

# Patient & Family Advisory Council (PFAC)



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

## Orientation Handbook

## Table of Contents

Topic	Page
Message from the CEO and the PFAC Chair	3
Introduction	3
About Our Patient and Family Advisory Council (PFAC)	3-4
Our Commitment to Patient Centred Care	4
Your Responsibilities as a Member of PFAC	4-5
What does PFAC <u>NOT</u> do?	5
Working Environment	6

### APPENDICES

- Terms of Reference
- Appendix A – Members and Their Duties
- Appendix B – Eligibility Criteria and Commitment Expectations
- Appendix C – PFAC Membership

## Message from the CEO and the PFAC Chair

The Perth and Smiths Falls District Hospital (the “Hospital”, “PSFDH”) is a fully accredited acute care health care organization located on two state-of-the-art sites. The hospital is situated on Algonquin Territory in the heart of the Rideau Canal region and proudly provides health services to more than 75,000 people in the surrounding communities. The hospital delivers a broad range of acute and secondary services and programs such as emergency care, diagnostic imaging (CT scan and MRI services), obstetrics, general and specialty surgical services, dialysis as well as laboratory and infection control services.

At PSFDH, we are committed to evolving with the changing health care landscape while delivering compassionate, high-quality, patient- and family-centred care. A cornerstone of this commitment is co-design – working together with patients and families to shape the care experience.

Through the involvement and advice of our Patient & Family Advisory Council (PFAC), we gain invaluable perspectives that help us create a truly collaborative environment. This partnership ensures that the voices of patients and families are heard and reflected in the decisions that impact their care.

Our shared goal is simple: every patient, every family, every time – exceptional care and an outstanding experience.

### 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.
- 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 PFAC. The PFAC 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 PFAC at PSFDH is to identify current and future opportunities to improve the care experience for patients, families, 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.
- 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**

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 clarity and conciseness. 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:

- Accessibility (AODA)
- Council of Inter-Professional Practice (CIPP)
- Emergency Department Quality
- Ethics
- Falls Prevention
- Health Equity
- Leadership
- Lumeo
- Medical Quality Assurance
- Medication Reconciliation
- Palliative Care
- Space Management
- Transitions

The Board Committees are:

- Board of Directors
- Board Quality
- Communication and Development
- Finance

## **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.

## **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 PSFDH 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. PFAC members are encouraged to wear their hospital badge.

### **Cell Phone Usage:**

Cellphones are permitted within the hospital however, members cannot 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 recommended that all cell phone users keep their voices and ringers low.

### **Social Media:**

We ask that members not post any hospital/PFAC related information on social media platforms. 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 at the hospital 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 the Hospital.

### **Accessibility/Accommodations:**

Any member requiring accommodation 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.

## **Patient and Family Advisory Council (PFAC) Terms of Reference**

---

### **Accountability:**

The PFAC reports to the President and CEO.

PFAC members report at various hospital and board committees. PFAC will maintain Council membership eligibility criteria and council expectations as outlined in Appendix A.

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

The role of PFAC at Perth and Smiths Falls District Hospital (PSFDH) is to identify current and future opportunities to improve the care experience for patients, family and caregivers. 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 messaging 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 as well as a member of the Great War Memorial Hospital Auxiliary and a member of the Smiths Falls Community Hospital Auxiliary (these members will be appointed by the executives of the Auxiliaries). 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 a voluntary commitment of at least two years, renewable by mutual consent.

PFAC will also include:

- President and CEO
- VP Clinical Services/CHRO
- Chief Nursing Executive (CNE) Senior Manager of Quality (Infection Prevention & Control, Patient Flow, Medical Day Unit (KHSC Systemic Treatment/Oncology Satellite), Professional Practice, Externs, Liaison for KHSC Dialysis
- Manager of Privacy and Patient Relations
- Marketing & Communications Specialist
- Administrative Assistant

Hospital members will remain non-voting members and will serve as resources for 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 are to apply for PFAC membership to the Manager of Privacy and Patient Relations. The application will be reviewed by the Co-Chairs and the interview team to review their application. The successful candidate will then be asked to join the PFAC team.

**Chairs:**

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

**Meetings:**

Meetings are held at least 10 times a year. The meetings will be held in-person, when possible or via Teams. AD HOC 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. PFAC reports twice a year to Board Quality in a written report.

## **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 they reside;
- ✓ Be at least eighteen (18) years of age;
- ✓ Be a resident, volunteer or work of the catchment area;
- ✓ Meet the following requirements:
  - Support the Mission, Vision and Values, the Strategic Plan and Operational goals of the PSFDH
  - 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
  - Submit an Annual Offence Declaration
  - Complete AODA Training
  - Follow the PSFDH vaccination policy
  - Attend a minimum of two-thirds (2/3) of the regularly scheduled PFAC meetings and working groups

## Appendix C – PFAC Membership

PFAC is composed of Patients and Family members from the Perth & Smiths Falls Community and PSFDH staff.

The council likes to always maintain eight to ten (8-10) advisors from the Community.

### Current Members

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>
<b>Dorothy</b>	Thomson	Patient & Family Advisor
<b>Jackie</b>	Lord	Patient & Family Advisor
<b>Don</b>	Farrow	Patient & Family Advisor
<b>Flora</b>	Knight	Patient & Family Advisor
<b>Marlene</b>	Millar	Patient & Family Advisor
<b>Sue</b>	Turnbull	Patient & Family Advisor
<b>Margaret</b>	Litt	Patient & Family Advisor
<b>Michael</b>	Cohen	President & CEO
<b>Brian</b>	Smith	VP Clinical Services/CHRO
<b>Homayra</b>	Mostamandi	Senior Manager of Quality and Professional Practice
<b>Karen</b>	Kelly	Marketing and Communication Specialist
<b>Laura</b>	Henaghan	Administrative Assistant: VP Clinical Services/CHRO & VP Corporate Services & CFO



We hope this orientation handbook has provided a thorough overview of what our Patient & Family Advisory Council does and what is expected. If you have further questions, please contact: Cindy Coutts at [cindy.coutts@psfdh.on.ca](mailto:cindy.coutts@psfdh.on.ca)

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

January 2026