



Improving Health Care Together Kit

Patient & Family Advisory Council

Health Care Partner Orientation



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This material has been co-produced with patient partners.

We would like to acknowledge the Fraser Health Patient Experience Team & patient partners for their contributions to the development of this kit. We also thank our many partners who reviewed this document and provided feedback along the way.

About Health Quality BC (HQBC)

We Are Your Health Quality Leaders in British Columbia

Our purpose is improving health care quality across British Columbia. Our work is to build a foundation of quality, and our impact means better health care for British Columbians.

We do this by delivering the latest knowledge from home and abroad to champion and support high-quality care for every person in BC. This system-wide impact requires creativity, innovative thinking, and evidence-informed strategies to shift culture, improve clinical practice and accelerate health care partners' improvement efforts.

We are uniquely positioned to build strong partnerships with patients and communities, care providers, health leaders, policymakers, senior executives, academics and others. These connections enable us to nurture networks, recognize the needs of BC's health care system and build capacity where it is needed most. We provide advice and make recommendations to the health system, including the Minister of Health, on matters related to quality of care across the province.

By administering the [Patient Voices Network \(PVN\)](#), we enable people in BC to actively contribute to these improvements.

To learn more about support for engagement, visit [Health Quality BC](#).

Introduction

Excellent work is happening across BC and, by sharing it, we can learn from each other and grow. Adapting successful practices and improving preparation builds confidence in working together. This [Improving Health Care Together Kit](#) guides you through key steps to effectively involve patient partners. Here's what you can expect:

- Learn about engagement opportunities, including essential definitions.
- Understand your role as a health care partner and how to contribute.
- Apply your knowledge to deepen involvement with patient partners.
- Refer to this resource when including patient partners.

These kits are self-directed, allowing you to learn at your own pace. Upon completion, you'll feel ready to plan and invite patient partners to participate in a Patient & Family Advisory Council (PFAC).

Patient & Family Advisory Councils (PFAC):

One way to foster meaningful involvement is by developing a Patient & Family Advisory Council (PFAC). Over five modules, we'll provide a roadmap to set your PFAC up for success. This kit offers guidance to help your team get started if this approach fits your needs.

Fraser Health's Patient Experience team, patient partners, and Health Quality BC have collaborated to create this orientation. To begin, we'll discuss the role of patient engagement within the context of a PFAC.

Definitions

Throughout this kit, we refer to **patient partners** as individuals with lived or ongoing experiences in BC health care—as patients, family members, caregivers or community members. **Health care partners** are the leads from health care organizations responsible for coordinating these engagement opportunities.

We also identify a **patient experience team**—individuals within or outside your organization with expertise in engaging patient partners. This team may exist within your organization, such as at Fraser Health, though each organization structures it differently.

Module One: What is a Patient & Family Advisory Council (PFAC)?

A PFAC consists of regular meetings between health care leaders and patient partners to advance person-centred care within an organization. The scope of a PFAC can focus on a specific community, program area or project. Benefits for both health care teams and patient partners include:

- Building stronger relationships.
- Staying informed about program activities.
- Strengthening connections around what matters most.
- Providing a consistent avenue for direct input.
- Documenting involvement for accreditation and other reporting.
- Receiving coaching support from patient experience teams, when applicable.

It's important for health care partners who start a PFAC to have some engagement experience. If you don't, that's OK - health care partners can gain this experience by starting with initial engagement opportunities that help them build relationships gradually and understand the value of patient partnership before formalizing a PFAC. This phased approach can also help ensure that patient partners feel valued and invested in the work from the beginning. By asking them to join a PFAC after a few months, health care partners can create a stronger foundation of trust and understanding, making the council more sustainable and meaningful in the long term. Explore if you have existing engagement opportunities in the local program area, program or project.

Types of PFACs

Within an organization, there could be different types of PFACs. Each is designed to meet a specific need or purpose. Review the various kinds of PFACs below and the roles of patient and health care partners within them:

PFAC Name	Role
Regional or Organization-wide	Improve the quality, safety and person-centredness of health care services within a specific organization or region.

Local	Improve the quality, safety and person-centredness of health care services within a local health service delivery area .
Health Care Service	Improve the quality, safety and person-centredness within a specific health care service delivery area , which can encompass various health care facilities, providers and services.
Improvement Project	Improve the quality, safety and person-centredness within a project that is focused on a specific care process or direct care improvement opportunity .

