

2015

Patient and Family Advisory Committee

Debbie Gravelle Kirby Kranabetter
Sandra Schmidt Dr. Beverley Shea



Contents

Patient and Family Advisory Committee	Error! Bookmark not defined.
Terms of Reference	Error! Bookmark not defined.
Role Description	4
Questions and Answers	7
Telephone Screen	9
Nomination Letter Template	10
Interview Guide	11
Acceptance Letter Template	15
Non acceptance Letter Template	16
Orientation Checklist	17
Evaluation	21

PATIENT AND FAMILY ADVISORY COMMITTEE

Terms of Reference

Mandate	To enhance and improve the patient and family care experience by incorporating the voice and perspectives of patients and their families in the planning, delivery and evaluation of health care and quality initiatives at Bruyère Continuing Care.
Date Established	May 2015
Last Revised	June 2015
Report To	Senior Vice-President of Hospital Programs , Chief Nursing Executive and Chief Allied Health
Liaison With	Senior Leadership Team
Sub-Committees	
Link to Strategic Directions	All
Guiding Principles	<ul style="list-style-type: none"> • Patient, Resident & Client Centered – what is important for patient and families • Open & Transparent Communication – Promote honest, open communication and easy access to information; • Cooperation – Promote a spirit of fairness, transparency, trustworthiness, respect & teamwork; • Continuous Improvement – Encourage and support actively the pursuit of suggestions, ideas, and creative approaches, leading to continuous improvement in everything we do; • Commitment of Excellence: Strive to achieve excellence in all of what we do through the use of data, evidence and best practice models. • Fiscal responsibility– Provide quality services, of the best value, to effectively meet the needs of our patients and families.
Functions and Responsibilities	<p><i>In keeping with Bruyère Continuing Care's mission, values and strategic directions, the Patient and Family Advisory Council will:</i></p> <ol style="list-style-type: none"> 1. Work in collaboration with Bruyère Continuing Care in providing excellence in care by sharing their perspectives to inform and improve care processes that are innovative, adaptive and responsive to patient needs, to promote our patient safety culture, increase patient and family satisfaction with their care experience; 2. Enhance the quality of care and safety by providing insight, feedback, ideas and creative solutions to ensure a coordinated person-centered approach to care; 3. Actively participate in and create opportunities for enhanced communication and collaboration within Bruyère Continuing Care; 4. Participate and attend the volunteer orientation and educational opportunities.
Terms of Office (Co-Chairs)	One year
Terms of Office (Members)	One year term with potential renewal. Terms will begin in January and/or September.
Co-Chairs	<ul style="list-style-type: none"> • Senior VP Hospital Programs, Chief Nursing Executive and Chief of Allied Health • Patient/Family Advisory Committee Member

Membership	<ul style="list-style-type: none"> • Senior VP Hospital Programs, Chief Nursing Executive and Chief of Allied Health • Director of Mission Effectiveness, Ethics, Compliance and Patient Relations • Director of Quality and Risk • Transformation Project Lead • Administrative Support • 4 Patient Advisors (2 –SVH; 2-EBH) • 4 Family Advisors (2 –SVH, 2-EBH) • Physician Representative (ad hoc member) • Program Director (ad hoc member) • Director of Volunteer Services (ad hoc member)
Meeting Frequency	<ul style="list-style-type: none"> • Quarterly and/or at the discretion of the Patient and Family Advisory Committee Leaders (co-chairs)
Meeting Duration	<ul style="list-style-type: none"> • 1.5 - 2 hours or as required
Quorum	<ul style="list-style-type: none"> • 50% + 1
Decision Making Process	<ul style="list-style-type: none"> • By consensus; final decision rests with Sr. VP Clinical Programs & Chief Nursing Executive and Allied Health
Operating Principles	<ul style="list-style-type: none"> • Agenda will be pre-circulated; members may place an item on the agenda by contacting the Advisory Liaison 1 week prior to the scheduled meeting • Minutes will be kept and distributed to all members

Revised: September 2015

Patient and Family Advisory Committee

Role Description

The Patient or Family Advisor (PFEA) is a person who has had a recent experience of being a patient or family member (within the last 2 years) and is partnering with Bruyère Continuing Care to provide direct input into policies, programs, practices and initiatives that affect patient care and services to promote excellence in care.

