

# PATIENT AND FAMILY ADVISORY COUNCIL



### **OUR MISSION**

To provide exceptional healthcare services in a safe and trustful environment, through the expertise, commitment and compassion of our team of caregivers.

### **OUR VISION**

Safe, reliable, high-quality care of every patient, every day.

### **OUR VALUES**

Compassion Citizenship Integrity Service Excellence Commitment

# WHAT IS A PATIENT AND FAMILY ADVISORY COUNCIL?

A Patient and Family Advisory Council (PFAC) partners patients and families with members of the healthcare team to provide guidance on how to improve the patient and family experience. Patient and family advisors, representing the collective voice of all patients and families, will collaborate with Central Maine Healthcare to achieve its goal of providing the highest quality patient-centered care to every patient, every time. This partnership seeks to better understand the patient and family experience in an effort to prioritize and improve comprehensive and compassionate patient and family-centered healthcare.



The vision of each Central Maine Healthcare Patient and Family Advisory Council (PFAC) is to achieve a level of care where patient and family involvement is welcomed and optimized. The goal of the partnership is to implement solutions for delivering care that is safe, equitable, effective, efficient, timely, and patient and family-centered.

Some of our patient and family advisors will serve on hospital and quality committees to ensure that the consumer's point of view, perspective, and experience are not only heard, but also integrated into the service and quality improvements that are engineered to ensure high-quality, patient-centered care.

### **OUR SERVICE STANDARDS**

- 1. I am creating a welcoming, caring, and nonjudgmental environment
- 2. I am actively listening and seeking information
- 3. I am honest, truthful, and consistent
- **4.** I am respectful, treating all individuals with dignity and empathy
- **5.** I am **serving as a role model**, taking both **initiative and ownership** when appropriate
- 6. I am working collaboratively and demonstrating teamwork
- 7. I am resilient and adapt to change in positive ways



### WHAT YOU MIGHT DO DURING A PFAC MEETING?

- Share your healthcare experience with other advisors and CMH team members.
- Participate in group discussions to talk about ideas for how CMH can improve its care, quality, safety, and services.
- Provide insight from the patient and family perspective about CMH's policies, care practices, and patient education materials.
- Identify patient and family needs and concerns.
- Serve on subcommittees and quality workgroups to help bring the patient and family perspective to these efforts.
- Encourage and support patient-centered care across the system.

# COUNCIL MEMBERS

#### PFAC Advisor - Community Member

• Can be a patient/guardian/family member/significant other of a patient

#### PFAC Liaison - Staff Member

• System employees who are assigned the responsibility of providing the link in communication between the health system and PFAC

#### **Executive Sponsor**

- A senior leader of the organization
- Helps to motivate and guide the PFACs efforts

#### Co-chairpersons (2)

- Shall consist of one PFAC Advisor and one PFAC Liaison
- Call and preside over all PFAC meetings
- Be the official spokespersons for the PFAC council
- Keep members informed of pertinent information affecting the council
- Provide overall direction of all PFAC activities
- Be responsible for welcoming new members

#### Secretary

- Record minutes of all meetings
- Assist council with correspondence
- Assist co-chair(s) with preparation of reports
- Maintain and update membership list
- Track attendance
- Email reminders prior to meeting

#### Membership Committee

• A team of advisors and liaisons who will meet with prospective members through a meet and greet opportunity and share back with the full council membership to determine if the prospective member would make a good fit for the council.

All members have voting privileges.



## COUNCIL STRUCTURE

#### Membership size: 10-15 members

The Council shall strive to create a membership that reflects the diversity of the CMH patient population in terms of medical diagnoses, gender, geographic area, and cultural diversity.

#### Ratio of Advisor/Liaison:

No fewer than 2:1 advisors to liaison

#### Responsibilities - Each Patient and Family Advisory Council Member shall:

• Actively participate to achieve the council's purpose.