Check with others in your organization to see if you have existing engagement opportunities in the local program area, program or project. Brainstorm some ideas or contacts:

Opportunities	Patient Partner Role

If you are starting a PFAC, here are some of the activities that you could refer to when describing what your PFAC will do to patient partners. Check which ones apply to your team.

Which One of These Activities Interests You?	
<p>Quality Walkabouts A structured approach where leaders and patient partners conduct periodic on-site visits to various areas of the health care site to celebrate successes and identify challenges. An opportunity to observe processes, interactions and the overall quality of care delivery firsthand.</p>	✓

<p>Accreditation Mock Tracers A method used to evaluate organizations against accreditation standards. It follows the path of a patient or process, asking questions and making observations to determine if the standards are met.</p>	
<p>Leadership Committees A specialized group within a health care organization tasked with overseeing and improving both the quality of patient care, the efficiency of operational processes and assessing person-centred care.</p>	
<p>Quality Improvement Systematic initiatives undertaken within an organization with the aim of enhancing processes, systems and outcomes to achieve higher levels of quality, efficiency and effectiveness. These projects are typically structured, data-driven and collaborative efforts aimed at identifying improvements.</p>	
<p>Redevelopment Projects Projects to revitalize, modernize, expand or reconfigure existing facilities, infrastructure and services to better meet the evolving needs of patients, staff and communities.</p>	
<p>Leadership Job Interview Panels A group of individuals who collectively conduct an interview with a job candidate. They make sure the workforce is responsive to the needs, values, beliefs and preferences of patients and their families.</p>	
<p>Education & Practice Opportunity to support the development of orientation for new staff, new models of care or team-based care as well as implementation of new or changes in practice (such as policy development). Engaging with patient partners can help you to learn about the care needs of the people we serve, share lived experiences and gain an understanding of how practices impact the experience of others.</p>	
<p>Information for the Public Receiving feedback during the development, revision, implementation or evaluation of any material available to the public. For example, patient education, forms, posters, surveys, decision support tools, websites, videos or signage.</p>	

Why Do We Engage Patient Partners?

Angela Coulter’s well-known definition of patient engagement highlights the collaboration between patients and health-care providers working together:

To promote and support active patient and public involvement in health and health care and to strengthen their influence on health-care decisions at both the individual and collective levels. (1)

For PFACs, this means that you and your team are committed to learning from patient partners to enhance health care services while recognizing their vital role in these efforts.

As you plan your PFAC, please consider the [Principles for Authentic Engagement](#). Ask yourself if you’re involving patient partners in ways that are meaningful for them, beneficial for your team, and valuable to our health care system. Start by discussing as a team if you're ready for this commitment. Here are some key aspects to consider:

- **Connection before content – be human first.** Creating genuine connections allows for a positive, culturally safe experience. Focus on getting to know each other before diving into PFAC specifics.
- **Be kind to yourself – with an open heart and mind.** Approach this work with an open heart and mind. Acknowledge that you don’t have to know everything; bumps may come up, and embracing vulnerability can enhance the journey.
- **Define boundaries and roles – everyone has a purpose for being there and a role in the decisions made.** Clear roles and boundaries from the start only helps keep things on track and meets everyone’s expectations.
- **Plan, plan and plan some more – build that PFAC plan, on paper.** Share early and often. Take advantage of the support out there to help you.

Patient Partner Compensation

Practices vary across organizations regarding expense reimbursement, honoraria or compensation for the patient partner’s time. The BC Centre for Disease Control has a [guidance tool](#) you can refer to in discussing this as a team. This [journal article](#) also discusses compensation. Fraser Health provides reimbursement for any out of pocket expenses incurred to participate.

Providing an honorarium can help reduce financial barriers associated with participation and allow for more diverse patient partner representation.

Create a Safe Environment for All

We know creating a psychologically and emotionally safe environment for all participants is essential. Your approach should emphasize mutual respect, transparency, inclusiveness, partnership, trust, responsiveness and cultural humility. By aligning with your organization’s policies and principles of cultural safety and humility, you can foster a supportive atmosphere for collaborative work.