The Patient or Family Advisor will be a full member of the Patient and Family Advisory Committee and will have the opportunity to contribute to making a positive contribution to enhance our coordinated person centered approach to care.

Member Characteristics

Demonstrates the Values of Bruyère Continuing Care (Respect, Compassion, Accountability, Collaboration, and Learning) and understands our Catholic identity and heritage.

1. **Respect** - Respectful of others and their perspectives, demonstrates good listening skills and a positive attitude, provides their expertise based on their experience, is able to share thoughts and opinions in a group setting.
2. **Compassion** – Is non-judgemental and open to use their personal experience constructively and see the larger picture, can show concern for more than one issue.
3. **Accountability** – Is able to maintain confidentiality of the patients and the organization and has the time and ability to participate.
4. **Collaboration** – Has a desire to work collaboratively with the health care team to achieve positive outcomes for patients and families, speaks comfortably in a group, and works in partnership with others for positive outcomes demonstrating positive communication skills.
5. **Learning** – Committed to learning and expanding their knowledge and skills and participate in bringing about meaningful change, has the ability to share insights and information about their experience in ways that others can learn from them.

Believes in the 4 Principles of Patient Centered Care that will enhance a Coordinated Person Centered Approach to care including:

1. Dignity and Respect
2. Information Sharing
3. Participation
4. Collaboration

Role Requirements

- Volunteer position
- Availability to meet the time commitments to attend meetings as scheduled (Able to attend meetings between the hours of 0800 – 1900).
- Able to provide own transportation source to attend meetings
- Costs associated with parking will be covered by Bruyère Continuing Care such as a parking voucher /ticket will be provided.
- Patient and Family Advisory Committee Member would be able to attend educational and orientation opportunities.

Recruitment

Patient and Family Advisory Committee will be recruited both internally and externally. The membership of the Patient and Family Advisory Committee will be diverse and represent a broad range of backgrounds, genders, and socio-economic level and cultural demographics.

- Potential advisory committee members will receive a nomination form to complete
- Internal sources may include but not be limited to :Volunteer Services, The Bruyère Foundation, Clinical Managers, Physicians, Allied health professionals and other care team members
- External sources may include but not be limited to the Bruyère Info net, Community engagement opportunities and our Bruyère Continuing Care Website.
- Communication strategies will include: Posters, pamphlets throughout organization (i.e. electronic noticeboard at elevators), the Bruyère Infonet and external web site
- We will strive to have a Patient and Family Advisory Committee that represents the demographics of our patient population.

Process

Nomination form completed and submitted to the VP Clinical Programs, CNE and Chief of Allied Health.

1. Nominee contacted to determine if interested in applying and telephone screen completed.
2. Patient/Family Advisory Committee Member (PFAC) application form completed
3. Submit PFAC application form to the Director of Mission Effectiveness, Ethics, Compliance and Patient Relations.
4. A brief face to face interview will be scheduled (questionnaire and self-questionnaire to complete).
5. The applicant will be asked to provide 2 non- related personal character references.
6. The applicant will receive a decision by mail or e-mail within 10 days of the scheduled interview.
7. A Bruyère Continuing Care confidentiality agreement must be signed by the successful applicant.
8. The successful applicant will attend the Volunteer Orientation (and be subject to the criteria for volunteers) including successful completion of a Police Record Check and immunization requirements.
9. The Patient and Family Advisory Committee members will be asked for feedback quarterly.
10. The term for participation will be 1 year with possible renewal for a maximum of 2 years.

