Senior Hospital Leadership Member responsible for PFAC		Candidate made aware by desired method of communication
Debrief of Process	Interview Team	Within 10 Business Days after Scheduled Interview	
Candidate Submits Required Forms (Vaccine, Vulnerable Sector Check, Confidentiality)	Candidate		
Candidate Sent Orientation Package and Welcomed to PFAC	Admin Support for PFAC Chair of PFAC	Within 5 Business Days of Completion of Required Paperwork	Candidate's name added to distribution list

## Appendix D – PFAC Membership

### Council Membership

The Patient and Family Advisory Council (PFAC) is composed of Patients and Family members from the Perth & Smiths Falls Community and the Perth & Smiths Falls District Hospital Staff.

The council likes to maintain eight to ten advisors from the Community at all times.

#### Current Members

First Name	Last Name	Title
Cindy	Coutts	Health Information, Patient Registration, Patient Relations & Privacy, Manager,
Chelsea	Rustan	Administrative Assistant
Don	Farrow	Patient & Family Advisor
Dorothy	Thomson	Patient & Family Advisor
Flora	Knight	Patient & Family Advisor
Hilary	Barrett	Patient & Family Advisor
Homayra	Mostamandi	Senior Manager of Quality and Professional Practice
Jackie	Lord	Patient & Family Advisor
Michael	Cohen	President & CEO
Nancy	Shaw	VP Clinical Services/CNE
Sue	Turnbull	Patient & Family Advisor



If you have further questions please contact:

[Chelsea.rustan@psfdh.on.ca](mailto:Chelsea.rustan@psfdh.on.ca)

We look forward to having you join our  
Patient & Family Advisory Council.

2022