Additionally, incorporating diversity, equity and inclusion practices ensures that your PFAC reflects the community you serve. Consider leveraging resources within your organization, such as an Indigenous health team, or other support networks to guide your discussions. Engaging these teams can help you build a PFAC rooted in safety and inclusivity for all participants.

What is the Patient Partner’s Role?

The [*Spectrum of Public Participation*](#) helps ensure everyone has the same expectations.

PFAC patient partner participation is an ongoing opportunity that ranges from consult to collaborate levels of engagement.

To identify the engagement level, consider the patient partner’s input into decision making process and what part(s) of the project they will be involved in.

Next Steps	✓
Share this information with your leadership team to start the discussion.	
Brainstorm activities that are currently happening that would benefit from patient partner input.	
Write down past engagement opportunities to motivate others to engage patient partners.	
Schedule a presentation about patient engagement with your patient experience team.	

Read the Principles of Engagement and Guide to Authentic Patient Engagement .	
Discuss the Readiness Checklist as a team prior to patient partner recruitment.	
Review the Spectrum of Public Participation and patient partner role .	
Reflect on the Culturally Safe Engagement Guide and Diversity, Equity & Inclusion resource to help guide your discussions about creating a psychologically and emotionally safe PFAC environment before recruitment .	
Access this Engagement Plan Template to start planning.	

Key Takeaways

- Definition of a Patient & Family Advisory Council
- Types of activities in a PFAC
- Identification of current engagement activities
- Definition of patient engagement
- Steps to readiness for a PFAC

Appendix

- [PFAC One-Pager for Health Care Providers](#)

Module Two: Preparation

Creating a solid PFAC planning team is key to collective success. Below is a suggested team structure and roles for your PFAC planning group:

Roles	Responsibilities	Who (you fill this in)
Executive Sponsor	Decision-maker responsible for overarching support and guidance.	
Patient Experience	Provides education and support on preparation-readiness, planning, recruitment, onboarding, on-going support and closing the loop.	
Health Care Partner Liaison	Lead planner and communicator for the development and implementation of the PFAC.	

Administrative Support	Handles documentation, paperwork and ongoing communications for PFAC development.	
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Consider additional ad-hoc members, such as Directors, Quality Improvement Consultants or patient partners from existing PFACs. Learning from others' experiences will strengthen your planning.

It's natural for health care teams to feel eager to launch a PFAC. However, rushing can lead to challenges, such as:

- Insufficient leadership support
- Unclear roles and responsibilities
- Inadequate time, expertise and support for meaningful involvement

Taking the time to build a well-rounded planning team will support a successful and impactful PFAC.

Next Steps		✓
Do you have a basic understanding of what meaningful patient engagement is?		
Have you reached out to others for help and discussed both patient engagement and the basics of a PFAC with your leadership team?		
Are there people in your program to join you in a planning team?		
Do you have the time to dedicate in supporting the development and support of a PFAC?		

There's no need to rush into recruiting patient partners. The more you plan and address key questions to ensure you're on the right path, the greater your chances of success. Once you feel confident and prepared at this stage, you'll be ready to move on to the next step: preparing for a PFAC.

PFAC Endorsement

Securing endorsement from senior leadership is a crucial step in developing a PFAC. Their support will help define the vision, identify opportunities and set a timeline for your PFAC. The patient experience team will assist in preparing key questions, resources and content for your presentation.

Next Steps		✓
Work with the patient experience team to plan your presentation.		
Schedule a presentation with senior leadership to share your learnings from Module One.		
Update your PFAC engagement plan.		
Decide who should sit on your PFAC development team.		
Watch Building & Sustaining an Effective PFAC . While this video is from the United States, it provides valuable insights about an effective PFAC.		

Call to Action

After receiving senior leadership endorsement, engage local leadership to ensure a shared understanding of patient engagement and PFACs. This is also an opportunity to gain their support and identify potential PFAC members.

Next Steps		✓
Host a readiness discussion with local leadership and present your PFAC plan, building on the work from Module One and your conversation with senior leadership.		
Have local leaders identify any current opportunities or projects that could benefit from including the patient partner perspective.		
Update your PFAC engagement plan.		

