

# **Ohio Hospital Association**

## **Patient and Family Advisory Council (PFAC) Customizable Documents**

**Chrissie Blackburn, MHA  
Sub-contractor, Patient and Family Engagement  
Ohio Hospital Association**

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## Application, Interviewing, and Volunteer Services

Like any job role it is important to have potentially interested patient and families apply, go through interviewing, and the vetting process with volunteer services. It is also important to have a process like this in place to screen for potential personal agendas, recent care experience, the passion and desire to give back of the patient or family member, to hear the story of the patient and family member, availability to be involved, time commitments, and much more.

The following will provide templates of interviewing and application strategies for patient and family advisors (PFAs) joining PFACs, examples of PFAC applications, interviewing questions, bylaws and referral forms that have been found to be best practice and effective for application and interviewing of PFAs. Last, there is a PFA checklist that can be utilized so the new PFA can be sure they have covered all the necessary steps and requirements for joining an organization's PFAC.

### Interviewing and Application Process\*

1. Referral form is utilized by a staff member who has identified a potential PFA for the PFAC.
2. Referral is sent to Volunteer Services.
3. Volunteer Services reaches out to referring staff member to talk more about the potential PFA.
4. Volunteer Services reaches out to patient or family member on the referral to schedule an interview and to also fill out the Volunteer Services application form.
5. Interview notes are shared with PFAC Membership Committee (this usually consists of the PFA co-chair, Staff Liaison, or senior leader for the organization).
6. After the potential PFA meets with Volunteer Services, they meet with the PFAC Membership Committee.
7. APPROVAL: 1) Volunteer Services telephones the candidate to welcome them to the PFAC; 2) Official letter is also sent with next PFAC meeting date, logistics; 3) final Volunteer Services orientation and forms are completed; and 4) the new PFA meets with Volunteer Services and the PFAC PFA co-chair about 1 hour before their first PFAC meeting to go over any additional information and questions.
8. DISAPPROVAL: 1) Volunteer Services telephones the candidate to let them know it may not be the right time to join the PFAC; 2) Official letter is sent out to the candidate with indicating that now may not be the right time to join the PFAC; 3) other volunteer options may be discussed with the interested candidate.

Many of the interviewing processes may vary from PFAC to PFAC depending on how they feel best fit to onboard the PFA. Some PFAC Membership Committees may interview the candidate first before sending them to Volunteer Services; others may have department staff, such as Patient Advocates or ombudsman, screen for grievances or other reasons why it may not be a good fit for the patient or family member to join a PFAC at that time.

The next few pages will contain examples of PFAC applications, interviewing questions, referral forms, and membership procedures. It is important, just like with any other type of interview, to ask behavioral questions, to rule out any grievances with the organization, and to ensure the patient or family member has not been through a recent traumatic life event. In addition, as the interviewer you will want to listen for many of the attributes in the READI™ Patient and Family Advisor acronym. Ask about professional experience, as well as other councils or committees they may have participated on in the community. Ask how they deal with conflict and if they are open to learning from others. Make sure the PFAC candidate uses phrases that speak globally to the organization's patients and families, listen for their passion in healthcare, and how their experiences could benefit the safety, quality, or experience for other patients and families and help to enhance the programs or initiatives at the organization. Make sure the candidate understands and has the availability to make a commitment to the PFAC; however, that if they or their loved one becomes ill, it is understandable to take a respite. Last, and most important, listen to their story, this will tell the interviewer a great deal about the candidate.

The last document in this section is a checklist for Patient and Family Advisors to ensure they have taken all the necessary steps to become a volunteer and member of the PFAC.

\*Steps 1-3 will vary if the PFAC candidate is self-referring. Please refer to the Volunteer Application and Reviewing workflow in the OHA PFAC Toolkit.

# Patient and Family Advisory Council Application

**Critical functions of the council include, but are not limited to:**

- Provide insight to administration, faculty and staff about patient and family health care needs
- Work with faculty and staff to improve patient and family services
- Patient safety, quality, and experience
- Participate in the planning of patient care areas and patient programs
- Serve as a resource to the health care team on patient related issues, including staff recruitment & orientation, program planning, services and policies.

The Patient and Family Advisory Council is comprised of current and former patient and family members, administrative staff and faculty, that typically meets monthly, to work together to make enhancements in patient safety, quality, and experience.

