



PATIENT AND FAMILY ADVISORY COUNCIL

Terms of Reference

Vision

Families and patients are partners with their health care providers and are engaged in all aspects of their health care.

Mandate

The mandate of the Peterborough Family Health Team (PFHT) Patient and Family Advisory Council (PFAC) is to improve patient care experiences at PFHT. The council serves in an advisory capacity, making recommendations on matters that impact the experience of patients and families at PFHT.

The PFAC brings together individuals with a variety of experiences with PFHT:

- To provide feedback on, and ideas for, initiatives and programs that enhance, ensure and embrace the model of patient-centred care;
- To be a collaborative, positive and rational force for the enhancement of high-quality patient-centred care at PFHT; and
- To advance patient engagement and patient-centred care principles and practices at PFHT.
- To participate in and contribute to the annual development of the Quality Improvement Plan (QIP)

Accountability

The Patient and Family Advisory Council reports to the Board of Directors of PFHT. Information shared at the PFAC must be kept strictly confidential.

Membership

- Members of the PFAC must be a patient and/or caregiver of PFHT and cannot be a family member of any of the physicians or employees of PFHT. We will strive to have representation from each of the five Family Health Organizations (FHO) associated with PFHT.
- A diverse representation of members will be encouraged
- Executive Director (co-chair)
- Operations Assistant - secretary

Membership Selection

Candidates must complete an application form to apply for general membership on the Council. The application will be reviewed by the Chair(s) to determine fit, using a non-biased selection tool. All applicants will be notified of the decision. FHO Clinicians can recommend patients and/or family members apply that they feel would be a positive advocate for primary care.

Terms

Each member will commit to a term of two years. Members can continue to stay on the PFAC after their term is complete should there be room to do so. Council will ask for new members at the end of each calendar year, with the intent to have no more than 8 members at one time. Those wishing to remain will formally submit a letter to the chair indicating their desire to remain on the council. The selection process will be utilized to determine if there is capacity. Members may opt to exit the council after a one year term if deemed appropriate. Patient and family advocates that are not meeting the mandate of the committee may be asked to relinquish their spot on the council, if their behaviour is found to be disruptive to the Council.

Chair/Patient Voice Advocate (Co-Chair)

The Chair of the PFAC will commence with PFHT's Executive Director with the intent to appoint a Patient Voice Advocate (Co-Chair) in the 2017 calendar year that is a representative member from PFAC to the PFHT Board of Directors.

The role of the Patient Voice Advocate is to manage the meeting in a way that encourages open, honest and respectful dialogue among the members, to ensure that the purpose of the PFAC is fulfilled through the PFAC meetings, to assist in the orientation and introduction of new members to the PFAC, to collaborate with staff members to organize the agenda for each meeting and to represent the PFAC at PFHT Board of Director's meetings and other opportunities as required.

Meeting Frequency

The PFAC shall meet quarterly at the call of the Chair/Co-Chair. A proposed meeting schedule will be presented at the last meeting of the calendar year for the next year. Meetings will be held at 185 King St., Suite 500 and a light lunch/dinner will be served if it falls over the lunch/dinner hour. Ad-hoc meetings may be proposed to the PFAC as needed.

If a PFAC member is absent for more than three consecutive meetings they will be contacted by the Chair or designate to determine their commitment to continue or intent to resign.

Recorder/Minutes/Agenda

Recording and distribution of meeting minutes is the responsibility of the PFHT Secretary. Minutes shall be distributed within 10 working days after each meeting. The agenda for upcoming meetings will be distributed preferably at least seven business days before each meeting.

Communication and Reporting

The Patient Voice Advocate is a voting member of the Board and will have the opportunity to ensure that the patient remains at the core of our decision making. The PFAC can also opt to invite a member of the Board to their meeting if deemed appropriate.

Quorum

The Chair will determine if there is a sufficient attendance to conduct the meeting.

Decision Making

Consensus decision making is preferred and voting can be conducted to determine level of consensus.

Rules of the Road:***Behaviours***

- Have FUN!
- Ensure equal “air time”
- Listen then speak – do not interrupt
- Ask questions to seek clarification and to ensure sufficient dialogue
- Turn phones off or to vibrate/ok to glance at
- Invite different viewpoints
- Do not use acronyms
- Demonstrate mutual respect - no personal attacks
- Start and end meetings on time

Principles

- Recognize own assumptions and help other to surface theirs
- Give voice to the “undiscussables”
- Agree to have a “parking lot” for some items, discussion, etc.
- Maintain confidentiality when requested
- Be open to innovation/seek best practices everywhere
- Share personal experiences only in ways that others can learn from them
- Always strive to be the best, improve outcomes and reduce pain and suffering

Council Purpose

- Be ambassadors and champions for PFHT in the community
- Link every effort to fostering and delivering a higher quality patient care delivery model