Key Takeaways:

- Develop a PFAC engagement plan
- Understand what a PFAC development team is and how to create one
- Ensure the PFAC engagement plan is realistic, supported, and meets the needs of the area **before initiating recruitment**

Appendix

- [PFAC PowerPoint Presentation Template](#)

Module Three: Getting Started

Finding the right patient partners and preparing them for the partnership reflects the health care team's commitment to person-centred care. Building strong relationships begins with genuine connections between health care teams and patient partners. Taking the time to foster these connections helps create mutual understanding, trust and comfort. Developing a recruitment plan, appointing a selection committee, and providing an orientation further support relationship building. The patient experience team can help identify opportunities to connect throughout the development process to lay a solid foundation for partnership.

Advisory vs. Advocacy

It's essential to distinguish between "advisory" and "advocacy" roles when working with patient partners. This distinction shapes the partnership:

*An **advocate** seeks to influence specific outcomes and encourages decision-makers to align with their preferred perspective.*

*An **advisor** aims to inform the decision-making process by sharing their experiences, perspectives and insights while also listening to others. (2)*

PFACs aim to engage patient partners who contribute to the decision making process at the level of engagement identified.

Recruitment Plan

The recruitment plan shapes the engagement plan by outlining the timeline, recruitment materials and selection committee. Additionally, the team should brainstorm the qualities and experiences they seek in patient partners and identify key internal and external individuals. Key aspects of the recruitment strategy include:

- Selecting a variety of recruitment approaches
- Ensuring representation that reflects the patient or community
- Finding a good fit for all involved

Next Steps	✓
Work with the patient experience team to develop a recruitment plan and materials.	
Identify members for the selection committee.	
Decide who will be implementing the recruitment plan.	

Selection Committee

The selection committee's role is to meet with individuals who express interest in joining the PFAC to make sure it's a good fit for everyone involved. Ideally, the committee should consist of two to three people from the relevant department, site or program who feel comfortable facilitating conversations. If you're adding members to an existing PFAC, include an outgoing or current PFAC patient partner if possible. The committee will summarize their impressions of each candidate and propose a list of individuals to be considered for the PFAC. A patient experience team member may be available to support the selection committee with their role and meetings.

Next Steps	✓
Schedule dates for selection committee members to meet interested candidates.	
Choose <u>questions</u> to guide the meet-and-greet conversations.	
Meet with the leadership team to share impressions and select individuals to invite to the PFAC.	
Designate a selection committee member to follow up with all candidates (via email or call) to communicate next steps (invite to participate or suggest alternative opportunities).	

Orientation

Starting the partnership with a thoughtful orientation for both health care and patient partners demonstrates respect for everyone's perspectives and time. Skipping this step can undermine meaningful engagement and may be perceived as tokenistic. A typical PFAC orientation includes:

- Meeting other members.
- Learning about the organization's mission, structure and services.
- Understanding the specific PFAC role, scope, terms of reference and expectations.

- Answering any further questions to ensure participants feel prepared.

The patient experience team can assist in planning the agenda and may present some of the orientation content.

Next Steps	
Hold the orientation date and time in applicable calendars.	
Invite all council members, including health care leaders and patient partners.	
Create the agenda and PowerPoint presentation for the orientation.	
Distribute follow-up email to patient partners with orientation resources.	

Onboarding

Creating a supportive and welcoming environment for patient partners highlights the organization’s respect for their time and partnership.

- Partner with volunteer resources to enhance the welcoming experience for patient partners.
- Have patient partners sign the organization’s confidentiality form to ensure information sharing among council members.
- Collaborate with the patient experience team to identify risks and develop mitigation strategies.

Next Steps	
Work with volunteer resources to onboard patient partner.	
Ask patient partners to sign the organization’s confidentiality form.	

It is important that the PFAC recruitment plan is realistic when considering the timeline and capacity of selection committee members.

Key Takeaways:

- Content of a PFAC recruitment plan
- Definition of a selection committee
- Supports for patient partners
- Content of an orientation

Appendix:

- [Summarize Candidates Template](#)
- [Confidentiality Form](#)
- [PFAC Terms of Reference Template](#)
- [Recruitment Material Template](#)
- [Recruitment Plan Template](#)

Module Four: On-going Support

It's important to ensure time for a variety of topics as meetings. Some of the main goals of a regular PFAC meeting are to:

- **Facilitate regular check-ins** for patient partners to communicate challenges and for health care leaders to provide updates.
- **Share information** about local, regional, program, and/or project updates and data.
- **Invite presenters** to provide information, seek insights or recruit for new opportunities in a consistent way.