Benefits

- An opportunity to be part of a meaningful change and to make a contribution to the provision of Excellence in Care;
- To expand your knowledge and skills related to Partnering with patients and families for system and process improvements at Bruyère Continuing Care;
- To share your knowledge, skills and expertise with us and work collaboratively to innovate new initiatives within a coordinated person-centered approach to care to enhance and improve the patient and family care experience;
- To provide a fresh perspective with challenges and work together in partnership to develop innovative solutions;
- To share your stories and experiences with us to enhance and improve our overall patient and family care experience.

Patient and Family Advisory Committee

Questions and Answers

Why should I Consider Being a Patient or Family Advisory Committee Member?

- A chance to enhance the quality and safety of patient care services.
 - The opportunity to be a part of meaningful change and make a contribution.
 - Increase your ability to understand and share information with other patients & families about Bruyère's patient care and policies and procedures.
 - The opportunity to network with staff, providers, leaders and other advisors.
 - Expand your knowledge & skills about patient and family centered care and a coordinated person centered approach to care.
-

Why does Bruyère want you to be a Patient or Family Advisory Committee Member?

- To enhance the quality and safety of health care services to meet the needs of patients and families.
 - Increase the knowledge and skills of leaders and staff about the importance of the experience of Patients' and families.
 - Increase our ability to do our jobs better when planning services.
 - Give a fresh perspective on problems and create innovative solutions.
-

What can Patient and Family Advisory Committee Members Do?

- Participate in the Patient and Family Advisory Committee
 - Attend focus groups or offer to share their patient experience story.
 - Give feedback about facilities and communications planning.
 - Help educate others by talking about their health care experiences as they relate to enhancing and improving the patient care experience.
-

Would I be successful as a member of the Patient and Family Advisory Committee?

Please check Yes or No to the following:

Personal Strengths

Do I believe that the patient and family perspective is as important as providers? ☐ Yes ☐ No
Do I believe that I bring a valuable perspective to the relationship with providers? ☐ Yes ☐ No
What is a concrete example of how I can use my personal strengths as a member of the PFAC?

Supporting Others

Am I willing to share my experience as a patient or family member? ☐ Yes ☐ No
Am I nonjudgmental and accepting of others? ☐ Yes ☐ No
Am I coping well with my own feelings and emotional issues? ☐ Yes ☐ No
Can I recognize the needs and feelings of others? ☐ Yes ☐ No
What is a concrete example of how I have supported others as a member of a team?

Working with Others

Am I willing to get involved with other people for a common goal? ☐ Yes ☐ No
Can I handle confidential information without sharing it with others? ☐ Yes ☐ No
Can I listen as well as contribute? ☐ Yes ☐ No
Can I work without expecting praise and recognition? ☐ Yes ☐ No
Can I challenge my assumptions? ☐ Yes ☐ No
What is a concrete example of how I have worked successfully and collaboratively with others to achieve a goal?

Working Collaboratively

Do I treat each provider as an individual and avoid letting past negative experiences or negative attitudes affect me? ☐ Yes ☐ No
Am I able to deal with conflict and disappointment constructively? ☐ Yes ☐ No
When I have experience to share do speak up? ☐ Yes ☐ No
Do I have realistic expectations for myself and others? ☐ Yes ☐ No
What is a concrete example of how I used good communication skills managing conflict to work toward a common goal as a member of a team

If you have answered yes to the majority of these questions then you have the characteristics to be a successful member of the Patient and Family Advisory Committee.

Patient and Family Advisory Committee Member

Telephone Screen

Date:

Name:

Address:

Telephone:

E-mail:

**In the past 2 years have you or your family used the services of Bruyère Continuing Care?
If No, explain selection process and criteria.**

Briefly explain what skills and knowledge you bring to the role?

Briefly explain why you are interested in this volunteer position?

Thank you.

If successful, schedule an in person interview.