- Represent the CMH mission/vision/values and service standards.
- Be proactive in driving improvement and bring creative ideas for change rather than focusing on what is not working.
- Utilize open communication and willingness to offer both positive and negative comments in a respectful way.
- Be honest.
- Commit that the meeting is a safe space.
- Offer goal and outcome-oriented feedback.
- Be respectful of the unique background and perspective of each individual member.
- Complete Volunteer Services orientation and yearly competencies as required by the organization.
- Share personal experiences, stories, observations and opinions as a patient or family member.
- Reach out broadly and listen to other patients, families, staff and community members as opportunities arise.
- Work effectively with other patients and families in identifying, promoting, and ensuring a focus on creating the ideal patient experience.
- Review materials provided prior to each meeting and be prepared to provide input during the meeting (each member is expected to attend all meetings or notify the team leader if unable to attend).
- Follow all privacy requirements according to state and federal law (see HIPAA).

# ORIENTATION AND TRAINING

All selected patient and family applicants will receive volunteer orientation and training on applicable hospital regulatory and privacy issues.

#### Volunteer Services - Basic On-boarding Process

- 1. Prospective volunteer fills out CMH Volunteer Application and returns it to Volunteer Services via:
  - Drop off at Hospital Information Desk in a sealed envelope addressed to Volunteer Services
  - Mail to Volunteer Services at: CMH Volunteer Services - 300 Main Street, Lewiston, ME 04240
  - Email to Volunteer Services at: <u>volunteering@cmhc.org</u>, but bring originals to initial in-person meeting
- 2. Volunteer will receive a phone or email communication from Volunteer Services to acknowledge receipt of application and to schedule an in-person interview. (30 to 45 Minutes)
- 3. In-person interview and further on-boarding paperwork
  - a. Sign Confidentiality Forms.
  - b. Sign Non-Impairment Agreement.
  - c. Sign Council Volunteer Duty Description.
  - d. Volunteer receives Occupational Health & Wellness information to make an appointment for a medical assessment. A blood draw may be required, and all volunteers are required to have a flu shot yearly (at no cost to volunteer).
  - e. Volunteer is given a Badge Application Form to fill out and return at their badge appointment, once cleared.
- 4. Two personal reference checks will be made by Volunteer Services staff. (3 Attempts to reach references will be made.)
- 5. Background check will be initiated by Volunteer Services; volunteer will confirm approval via an email communication with the background check company.
- 6. After volunteer visits Occupational Health & Wellness, a clearance form will be sent to Volunteer Services.
- 7. Once a volunteer is fully cleared as noted above, the following will occur:
  - a. Volunteer & Council Representative to Volunteer Services will receive a Volunteer Placement Form
  - b. Volunteer will be asked to attend a "New Employee Orientation" to receive general hospital information
  - c. Volunteer will schedule their "Day 1" with the council representative, who will handle any specific "hands-on" training, if needed.
- 8. All volunteers will be placed on the Volunteer Services' electronic follow-up communications lists to be updated with news, activities, and celebrations of Volunteer Services.

# CONFIDENTIALITY

PFAC members must not discuss any personal or confidential information revealed during a council meeting outside of those sessions. Council members must adhere to all applicable HIPAA standards and guidelines. If a member violates these guidelines, a staff member will remind them of the guidelines. Repeated violations may result in re-evaluation of membership status.

### PFAC MEETINGS

Meetings will be held bi-monthly (every other month) on a day and time that best meets the schedules of members. Each meeting will be 1.5-2 hours in length.

**Agenda:** Meeting agenda will be set by the designated member and distributed to the membership prior to each session.

**Meeting Minutes:** The designated member will distribute the minutes in a timely manner to all PFAC staff and patient/family members. Council minutes will be retained for a minimum of five years.

Attendance: It is expected that the members of the council will make every attempt to attend every session during their term. Participation will provide the most effective meeting and make the most impact on the patient experience at Central Maine Healthcare. Attempts can be made to accommodate teleconference call arrangements if necessary. If a member is not able to make one or more sessions, notification to a staff member as soon as possible is expected in order to make any needed adjustments prior to the group meeting.

Inclement Weather: Council meetings will be canceled if travel becomes unsafe.

**Termination**: The chair and co-chair of the PFAC reserve the right to dismiss any member who is not compliant with the bylaws and guidelines of the PFAC.





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