Planning

Schedule regular agenda planning meetings with the chair, health care partner liaison, administrative support and the patient experience team, typically occurring one to two weeks before the PFAC meeting.

Potential topics include:

- Debrief previous PFAC meeting.
- Review meeting minutes and ensure action items are included in agenda.
- Review the draft agenda.
- Identify presenters and coordinate their presentation.
- Discuss communications from patient partners.
- Identify need for recruitment, selection, onboarding or orientation needs of new council members.

There are other elements to consider when you are seeking to support patient partners. Those include:

- **Feedback Mechanism:** Gather feedback from patient partners after meetings to improve future sessions.
- **Resource Hub:** A centralized online resource hub for patient partners that includes materials, meeting notes and additional resources.
- **Mentorship Program:** Consider establishing a mentorship program where experienced patient partners can guide new members.
- **Recognition:** Develop a recognition program to celebrate the contributions of patient partners.

By keeping these elements in mind, you can foster a supportive and effective PFAC that enhances collaboration between health care leaders and patient partners.

Next Steps ✓	
Schedule regular PFAC agenda planning meetings.	
Identify the best person to draft the agenda.	
Explore adding additional elements to your PFAC support.	

Agenda Items for Initial PFAC meetings

To establish a solid foundation for the PFAC, include the following items in the first few meetings:

Agenda Item – Purpose
Approve, Consent and Share Contact List.
Annual Meeting Dates: Share the list of meeting dates for the next year, reviewing for conflicts with statutory holidays.
Terms of Reference review: Review, revise and approve the Terms of Reference.
Annual Agenda Items: <ul style="list-style-type: none"> • Share meeting dates for the next year (with a holiday conflict check). • Review and revise Terms of Reference. • Review annual PFAC report. • Assess recruitment needs and available support.

You could also consider a patient partner as a co-chair of the PFAC. And, in some cases, patient partners find it beneficial to meet separately to get to know each other and discuss agenda items that they would like to include. The patient experience team may

be available to help you think about those options and attend planning meetings, meet with presenters and attend the PFAC meetings.

PFAC Meeting Agenda:

Select standing agenda items to simplify planning and ensure consistency:

Agenda Item – Purpose
Territory Acknowledgement
<u>Check-in Question</u> : Build relationships by including a check-in activity at the beginning of each meeting.
Call for Additional Agenda Items.
Approve Previous Meeting Minutes and Agenda.
Local/Program/Department Updates.
Opportunity Round Table: Patient partners share engagement opportunities, successes, and challenges. OR Opportunity Highlight: One patient partner shares their experience.
Leadership Engagement: Discuss data review/analysis, priorities, strategic plans, accreditation, public facing webpages.
Presenter: Raise awareness, seek insight, recruit or develop an engagement plan.
Upcoming Opportunities and Events: Recruit for quality walkabouts, leadership panel interviews, redevelopment projects and quality committees.
Regional Patient Experience Update: If applicable – the regional team shares work happening across the organization in patient experience.
Check-Out: A designated time at the end of the meeting for participants to share their final thoughts, reflections or feedback before adjourning. It's an opportunity for PFAC members to provide any closing remarks, ask questions or offer comments on the meeting proceedings.

It is wise to consider balancing the meetings between how much information to share and possible further engagement opportunities. To accommodate the number of updates, you may want to start a newsletter that’s shared with the agenda. During the meeting leave a little time to discuss and answer questions about the content in the newsletter. This will create time for the other agenda items such as presentations and engaging in the moment. Work with a patient experience team and patient partners to explore these options.

Key Takeaways:

- What is in a PFAC agenda
- Importance of on-going support

Appendix:

- [Relationship Builder Template Questions](#)
- [Agenda Template](#)
- [PFAC Minutes Template](#)
- [Presenter Summary Template](#)

Module Five: Closing the Loop

Closing the Loop (CTL) is crucial in patient engagement and should occur throughout the relationship, and always when an engagement ends, or a patient partner's term concludes. It involves:

- **Appreciation:** Acknowledge the end of the engagement and thank patient partners for their contributions.
- **Engagement Outcome/Impact:** Share how patient partners' contributions influenced the initiative.
- **Initiative Outcome/Impact:** Share if the initiative met its aims and discuss outcomes, impacts or progress made.
- **Ongoing Communication:** It's best practice to keep patient partners informed about progress and impacts throughout the engagement, not just at the end.
- **Managing Transitions:** Recognize that patient partners may come and go; having a robust closing plan helps ensure that everyone feels valued and appreciated.