Nomination Letter Template

Date XXXX

Dear XXXX,

As a part of Transforming the Patient Care Experience we invite you to partner with us by becoming a member of our Patient and Family Advisory Committee. Your XXXXX (MD, Clinical Manager, Physiotherapist etc.) has nominated you to become a member of our Patient and Family Advisory Committee.

Our new committee will meet for 2 hours once every 2 – 3 months starting in May 2015. Our goal is to partner with you to integrate the voice of the patient and family into program and policy development.

Enclosed you will find an explanation of the role of the Patient and Family Advisory and the Terms of Reference for the Patient and Family Advisory Committee. If you are interested in becoming a member, please contact me by April 30, 2015.

We will follow up with you with a brief face to face interview.

Please feel free to contact me directly if you have any questions. I look forward to hearing from you. I can be reached at: (613) 562 6262 x 1051

Sincerely,

Kirby Kranabetter

Director of Mission Effectiveness, Ethics, Compliance and Client Relations

Patient and Family Care Advisory Committee **Interview Guide**

Would you be able to commit to a one year term? Yes or No If no, then thank the candidate and end the interview.

Tell me about yourself? What do you like to do in your spare time, what things are you interested in?

Briefly describe the skills that you would bring to the role?

What other volunteer work have you been involved with and with which organization? Tell me more about your experience there?

Have you had patient or family experience at Bruyère Continuing Care in the last 2 years?

Do you have a recent healthcare experience?

Were you the patient, family member, friend or visitor?

What are some issues that have special interest for you?

What areas would you like to contribute or develop your skills in?

How do you think you can best contribute to our work?

Do you feel you can share your experiences in ways that others can learn from? Could you provide an example?

Do you have any concerns about the emotional experiences you may have in sharing your story?

Is there any other information you think might be important for us to know?

Are there any kinds of accommodation or additional support from us that would be needed for you to participate as a patient/family advisor?

Script to End the Interview

Thank you for your time today. We are in the process of interviewing potential patient/family experience advisors candidates and will contact you via the mail or e-mail to let you know if you have been chosen. If you are not selected, it is not because we don't value your opinion, but rather we are interested in maintaining diversity. We will keep applicants in mind for potential opportunities. Thank you again for your time.

Source: Adapted from the Cleveland Clinic and Kingston General Hospital Information for Prospective Advisors

Provide the following in a written document for the candidate to complete:

Please answer whether you agree or disagree with the following statements:

I feel comfortable expressing myself?

- ☐ *Agree*
- ☐ *Disagree*

I have trouble putting my thoughts and ideas into words?

- ☐ *Agree*
- ☐ *Disagree*

I usually keep my opinions to myself?

- ☐ *Agree*
- ☐ *Disagree*

Do you have any gifts or talents that you would like to share with us?

What unique life experiences or perspectives would you like to bring to your role as a patient /family experience advisor?

Meetings occur between the hours of 0800 and 1900. If you were selected what would be your ideal meeting day and time of day?

Do you have any questions for us?

What areas of Bruyère Continuing Care are you interested in helping with?

-
- ☐ Complex Continuing Care
 - ☐ Care of the Elderly
 - ☐ Stroke Rehabilitation
 - ☐ Palliative Care
 - ☐ Outpatient Clinics
 - ☐ Information Technology
 - ☐ Enhancing the Patient Care Experience-
 - ☐ Other _____
-

Please read and check the following before signing:

-
- ☐ I understand that submitting this application and being interviewed does not guarantee a position as a Patient or Family Experience Advisor
 - ☐ I understand that on acceptance into an advisory position that I adhere to the volunteer requirements of Bruyère Continuing care (including attending a volunteer orientation criminal police check, immunization requirement and TB test).
 - ☐ I understand that prior to being a Patient or Family Experience Advisor I must sign a confidentiality agreement.
 - ☐ I understand that as a Patient or Family Experience Advisor I will follow the policies and procedures of Bruyère Continuing Care.
-

Please provide the names and contact information for 2 personal character references that are not related to you.

