



Patient and Family Advisory Council (PFAC) Terms of Reference

Vision:

To influence and be a part of decision making throughout Northumberland Hills Hospital (NHH), in a manner that reflects NHH's core values of integrity, quality, respect, compassion and teamwork, for the purpose of continuously improving the experience of individuals who receive care at NHH and their families.

Purpose:

To integrate patient and/or family perspectives into NHH decision-making through the inclusion of Patient and Family Advisory Council Partners on Quality and Practice Committees as well as selected program and project-specific opportunities across the organization and, as appropriate, the Ontario Health Team of Northumberland, continuously learning together as we go and adjusting our approach as required.

Background:

Northumberland Hills Hospital (NHH) is committed to actively engaging the community it serves through a variety of methods for the purpose of sharing information and exchanging ideas to develop and/or improve policies, programs, practices and, ultimately, experience.

Engagement at NHH includes many strategies, to reasonably reflect all segments of the community we serve.

Established December, 2016, Northumberland Hills Hospital's Patient and Family Advisory Council (PFAC) is a key channel through which patients, family members and caregivers may contribute to the continuous improvement of the hospital experience.

Together and as individuals, the Council members bring a richness of perspectives informed by age, identity, background, culture and their own patient/family health service experiences.

Guiding Principles:

Five key principles guide our work together.

1. Respecting and honouring the beliefs of patients, families and caregivers.
2. Collaborative engagement and partnership with patients, families and caregivers. Excellent communication for shared decision-making with patients, families and caregivers.
3. Holistic care with patients, families and caregivers.
4. Empathetic relationship with patients, families and caregivers.

Accountability:

The Council reports a minimum of twice per year to the Quality and Safety Committee of the NHH Board. Board Reports are co-designed and delivered by the PFAC Chair or a representative selected by the Council. Board reporting is supported by the Vice President, Patient Experience, Public Affairs and Strategic Partnerships, as required. In addition, PFAC reporting/information will be co-designed and included in key public communication channels, namely: the hospital website and the Annual Report to the Community.

Integrating Patient and Family Advisory Council Partners into Northumberland Hills Hospital Culture

1. Building on our previous work together. NHH will continue to integrate PFAC Partners into the hospital culture by ensuring PFAC Partner representation at a range of tables, and through a mix of group and individual activity.
2. All Partners will attend (together) bi-monthly meetings of the full Patient and Family Advisory Council. Each Partner will also participate in at least one monthly (or less frequently, as required) Quality and Practice Committee (QPC) meeting, best practice working groups, individual department assignment or project (e.g. Human Resources), with assignments aligned to Partners' stated areas of experience/interest.
3. In the case of QPCs, and supported by the Program Administrative Assistant/Patient Services, the Program Director/Manager associated with the program will act as the liaison or 'Buddy' to the Partner assigned to that Committee, while Buddies for individual department assignments and ad hoc projects will be assigned as appropriate; Buddies will be welcomed at all quarterly meetings, with the expectation that they make every effort to attend a minimum of two per annum. NHH's Vice President, Patient Experience, Public Affairs and Strategic Partnerships will act as the primary resource for the Partners with support from the Program Administrative Assistant, Patient Services/QPCs, and designated Program Directors/Managers (e.g. Quality, Safety and Risk) as appropriate.
5. Through the course of each year, and in alignment with the hospital's Strategic Priorities, Partners will be invited to participate on a variety of ad hoc projects dealing with special topics or initiatives – attendance will not be required, but encouraged on

an 'as available' basis, with an effort made to balance participation as much as possible across the full Patient and Family Advisory Council.

6. Finally, PFAC Partners have the opportunity to bring forward recommendations for PFAC engagement through the Chair and/or Vice President, Patient Experience, Public Affairs and Strategic Partnerships.