Kit Completion

After completing this kit, you'll be prepared to engage patient partners in a PFAC. Consider the following organization-specific responsibilities before recruitment:

- **Review Backgrounds:** Assess potential patient partners' backgrounds.
- **Select Participants:** Decide who will be invited to participate.
- **Coordinate Logistics:** Manage all background materials, scheduling and communications.

- **Close the Loop:** Ensure feedback and closure with patient partners regarding the PFAC process, including those not selected for participation.

Key Takeaways:

- Definition of closing the loop
- Organization responsibilities for the next steps
- Additional suggestions for PFAC support

Appendix:

- [Annual PFAC Report Template \(Engagement Tracking\)](#)
- [Annual Check-in Template](#)

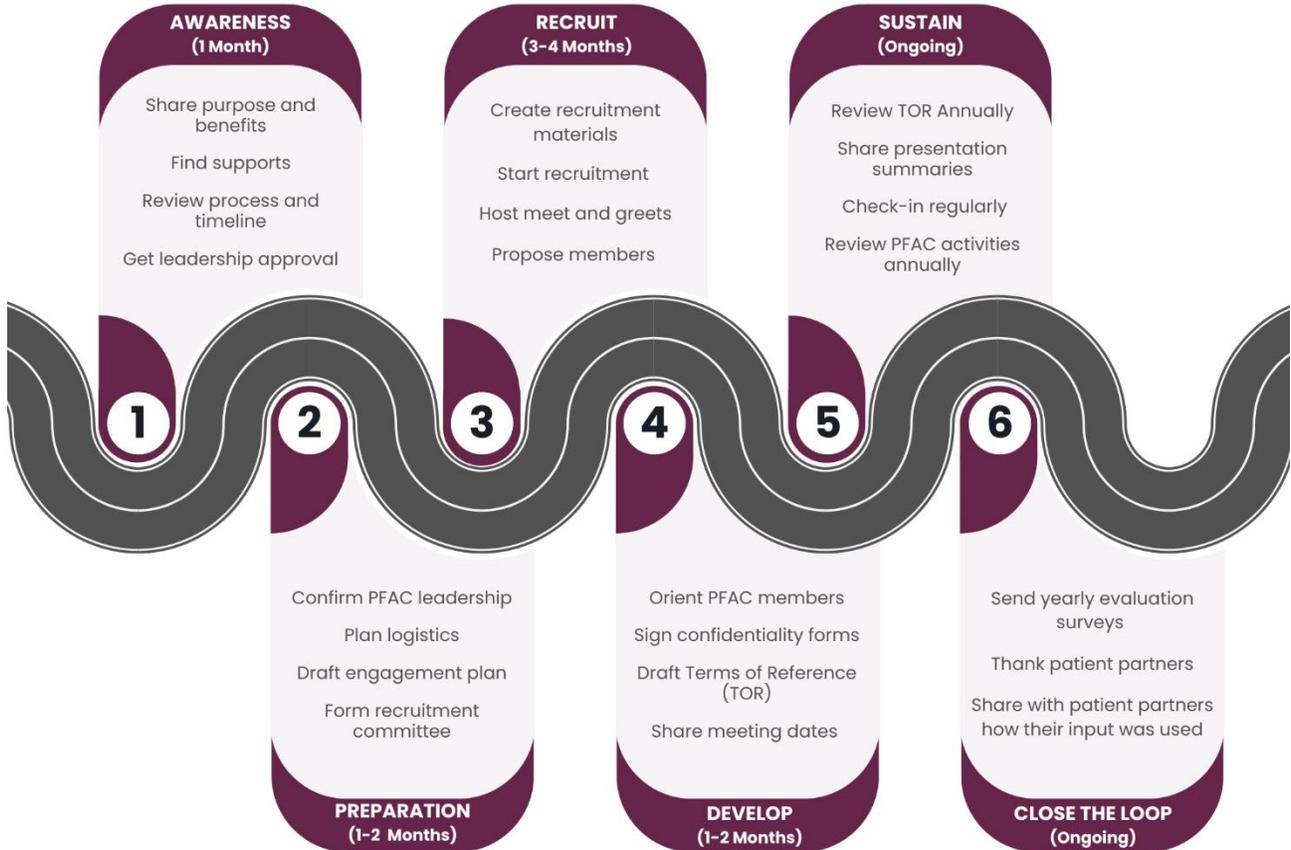
References

1. [Coulter A. Engaging patients in healthcare. New York \(NY\): McGraw-Hill Education; 2011. p. 10.](#)
2. [Alberta Health Services. 2017. Patient & Family Advisory Group: Orientation Handbook](#)
3. [Brockville General Hospital. 2015. Patient and Family Centred Care: Patient Advisor Handbook.](#)

