



What is a Patient Family Advisory Council?

The Patient Family Advisory Council is a group of patients and families who partner with members of a healthcare team to create a patient and family centered environment which promotes the best possible outcomes and helps health care organizations to improve how care is delivered.

The HH Health System Patient and Family Advisory Council (PFAC) will provide a formal communication vehicle for patients and families to take an active role in improving the patient experience at the health system. The council will focus on programs and practices that will represent the most successful patient and family experience within the health system and will help to replicate and share those best practices across the organization.

PFAC Vision & Mission Statements

The PFAC Vision and Mission are guided by the HH Health System Mission, Vision and Values.

Vision: To create a more positive and responsive health care experience at the health system by partnering with patients, families, staff and community members.

Mission: The mission of the Patient and Family Advisory Council is to enhance the overall health care experience at the HH Health System by involving patients, families, staff and community members in the consideration and development of patient and family centered policies and services. The Council's ongoing advisory role will provide user feedback on efforts to improve quality, safety and service at the hospital.

Council Responsibilities

The role of the Patient and Family Advisory Council is solely consultative. The overall goal is to create a patient and family centered environment which promotes the best possible outcomes for HH Health System patients and families.

- **Identify:** Identify existing best practices in patient and family centered care including those within the health system and those from other sources. Explore ways to share and replicate these best practices across the organization.
- **Advise:** Work in an advisory role to enhance patient and family centered care initiatives at the health system by collaborating with existing patient, family and employee focus groups.
- **Support:** Support staff and HH Health System leadership in patient and family centered activities and initiatives. Act as a sounding board for implementation of new and existing programs.¹
- **Participate:** Provide patient/family member feedback and recommendations to the following committees and work groups including, but not limited to patient safety, quality improvement, service excellence, facility appearance, ethics, and patient education.

- **Represent:** Represent the patient and family perspectives about the healthcare experience at the health system and make recommendations for improvement.
- **Educate:** Empower patients, family members and staff through continuous education. Collaborate with HH Health System staff to facilitate patient and family access to information regarding patient & family centered care. Influence and participate in the health system staff orientation, patient/family education, discharge/transition planning.
- **Communicate:** Enhance communication between patient, family members and the health system.
- **Evaluate:** Evaluate the role of PFAC in improving outcomes of the patient and their families' healthcare experience while at the health system.

Individual Member Roles and Responsibilities

All PFAC members will be expected to:

- Attend one PFAC orientation session
- Attend 8 of 10 monthly PFAC meetings annually; meetings are typically from 5:30-7:30pm.
- Serve a 24 month term.
- Engage thoughtfully and constructively around the issues and ideas discussed during each meeting.
- Be realistic and mindful of good health care practice and the hospital's budgetary, regulatory, and legal constraints.

PFAC Benefit Package

The Membership benefits include:

1. PFAC Badge which provides access to free parking and a 10% discount at the Main Gift Shop. Members must have their badge to receive this discount.
2. Free Flu Shots
3. Free Meal Ticket to Main Cafeteria
4. Invitation to Volunteer Services Appreciation Luncheon
5. Discounted Membership to the Wellness Center
6. Christmas Gift /Token of Appreciation



MEMBERSHIP APPLICATION

Thank you for your interest in the Patient Family Advisory Council. We are selecting patients, family members and friends to join our advisory council. Please complete this short questionnaire and be sure to sign the last page. Select applicants will be contacted to schedule an interview and will be asked to supply a list of references. Selected individuals **must** be available to attend a new member orientation.

Name: _____

(Last)

(First)

(MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email Address: _____

Language(s) You Speak: _____

Choose one: _____ I am a Patient. _____ I am a Family Member of a Patient.

Yes, I will allow my contact information to be shared with other committee/cabinet members.

No, I do not want my contact information shared with other committee/cabinet members.

How many experiences have you had at HH facilities in the past two years?

1-5

6-10

10 or more

Within the past two years, what HH services have you or your family member used?

(Check all that apply)

- Behavioral Health Cancer Cardiology Intensive Care Unit
 Palliative Care Orthopedics Pregnancy, Childbirth and/or Infant Care Surgery
 Pediatrics Imaging Services Trauma Other _____

Within the past two years, what HH facilities have you or your family member used?

(Check all that apply)

- HH Main Women and Children Madison Hospital

We believe the Council should reflect the diversity of patients, families and friends who use our hospital and clinics. In light of this, please share anything about yourself that you think would add to the diversity of our committee. You might consider your diversity to be ethnic, racial, spiritual, social, economic, gender, disability related, etc.

Have you ever served on a board or committee? Please describe.

Why do you believe you should be chosen to serve on the Patient Family Advisory Council?

What Huntsville Hospital Health System services or projects are you passionate about or interested in working to improve?

Thank you for taking the time to complete this application!

Please return this completed form to:

Pat Jackson, Director, Patient Experience & Advocacy
101 Sivley Road
Huntsville, AL 35801
hpfac@hhsys.org or pat.jackson@hhsys.org

Before becoming an active PFAC member you will be asked to sign a confidentiality statement, agree to a routine background check, participate in our interview process and attend both volunteer and PFAC orientation.

Signature: _____ Date: _____