Membership of Council:

- 8-12 Patient and Family Partners, representing all core care services of the hospital
- 1 PFAC Chair (appointed by PFAC Partners)

Process for Communication/Distribution of Information:

Bi-Monthly Meetings

- With support from the Program Admin. Assistant, Patient Services/QPCs, and input from the Vice President, Patient Experience, Public Affairs and Strategic Partnerships, the PFAC Chair will ensure preparation/distribution of draft agendas, minutes, and supporting documentation and, with the Vice President, support PFAC Partners should they have questions prior/during/following the meetings.
- Educational presentations will be coordinated as possible for each bi-monthly meeting, to support continuous education.
- Meetings will be scheduled as far in advance as possible, to permit appropriate notice for Partners.
- Meeting materials, particularly background reading, will be shared in advance, to permit adequate time for review.
- PFAC Partners requiring special accommodations (e.g. printed documentation, vs. electronic) will be supported on an as-needed basis.
- Both virtual and in-person meetings will be conducted, with hybrid options supported as possible/appropriate.

Quality and Practice Committee meetings

- The Program Admin. Assistant, Patient Services will distribute agendas, minutes and supporting documentation to each Partner specific to their particular Committee responsibilities.
- Meetings will follow the existing schedule of the QPCs.
- Partners will receive notice of meetings as far in advance as possible, to permit appropriate notice.
- The Program Director/Manager associated with the QPC program will support the Partner assigned to that Committee should they have any questions prior/during/following the meeting.
- Permanent space on each QPC agenda will be dedicated for PFAC input.

Term and Expectations:

- PFAC Partners will make a commitment to serve for a minimum of one year and a maximum of three*
- Bi-monthly meetings of the full Patient and Family Advisory Council will be held a minimum of 6.
times per year for approximately 2 hours, with Activity Tracking reports submitted in advance to support reporting of activity and measurement of impact.
- Attendance at a minimum of 75 per cent of meetings is expected, unless extenuating circumstances arise; in the event this occurs, individual PFAC partners are expected to contact the Chair and/or Vice President, Patient Experience as soon as possible to discuss.
- Failure to attend three (3) consecutive meetings with no RSVP or explanation to the PFAC Chair or Vice President, Patient Experience, will result in removal from the NHH PFAC.

Recruitment, Selection and Orientation:

1. In addition to continuous passive recruitment via the hospital website, active recruitment of new PFAC Partners will be undertaken when projects exceed the ability of the current PFAC complement to sustain and/or a PFAC Partner completes her/his maximum term of service or resigns; prospective PFAC Partners will also be welcome to submit expressions of interest for consideration in future opportunities via the Patient and Family Advisory Council pages on nhh.ca.
2. As specific opportunities arise, there will be an open call for interest (per past practice) to the west Northumberland community via all NHH communication channels, i.e. web, social media, local news media, newsletter and hospital information boards.
3. Documentation will describe the role, responsibilities and desired attributes of an NHH Patient/Family Partner and invite prospective PFAC Partners to explain the experience/attributes that make them a suitable candidate.
4. Applicants, excluding designated youth representatives, must be over the age of 18 and have experience in the past three years as a patient of NHH or the family member/caregiver of one who has been a patient at NHH in that timeframe.
5. Expressions of interest will be collected from those interested.
6. All applicants will be interviewed and selected by a recruitment sub-committee comprised of at least one PFAC representative, the Vice President, Patient Experience and the appropriate Buddy.
7. Successful candidates will be matched as opportunities arise; those who are not successful will be notified in writing.
8. General and specific orientation will be provided for each new PFAC Partner and refreshed as required.

Decision-Making and Quorum

Decisions will be made through consensus of all PFAC Partners, whenever possible. If unable to achieve consensus on an issue that requires a decision, a majority of 50% plus one will be used. Quorum is 50% plus one of all Partners/Members, including hospital staff.

Review of Terms of Reference

The Terms of Reference will be reviewed annually by the PFAC Partner membership. Upon approval from the PFAC the Terms will be brought forward to the Senior Leadership Team for final approval, to ensure alignment with organizational priorities.

**Special accommodation has been made through the COVID-19 pandemic to sustain PFAC participation beyond the three-year maximum term*