Appendices

The following templates are provided to assist with implementing a PFAC. The *PFAC Roadmap* outlines the time and steps involved in developing a PFAC. After the *PFAC Roadmap*, you'll find several appendices with templates used by Fraser Health. A downloadable ZIP file is available for you to access and customize these materials, allowing you to adjust them to fit your efforts and align with your organization's style, font, and colors.

Patient & Family Advisory Council Roadmap



Appendix A: PFAC One-Pager for Health Care Providers

Local Patient and Family Advisory Councils

Person Centred Care is an approach to the planning, delivery, and evaluation of health care that is based on partnerships between health care providers, patients, and families.

What is a local Patient and Family Advisory Council (PFAC)?

Patient and Family Advisory Councils (PFACs) are regular meetings with patient partners (community members with a health care experience), healthcare leaders, and healthcare providers to make sure all perspectives are included in service planning, delivery, and evaluation. The work of the PFAC is supported by {Health Authority} values of respect, caring and trust, Our Shared Commitments, and We Together.

What does the PFAC do?

- Supports meaningful and appropriate patient and family engagement
- Contributes to strategic and operational planning related to the patient experience
- Supports policy development, implementation and evaluation
- Promotes a Person-Centred Care Philosophy and approach to care
- Supports initiatives to improve quality and patient safety

Examples of opportunities in a PFAC?

- Review and analyze real time patient experience data
- Share ideas for ways to implement policies
- Provide feedback on patient education materials
- Provide feedback on quality improvement projects
- Contribute to communication strategies such as websites and signage

What level of engagement are PFACs?

- The level of engagement (goal of the relationship) ranges between consult, involve, and collaborate. Consult involves asking patient partners for feedback and reflecting on their perspective at a specific point in the project or at the involve level feedback is requested throughout the project. Collaborate involves incorporating patient partners into the decisions.

What supports are available for a PFAC?

PFACs are supported by:

- {Health Authority} Patient Engagement team
 - Support recruitment and orientation, support agenda planning and executive team, seek resources, guide presenters
- Volunteer Resources
 - Support recruitment and orientation, ongoing site support
- Local Executive Leadership team
 - facilitate meetings, be a part of the meetings with those that express interest in participating

Qualities of a Patient Advisory Council Member:

- Share insights and information about their experiences in a way for others to learn
- See beyond their own personal experiences
- Show concern for more than one issue or agenda
- Respect the perspectives of others
- Speak comfortably in a group
- Work well in partnership with others
- Be committed to attend meetings
- Be collaborative

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Definitions



Patient Engagement

A person-centred approach that fosters inclusion of the **perspectives** of the people we serve and their essential care partners in decision making through the development of meaningful partnerships from the bedside to the boardroom¹.



Patient Partners

Volunteers who have either had a direct care experience or have supported someone as an essential care partner.

¹Carman KL, Dardess P, Mauer M, Sidani S, Adams K, Bechtel C, Swensen J. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Aff (Millwood)*. 2013 Feb;32(2):223-31. doi: 10.1377/hlthaff.2012.1133

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Alignment



Ministry of Health

Person-centred framework



Strategic Plan – OKR 1.5

"Implement the attributes of a compassionate and quality practice environment to increase patient satisfaction to 80% and reduce the hospital harm by 10% by Q4".