The Patient and Family Advisory Council meets: \_\_\_\_\_ (insert day of the month and time) at \_\_\_\_\_ (insert name of hospital)\_\_\_\_\_.

Address:

\_\_\_\_\_

\_\_\_\_\_

Membership is a \_\_\_\_ (insert number of years) \_\_\_\_ year commitment.

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Daytime Phone \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Healthcare Provider Referral:** Please provide the name of the healthcare doctor and / or staff member who is recommending you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate:**

- Patient in treatment
- Patient in follow up care
- Bereaved family member
- Family member of patient in treatment
- Family member of patient in follow up care

**Please indicate any areas of special interest:**

- Special Events
- Speaking
- New Staff Orientation
- Patient safety
- Performance improvement (quality)
- Patient experience
- Unit Based partnership
- Mentoring
- Hospital committees and boards
- Other \_\_\_\_\_

Family Members are not required to be related legally to patients; but if you are applying as a family member what is your relationship to the patient?

\_\_\_\_\_

Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

**Check all care you or your family member received:**

- Inpatient
- Outpatient
- Dialysis
- Surgery
- Therapies (chemo, radiation, immunotherapies, other: \_\_\_\_\_)
- Surgery
- Other: \_\_\_\_\_

Why would you like to become involved with the PFAC? What are you passionate about enhancing or changing in healthcare?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your best healthcare experience:

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Describe your worst healthcare experience:

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What changes would you recommend to assist with this problem?

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Please list your areas of special interest:

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For background purposes, have you been an Ohio resident for the past 5 consecutive years? Yes No

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes No

If yes, please identify under what name, location, date, charge and current status of charge

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**I certify the statements made in this application are true and I understand the misrepresentation and/or withholding of information may result in the rejection of this application or my discharge if discovered after volunteer service begins. Current PFAC members will interview and choose volunteers they feel are best suited based on group consensus. I am authorizing the PFAC members, by signing this, to discuss my participation in the program with my clinical care staff.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PFAC Applicant Interview Questions

1. Tell us about yourself, what is your patient story? How did you come to: (insert Hospital Name)
  - Diagnosis
  - Time (Year of Diagnosis)
  - How were you referred or connected?
2. Describe the communication with your healthcare team. Do you have a sense of what works for you? Your family? What does not work, if applicable?
3. Can you speak to a time when you had a less than positive or challenging experience with the hospital? How did you manage the situation?
4. (If applicant has a long-term illness) Managing a long-term illness like cancer or chronic conditions, or a child with many medical needs can be very involved. With all your responsibilities, how do you maintain balance (alleviate stress, re-focus) in your life?
5. Why would you like to participate in the Patient and Family Advisory Council (PFAC)? What do you feel you can contribute to the program?
6. PFAC membership is a two-year term. How do you feel you would handle this commitment?
7. PFAC members have presented their “story” to small and very large groups. How do you feel about sharing something so personal with a room of strangers?
8. What are you passionate about changing or enhancing in healthcare?
9. What additional questions do you have for us?



# Patient and Family Advisory Council Nomination Form

Dear Faculty and Staff –

We are actively recruiting for the (hospital’s name) Patient and Family Advisory Council

Our PFAC mission is:

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We are actively recruiting patients and family members representing a diversity of age, gender, economic status, educational background and family structure.

- Candidates for this group should represent a diversity diagnosis and experience
- Patient Candidates can be receiving active care or in follow-up care
- Family Candidates can be someone who cared for the patient or former patient and who was designated as “family” and is not required to be legally related.
- Candidates should be able to attend evening meetings the first Monday of each month and commit an additional 2-3 hours a month on projects or committees.
- Candidates should be interested in serving as advisors, comfortable in speaking in a group with candor, able to use their personal experience constructively, and able to see beyond their own experience.
- If you have a patient or family member to nominate please send this form to Volunteer Services, with your contact information:

Your Name: \_\_\_\_\_

Nominee Name: \_\_\_\_\_

## **A Checklist for Patient and Family Advisors Joining a Patient and Family Advisory Council**

Checklist

Date

- I understand that by being a PFAC member, I am volunteering my time to (hospital name) PFAC related activities.
  
- I understand that all patient and family information is strictly confidential.
  
- I acknowledge that I do NOT have any grievance(s) with (hospital name) or any of its employees.
  
- I understand that I am expected to let the PFAC PFA co-chair or Staff Liaison know if I am unable to attend a monthly meeting, or if I am planning to participate in a meeting via conference call.
  
