



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

### **I. PURPOSE**

Queensway Carleton Hospital (QCH) embraces the need for a patient and family-centered approach to health care and prioritizes the development of support systems to enhance the delivery of health care services for our patients and their families.

The Patient and Family Advisory Council (PFAC) provides advice to hospital leaders to improve the hospital experience for patients and other users of the QCH facilities and services. In collaboration with the leadership team and with the knowledge and support of the Board, PFAC ensures the patient and family voice is embedded in the planning, delivery, and evaluation of services at QCH.

### **II. PFAC FUNCTIONS**

1. Respond to requests to participate in committees, project teams, task forces, and working groups in order to enhance the patient-family experiences.
2. Provide input into education and, program development at the corporate, program/department or unit level.
3. Provide feedback and advice on items referred to PFAC, including policies, procedures, care practices, materials and communication strategies.
4. Participate, when requested, on panel-based interviews for hiring of QCH staff.
5. Participate in the annual development and review of the hospital's Quality Improvement Plan.
6. Provide the hospital leadership team and the Board with an annual report outlining PFAC's work.

### **III. REPORTING**

1. As an advisory volunteer committee, PFAC reports to Queensway Carleton Hospital's Chief Executive Officer (CEO) through the Director of Quality, Patient Safety, Patient Relations, and Risk Management.
2. PFAC activities are reported to the CEO and Quality Council through annual reports by the PFAC Chair and/or the Patient Relations Ombudsman as appropriate. These annual reports are shared with the Quality and Patient Safety Committee of the Board.
3. Communications and reporting between PFAC and the Board is the responsibility of both the Board's representative and PFAC's representative on the Board's Patient Care & Safety Committee.

### **IV. PFAC MEMBERSHIP**

The PFAC membership consists of advisory volunteer members, QCH staff members and a Board representative.



1. Advisory Volunteer members (up to 15 people):
  - a. are engaged to reflect the *diversity* of the community QCH serves.
  - b. are recruited from among patients, family members and caregivers who have received care/services at QCH.
  - c. are interviewed by a panel including the PFAC Chair, the Vice Chair, and the Patient Relations Ombudsman, through an application and interview process.
  - d. can only be one member of a family at a time to serve as a QCH PFAC member.
  - e. cannot concurrently serve on another PFAC hospital organization within the Champlain region.
2. QCH staff members appointed to PFAC represent a cross-section of the hospital and include term and ex-officio members:
  - a. Term members, who serve one-year terms with options for renewal up to 2 years:
    - A patient care Manager
    - Nurse/Allied Health representative
    - Two physicians (assigned by Medical Affairs)
    - Manager or Coordinator of Culture, Equity and Belonging
  - b. Ex-officio members
    - Patient Relations Ombudsman
    - Members of the hospital leadership team (Vice President of Patient Care and Chief of Staff)
    - CEO

NOTE: Additional QCH staff may participate on PFAC as non-voting observers or subject-matter experts when required.

3. One member from the Board of Directors is appointed to PFAC with consideration by the Board Chair to appoint a member having experience relevant to patient-family centered care.
4. One PFAC member is appointed by the Chair to sit as an observer at the QCH Board's Quality and Patient Safety Committee
5. Alumni Status: Alumni may choose to continue to have their name on a registry to be contacted for involvement with volunteer patient/family advisory work at QCH. The Chair and Vice Chair have the authority to recommend an alumnus for specific supporting roles. Members on the Alumni list would be held to the same conduct, rules, and guidelines as other PFAC members if they take on commitments to partner with QCH. Alumni will be reimbursed for parking when attending meetings on site. Alumni do not regularly attend PFAC meetings.



