

Faulkner Hospital
Patient/Family Advisory Council- **Bylaws**

RATIONALE

As hospital leaders continue to improve health care quality and safety, they realize the increasing importance of including a perspective missing from the health care equation: the perspective of patients and families.

The experience of care, as perceived by the patient and family, is a key factor in health care quality and safety. Bringing the perspectives of patients and families directly into the planning, delivery, and evaluation of health care, and thereby improving quality and safety is the cornerstone for patient- and family-centered care.

PURPOSE

To meet the hospital mission of continuous quality improvement in the area of patient and family-centered care and to meet the recently issued Massachusetts Department of Public Health regulations requiring hospitals to establish a Patient & Family Advisory Council (Proposed Amendment to 105CMR 130.000 Hospital Licensure March 30, 2009)

The Faulkner Hospital's Patient/Family Advisory Council (PFAC):

- Will work in partnership with members of the interdisciplinary team to maintain, create and enhance an environment of patient, and significant others centered care.
- The PFAC will provide feedback regarding patient and significant others centered activities across all areas at Faulkner Hospital.
- The philosophy that will govern the work of the Council will be driven by the hospital's mission statement: "Excellence in patient care services delivered in a learning environment with dignity, compassion and respect."
- This partnership, discussions and decisions will drive activities designed to enhance the quality of the patient and significant other experience at Faulkner Hospital.

In addition to the goals above the PFAC at Faulkner Hospital has instituted the following Charter:

- Faulkner Hospital commits to working with patients and significant others and considers them to be partners and active participants with the members of the health care team.
- We resolve to treat all patients and significant others with dignity, compassion and respect. We commit to recognize and respect differences and preferences of patients and significant others with respect to culture, ethnicity and abilities when determining levels of care.
- To maintain the vitality of our commitments to patients and significant others, we recognize the importance of including patients and significant others in identifying, designing and improving hospital operations, policies and care delivery.

FUNCTION

The Patient & Family Advisory Council (hereafter known as “PFAC”) provides a forum for hospital patients, family members, community members and staff to “facilitate family and patient participation in hospital care and decision making, information sharing and policy and program development” (Mass DPH Proposed Amendment to 105CMR 130.000 Hospital Licensure March 30, 2009).

The PFAC proactively offers advice, information and recommendations on planning, policies, and procedures. Information from this group will provide FH leadership with an enhanced understanding of how to improve quality, program development, service excellence, communications, patient safety, facility design, patient and family education, staff orientation and education and patient/family satisfaction and loyalty.

SCOPE

The scope for the PFAC is feedback about improving hospital care for patients at our hospital. During the 2009-2010 year, the focus of the PFAC will be on Inpatient Care and we will highlight the work of Surgical Services, as a patient population that typically interfaces with all hospital departments

GOALS

The goals of the PFAC are to:

Faulkner Hospital’s Patient/Family Advisory Council (PFAC) will work in partnership with members of the interdisciplinary team to maintain, create and enhance an environment of patient, and significant others centered care. The PFAC will provide feedback regarding patient and significant others centered activities across all areas at Faulkner Hospital. The philosophy that will govern the work of the Council will be driven by the hospital’s mission statement: “Excellence in patient care services delivered in a learning environment with dignity, compassion and respect.” This partnership, discussions and decisions will drive activities designed to enhance the quality of the patient and significant other experience at Faulkner Hospital

OBJECTIVES

The objective of the PFAC is to support continuous quality improvement, communication and planning by:

1. Helping senior leadership to identify issues and opportunities which have the potential to improve health care and service in relation to one or more of the stated goals and strategic plan;
2. Recommending solutions (or refinements to existing) services, programs, policies, communications, and/or business strategies that are more effective in meeting the needs of patients and families;
3. Developing creative, cost-effective solutions to problems and challenges faced by the organization;
4. Promoting respectful, effective partnerships between patients and families and health care providers and administrators;

5. Considering matters referred to them by the Hospital Quality Councils/Senior Management Teams.

ORGANIZATIONAL STRUCTURE

The PFAC serves in an advice-giving capacity and reports to the Hospital Quality Council- S.E.A. Q. (Service Excellence and Quality Council). At least annually, the PFAC coordinator will report the progress of the PFAC to the Professional Services Committee of the Board..

ROLES AND RESPONSIBILITIES OF THE PFAC

The role of the PFAC is solely consultative. Members will be expected to serve as “the voice of the customer—our patients and families.” In this role, members help to “facilitate family and patient participation in hospital care and decision making, information sharing and policy and program development.”

Members proactively offer advice, information and recommendations on planning, policies, and procedures. Information from this group will provide leadership with an enhanced understanding of how to improve quality, program development, service excellence, communications, patient safety, facility design, patient and family education, staff orientation and education and patient/family satisfaction and loyalty.