- I have reviewed the PFAC Bylaws/Charter and agree to the terms of PFAC membership.
  
- I understand that I am expected to be an active member of the PFAC and participate in PFAC related activities.
  
- I have completed my interviewing with the PFA co-chair and Staff Liaison.
  
- I have completed and returned my Volunteer Services application.
  
- I have completed my interview with Volunteer Services.
  
- I have completed by PPD / TB test and have received my flu vaccine (or turned in paperwork to indicate I have received it).
  
- I have received my Volunteer Services badge
  
- I understand that I am expected to wear my badge whenever I am on campus for PFAC related business, and whenever I am acting as a representative of PFAC anywhere else in the community.

Date

- I have attended a volunteer orientation and training session.
  
- I know what to do if I meet another patient or family who expresses interest in becoming involved with the PFAC. (Contacting the Staff Liaison or patient and family co-chair).
  
- I understand that I am not to use my membership on the PFAC as a threat towards providers if I am or family member is hospitalized or seen in an ambulatory clinic visit. I understand this is immediate grounds for dismissal, as it jeopardizes the partnership between our providers, hospital, ambulatory sites, and the PFAC.

I would like additional information or orientation in the following areas:

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Plan for more information or orientation:

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<b>Patient and Family Advisor</b>	<b>Date</b>
<b>Staff Liaison</b>	<b>Date</b>
<b>PFA PFAC co-chair</b>	<b>Date</b>

# PFAC Bylaws

**Name:**

## **Mission and Vision:**

Each PFAC should have a mission and vision to keep them focused on their goals. An example might be:

“Hospital PFAC partners to enhance the care experience for all patients and families as it pertains to safety, quality, and experience across the continuum of care.”

## **Members and eligibility:**

### **1. Membership eligibility**

Patients, family members, staff and faculty are eligible to be PFAC members, however, staff are not eligible to be patient and family advisors. It is important to keep this relationship with the hospital pure. Our profession can sometimes blur the patient and family perspective.

### **2. PFAC structure**

- diverse patients and/or family members
- Faculty and staff including, physicians, nurses, ancillary staff, senior leadership and quality leaders

### **3. Participation**

How often the meetings occur, monthly is preferred, averaging 2-3 hours per meeting, with an estimated 3-4 hours of homework between meetings.

The Volunteer Services Coordinator will communicate with any member who misses more than 3 meetings in a row without contacting the patient co-chair or staff liaison.

### **4. Term of membership**

Term limits usually range from 2-3 years; with the PFA have the option to serve two terms. After two terms have been served, they may go to Emeritus Status, they will no longer have voting privileges, but may be involved in PFAC related activities. This is also an opportunity to “graduate” an PFA to a hospital committee.

### **5. Vacancies / Leave of Absence**

Considering the nature of a PFA joining a PFAC, they may need respite, or have the option to take LOA if the PFA or a loved one becomes ill. This typically needs to present to the staff liaison in writing.

### **6. Recruitment**

Everyone on the PFAC is responsible for recruitment of potentially new PFAs. This may include drafting personal invitations, training staff on what to look for in a PFAC member and how to bring them through the process in volunteer services.

### **7. Selection**

There is a two-step interviewing process. One is with the volunteer coordinator, and the other interview with the PFAC staff liaison and patient co-chair. Please review to the OHA PFAC Toolkit and the application and review flow chart.

### **Section 9: Associate Members**

A former active member may become an Associate Member to serve as needed:

- Upon request,
- With the recommendation of the Co-chairs, and
- With ratification by the Council

Associate Members will not have a vote, but may attend meetings and take part in the discussions. Associate members may serve on committees of the Council. A member may serve in an Active or Associate Member role for no more than a combined six years.

### **Chairs and Staff Liaisons**

**There is a patient co-chair and a staff liaison. In addition, there should be an executive sponsor for the PFAC that provides oversight and support to the PFAC. Responsibilities of patient co-chairs and staff liaisons can be imbedded here. Please refer to your PFAC Toolkit for guidance on roles and responsibilities.**

**Patient co-chairs usually serve a 2-year term and can serve a maximum of 2 terms. The patient co-chair is voted upon by the PFAC.**

There should also be a secretary to record meeting minutes. This may be a standing chair position for a term of 1 year, or it can be voluntary. This can be decided upon at the beginning of each meeting.