**V. EXPECTATIONS AND CONDUCT**

- a. PFAC meetings are conducted with an emphasis on listening and understanding to ensure that all members have an opportunity to participate and that all perspectives are heard.
- b. PFAC is a responsible, respectful, professional advisory council. We respect the hospital, its staff, and the boundaries of this opportunity. If a member has a concern or is upset with the hospital's actions or decisions, they should reach out to the PFAC leadership team rather than addressing the issue(s) on their own, representing PFAC.
- c. Additional expectations on participation and conduct are as follows:
  - i. Have a demonstrated interest in the health of the community, representing the patient and family voice and health issues.
  - ii. Demonstrate mutual respect to each other and visitors to the Council.
  - iii. Uphold Patient & Family Centered Care principles and serving the patient & family interest.
  - iv. Act in good faith and place the interests of PFAC above their own private interests.
  - v. Members cannot use/access the resources of the hospital to request medical advice, personal healthcare privileges or any other personal gain.
  - vi. Disclose an apparent disagreement or conflict to the PFAC Administrative Assistant (AA) or the PFAC Chair, Vice Chair or Past Chair when they become aware of it.
  - vii. Participate and act as representatives on behalf of PFAC when working on other QCH Committees and groups and bring forward topics and issues to PFAC as appropriate and within the Council member's expertise or experience.
  - viii. Where a QCH email address has been provided, this privilege and the access to the hospital directory are to be used for PFAC purposes only, not to advance a personal agenda.
- d. Breaches of the above boundaries will result in a review of membership by PFAC Executive and can lead to dismissal from the council.
- e. Confidentiality: Members are reminded they will receive confidential information and therefore, they will not distribute or relay information outside of their volunteer work with QCH. Members must sign a confidentiality agreement prior to attending PFAC meetings.
- f. Diversity and Inclusion: All who are part of or who interact with QCH PFAC are protected from discrimination on the grounds of race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status and sexual orientation.



- g. Meeting Attendance/Commitment:
  - a. A meeting schedule is established at the beginning of each year. All PFAC members are expected to make every effort to attend the meetings and will notify the PFAC Administrative Assistant (AA) if they are unable to do so.
  - b. Members must commit to attend an orientation session, at least 80% of regular meetings each year and pre-read agenda materials distributed for each meeting.
  - c. On an annual basis, members will be asked to evaluate their contribution to PFAC and to QCH as a whole.

## **VI. RESPONSIBILITIES**

- 1. PFAC Volunteer Member Responsibilities:
  - a. Complete all administrative requirements of becoming a member (e.g. police check, Occupational Health and Safety requirements).
  - a. Share lived experiences to foster changes and improvements of the hospital patient-family health care operations.
  - b. When requested, participate on panel-based interviews for hiring QCH staff.
  - c. Assist with the development and the review of patient information documents.
  - d. Participate on committees, working groups and projects to represent PFAC.
  - e. Indicate preferences to join specific committees based on individual interest, availability, and experience. The PFAC Chair and Vice Chair will approve final assignment to QCH committees and working groups and may recommend individual members for specific opportunities as they occur.
  - f. Bring forward at PFAC meetings items that have arisen at other QCH committee-working group meetings considered complicated, controversial, sensitive or of keen interest for members.
- 2. QCH Staff Member Responsibilities:
  - a. Provide support and explanations related to hospital operations and functions.
  - b. Act as an ambassador of PFAC when appropriate.
- 3. Board Representative Responsibilities:
  - a. Provide regular Board updates.
- 4. PFAC Representative to the Quality and Patient Safety Committee of the Board:
  - a. Appointed annually by the Chair and Vice Chair, this position is an observer at the Board meeting, and reports on items discussed that have not been covered by the Board representative.
- 5. Patient Relations Ombudsman Responsibilities:
  - a. Direct and support the work of the PFAC Administrative Assistant (AA).
  - b. As needed, liaise between PFAC and the hospital management team regarding committees, working groups, interviews, and other matters as they occur.



- c. Provide oversight to the PFAC AA to coordinate meetings, minutes, and projects.
- d. Provide direction to the PFAC AA to coordinate presentations to PFAC by hospital staff.
- e. Facilitate the work for both the PFAC Chair and Vice Chair.

**6. PFAC Chair Responsibilities:**

The role of the Chair is to manage the meeting in a way that encourages open, honest and respectful dialogue among the members. In collaboration with the Patient Relations Ombudsman, the Chair shall:

- a. Call and lead the meetings, guide discussions.
- b. Review and revise meeting minutes and develop the agenda.
- c. Communicate with PFAC members.
- d. Confer with senior management and the Board on PFAC matters.
- e. Ensure PFAC is represented when requested for special events and functions.
- f. Orient and introduce new members of PFAC.
- g. Assist with the transition and orientation of the newly appointed/elected PFAC Vice Chair.

**7. Vice Chair Responsibilities:**

- a. Work with and support the Chair in the tasks outlined above.
- b. Replace the Chair as needed to lead and guide PFAC meetings
- c. The Vice Chair is intended to succeed the Chair.