Members may:

- Present how patients and families might feel and think about issues concerning quality, program development, service excellence, communications, patient safety, facility design, patient and family education, staff orientation and education and patient/family satisfaction and loyalty;
- Assist in developing a better understanding of patient and family needs and expectations;
- Recommend refinements to operations, policies and/or procedures;
- Reviews selected communication and education materials to help rewrite them 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 these;
- Act as a sounding board for new (existing) services, policies, health related programs, communications, and business strategies; and
- Identifies issues and opportunities for consideration;

- Considers matters referred to them by the Hospital Quality Council.

MEMBERSHIP OF THE PFAC-

Members will be solicited through regular communications to patients, families and the community. Potential members will complete a one –page application. Members will be screened, interviewed and are selected by each of the Hospital’s PFAC Co-chairs. The PFAC consists of up to fifteen patients, families and community members and represents a cross-section of the families served by each hospital. At least 50% of the PFAC members must be current or former patients or family members (Proposed Amendment to 105CMR 130.000 Hospital Licensure March 30, 2009).

SELECTION CRITERIA

Members will be selected based on the following criteria:

- Able to listen to differing opinions and share different points of view;
- Positive and supportive of the mission of the hospital;
- Share insights and information about their experiences in ways that others can learn from them;
- See beyond their personal experiences;
- Show concern for more than one issue or agenda;
- Respect diversity and the perspectives of others;
- Adhere to the operating principles of respect, trust, collaboration, communication and integrity;
- Speak comfortably in a group with candor;
- Interact well with many different kinds of people;
- Work in partnership with others;
- Diagnosis: Represent experiences from key service lines; Medicine, Surgery and Behavioral Health.
- Diversity: Represent the ethnic, racial, geographic diversity reflective of the patient population served at each hospital.

COMMITTEE CHAIR AND PARTICIPATION OF FH STAFF

The goal is to have a member of hospital administration co-chair the Committee with a patient or family member (Proposed Amendment to 105CMR 130.000 Hospital Licensure March 30, 2009). In this role, he/she:

- Communicates the purpose of the Committee;
- Communicates what the Committee is empowered to do;
- Presents adequate introduction of topic for discussion;
- Keeps meetings focused to prevent meetings from centering on personal agendas;
- Avoids unproductive discussions of things the organization cannot do anything about;
- Provides insight into the challenges facing the health care system and hospitals; and,
- Provides education and support.

Faulkner Hospital staff members will also serve on the PFAC. Other physicians and staff will attend as appropriate. Staff support may be provided by (not be limited to) the following:

- Director, Social Work
- Nurse Managers
- VP, Service Excellence (will act as Facilitator)

- Director, Patient Relations
- Chief Nursing Officer
- Chief of Surgery
- Director of Marketing and Public Affairs
- Assistant Vice President of Nursing/Inpatient Services

TERM

The PFAC member term is two years. The maximum term is two, two-year terms. Faulkner Hospital may, in its sole discretion, extend the maximum term of a committee member/s to insure rotating terms.

MEETING FREQUENCY

The Committee will meet at least four times per year. Meetings will be held at the sponsoring hospital at PFAC member convenient times. Dinner or refreshments will be provided. Additional accommodations will be made available if needed.

MINUTES

Written minutes of meetings are maintained in the Division of Service Excellence by Executive Assistant to the Vice President.

ANNUAL EVALUATION

An annual report of Committee work that includes the tangible measures of success will be prepared and included in the Annual SEAQ Council Report. This Annual PFAC report will be available on the hospital website. This Report will serve as the annual report for the PFAC, and will be filed with DPH (Proposed Amendment to 105CMR 130.000 Hospital Licensure March 30, 2009).

CONFIDENTIALITY AGREEMENT

PFAC members are required to annually to sign a confidentiality agreement. **(See attached)**

RESIGNATION

A PFAC member may resign at any time by providing written notice of resignation to the co-chairs. Any such resignation shall take effect at the time specified by the member.

SIGNATURE/APPROVAL PAGE

The 2009 Patient & Family Advisory Council guidelines have been reviewed and approved:

SIGNATURE ON FILE ON ORIGINAL

David J. Trull,
President, Faulkner Hospital

List of Works Cited

Institute for Family-Centered Care. Advancing the Practice of Patient- and Family-Centered Care How to Get Started, www.familycenteredcare.org. 2009.

Commonwealth of Massachusetts, Department of Public Health. Notice of Public Hearings on Proposed Amendments to Regulations Entitled Hospital Licensure Regulations (105 CMR 130.0000) and Licensure of Clinics. March 30, 2009.

Commonwealth of Massachusetts, Department of Public Health. DPH Update-Regulatory Changes Related to Chapter 305 Implementation, Feb. 2009.

Health New England. 2009 Member Advisory Program Description. 2008.