Name

Phone:

Name:

Phone:

Candidate Signature:

Please Print Name:

Date:

Acceptance Letter Template

Date XXXX

Dear XXXX,

Thank you for your interest in joining our Patient and Family Advisory Committee. We greatly value and appreciate your participation in this process.

We believe you would make a great addition to our Patient and Family Advisory Committee and would like to welcome you to our committee. We look forward to partnering with you and working together to enhance the quality of care and safety by providing insight, feedback, ideas and creative solutions to ensure a coordinated person centered approach to care.

Kirby Kranabetter, our Director of Mission Effectiveness, Ethics, Compliance and Patient Relations will be contacting you shortly to arrange your orientation to our organization.

Please feel free to contact me directly if you have any questions. We look forward to working with you!

Thanks again for your willingness to make a difference!

Sincerely,

Debbie Gravelle

Senior Vice President, Chief Nursing Executive and Chief of Allied Health

(613) 562-6262 x 2259

Non acceptance Letter Template

Date XXXX

Dear XXXX

Thank you for your interest in joining our Patient and Family Advisory Committee. We greatly appreciate your interest and participation in this process!

Although you would make a great addition to our committee, at this time we will be inviting other candidates to become members to ensure that we have a wide range of participants. We will hold on to your application for future consideration as we will be recruiting new members each year.

Thank you again for your willingness to make a difference!

Sincerely,

Kirby Kranabetter

Director of Mission Effectiveness, Ethics, Compliance and Patient Relations



Patient and Family Advisory Committee Members **Orientation Checklist**

	Reviewed / Completed	Signature
Bruyère's Mission, Vision and Values		
Volunteer Role Requirements		
Volunteer Name Badge provided		
Terms of Reference including goals and objectives of the committee		
Expectations for patients and family advisory committee members		
Meeting times, frequency and duration (Quarterly as per Terms of Reference)		
Communication methods (teleconference, in person, e-mail, telephone)		
Parking(if applicable)		
Expectations for communication between meetings among team members (extra time commitment)		
Reducing barriers to participation (discussion)		
Training and support provided for Role		
Name Badge, Parking and Meal Coupons		

[illegible]

Patient and Family Advisory Committee **Member Evaluation**

	Yes	No	Comments
I understand the project discussed and I am interested in it.			
I understand and am comfortable with what is expected of me.			
I am able to make the expected time commitment to assist.			
The time and location of the meeting work for me.			
There is a process in place to send and receive necessary information in a timely manner.			
My experience and opinions are respected by the members of the committee.			
I am comfortable that I will get the support I need in my role to be successful.			
I am comfortable with how I will be reimbursed for my out of pocket costs (parking).			
My involvement will make a difference in improving the patient care experience and in providing excellence in care.			
My participation will have an impact on the way services are planned & delivered at Bruyère Continuing Care.			
This is worth my time.			
Overall Comments			

Evaluation of Advisor Role by Patient and Family Advisory Committee

	Yes	No	Comments
Patient and Family Advisors were appropriate to the Committee/Project/Activity.			
The expected role for the patient & family advisors was clearly understood.			
The goals of the committee/project/activity were clearly understood.			
Input and feedback offered was communicated to others and utilized by the decision-maker(s).			
Relevant information was shared (e.g. by e-mail, fax or telephone) relevant and received in a timely manner.			
The time commitment required for the Patient and/or Family Advisor for this project was as expected. Please add in the number days/hours required in the last month.			<i>Number of days/hours of time commitment in the last month</i>
Other patients and/or family members involved in the project were helpful.			
The meeting location was easily accessible for all members.			
The time of the meetings was convenient for Patient and/or family advisory committee member.			
There was an appropriate level of support available.			
The key contact person at Bruyère Continuing Care for this engagement project was easily accessible.			
The time commitment was re-examined for participation according to the needs of the Patient and Family Advisory Committee.			