**8. Past Chair Responsibilities:**

- a. Assist with the orientation and transition of the new Chair and Vice Chair.
- b. Advise the current Chair when needed in coordination and operation of PFAC activities.
- c. Sit as a non-voting PFAC member.
- d. May be considered for specific committee or project work when requested and approved by the Chair.

**VII. TERMS OF OFFICE**

**1. PFAC Member Term**

- a. New members agree to serve as volunteer advisors for a minimum of 2 years.
- b. Members can request to be considered for extension for two additional two-year terms for a maximum of six consecutive years.
- c. Extensions are considered by the Chair, Vice Chair, and Patient Relations Ombudsman subject to the member's continuing ability to attend meetings, provide input based on recent experience with QCH services, and the need to maintain a balance between new and experienced members.
- d. A PFAC member may apply to be selected as Vice Chair after the second year of PFAC service.
- e. Past members must have a break in service of at least 2 years prior to applying again to sit on PFAC.



- f. As each member graciously volunteers their time and experience, it is recognized that personal commitments, such as family, work, etc. come first. Members may end their term early, as outlined in “Step down”.
  - g. Step down: Members wishing to step down from PFAC during their term should communicate this intention in writing to the Chair. Status is not provided to a member who has stepped down in their first year.
2. PFAC Vice Chair
    - a. The term of the PFAC Vice Chair is a minimum of one year.
    - b. The term begins in September; applications will be solicited beginning in June of the same year.
    - c. The Vice Chair is independently voted by PFAC members and appointed by the CEO. The candidate with higher votes is considered the elected Vice Chair.
    - d. The Vice Chair succeeds the Chair.
  3. PFAC Chair Term
    - a. The term of the PFAC Chair is a minimum of one year and up to two years or to the maximum term on PFAC (6 years).
    - b. The initial term begins in September.
  4. Past Chair Term
    - a. The term of the Past Chair is one year.
    - b. Following completion of the term, the Past Chair at their request, may become an alumni member.
  5. The maximum time on PFAC is six years with the following exceptions, approved by the Director of Quality, Patient Safety, Patient Relations, and Risk Management, supported by the CEO.
    - a. A member applies and is selected to become Vice Chair in year 4 of their membership. This member would serve one year as Vice Chair, one year as Chair, and may serve an additional year as Past Chair. The year as Past Chair represents a 7<sup>th</sup> year of PFAC service as an exception to the 6-year maximum.
    - b. In extraordinary circumstances the Director may determine an additional term as member or Chair if it would be in the best interests of PFAC.

## **VIII. MEETINGS**

1. Meetings are normally face-to-face but may be held virtually if necessary.
2. Meetings are held monthly from September to June and are generally 2 hours in length.
3. Minutes will be drafted by the PFAC AA and distributed to the Chair, Vice Chair, and Patient Relations Ombudsman for review and approval of the draft.
4. Final draft minutes are posted on the QCH Internet Patient and Family Advisory Committee webpage as agenda materials for upcoming meetings.



**IX. VOTING**

1. All PFAC and Staff members present at a meeting have equal vote, unless noted otherwise, above.
2. In general, PFAC will work on a consensus basis; however, when a vote is required, 50% plus one (1) of the PFAC membership in attendance must vote in favour of a motion for it to pass.
3. The Chair protects an impartial position by exercising their voting right only when that vote would affect the outcome”. This means that the Chair has the ability to vote but should only exercise it as a last resort in order to maintain impartiality while presiding over a meeting.
4. The Past Chair is a non-voting member.

**X. QUORUM**

50% of volunteer members present constitutes a quorum.

**XI. EXPENSE REIMBURSEMENT**

Parking and approved travel expenses incurred to attend PFAC meetings are reimbursed. In addition, expenses incurred for other PFAC-related activities such as orientation, training, retreats, etc., are reimbursed subject to pre-approval by the Patient Relations Ombudsman.

**XII. HEALTH AND SAFETY**

To ensure the safety of volunteers, PFAC members may occasionally be requested to avoid events or areas of the hospital for various reasons such as during an outbreak or construction.

**XIII. REVIEW OF TERMS OF REFERENCE**

This is a dynamic document and will be reviewed biannually and revised as required.

**XIV. APPROVAL**

The Terms of Reference are approved by the PFAC membership, Quality Council, and the Senior Leadership team.

Patient and Family Advisory Council approval date	January 17, 2024
Quality Council approval date	September 12, 2023
Director Table approval date	February 7, 2024
Senior Leadership Team approval date	April 9, 2024
Patient Relations Ombudsman	January 17, 2024