Accreditation

"Embedding people-centred care at all level within health care in new and innovative ways" (HSO Standards Companion Document)

Results

- Doing things **with** the people we serve and not **to** or **for** them
- Incorporating all perspectives into decisions being made which promotes innovative, responsive solutions and applicable services
- Developing open, honest, and trusting relationships with patient partners which promotes 2-way communication
- Improving everyone's experience (provider and the people we serve)

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Patient and Family Advisory Councils



Person and
Family Centred
Care



Partnerships



Perspectives

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3

Patient Partners

Advise NOT advocate

Ready to share their perspective

Respect the experience of others

Curious and committed

Open minded and collaborative

Respect confidentiality

Insert logo here

4

2

Examples of Patient Engagement

- ✓ Education and Practice
- ✓ Wayfinding
- ✓ Redevelopment Projects
- ✓ Quality Improvement Projects
- ✓ Information for the Public
- ✓ Data Analysis: Real Time Patient Experience Survey
- ✓ Strategic Planning
- ✓ Exploring Lived Experiences
- ✓ Quality Walkabouts
- ✓ Leadership Panel Interviews
- ✓ Accreditation Mock Tracers

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Considerations



Readiness



Focussed Questions



Key Contact



Confidentiality



Reimbursement



What patient experience data already exists?

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6

3

Call to Action

- **Recruitment:** We need your help to recruit more patient partners.
- **Identify Opportunities:** What projects are you supporting / involved in that would benefit from including the patient perspective?

Contact

<insert contact information>

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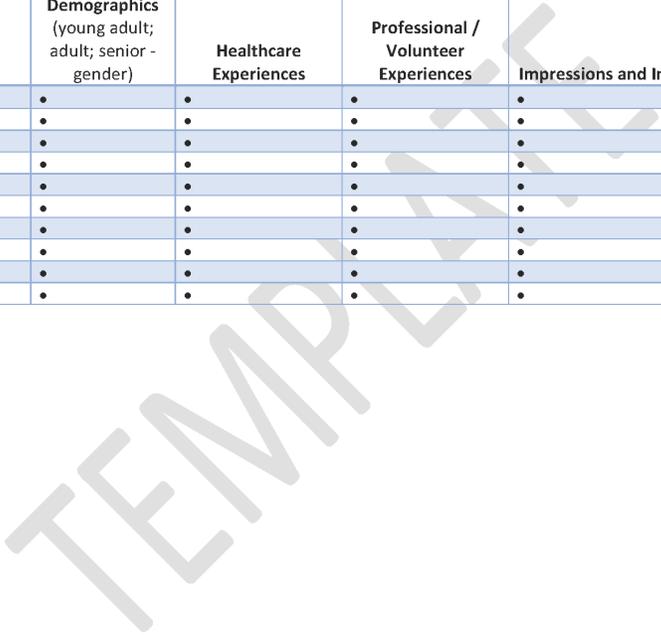
TEMPLATE

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Appendix C: Summarize Candidates Template

Proposed Patient Advisors for Surrey Patient and Family Advisory Council (PFAC)

Name	Demographics (young adult; adult; senior - gender)	Healthcare Experiences	Professional / Volunteer Experiences	Impressions and Interests	Availability
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•



Appendix D: Confidentiality Form

{Health Authority name} – Confidentiality Acknowledgement

The collection, use and disclosure of personal information under the custody and control of Fraser Health is governed by British Columbia's *Freedom of Information and Protection of Privacy Act (FOIPPA)* and the policies of the {Health Authority}.

Volunteers are required to ensure confidentiality of personal information and exercise discretion when discussing the business of the {Health Authority}. In the performance of duties, all information is confidential and shall only be accessed on a "need to know" basis to carry out individual responsibilities. Under no circumstance will volunteers permit unauthorized access to, or use of, personal or corporate information.

Information shall not be altered, copied, interfered with, destroyed or removed except as authorized.

Volunteers acknowledge their Volunteer Works/electronic personal user ID is equivalent to a legal signature. Personal user IDs shall not be disclosed to anyone nor shall an attempt to learn or use another person's user ID be made.

Volunteers acknowledge they have an obligation to report any unauthorized disclosures or demands for disclosure from outside of Canada, including subpoenas, warrants, or court orders to the Fraser Health Information Privacy Office. Volunteers are protected under FOIPPA and cannot be disciplined for reporting or refusing to process unauthorized disclosures or foreign demands for disclosure.

Compliance with the *Confidentiality Acknowledgement* is a condition of volunteering, privileges and association with the {Health Authority}.

I acknowledge that I have read and understand the {Health Authority name} entitled Confidentiality and Security of Personal Information and understand the consequences for breach of this policy. I further acknowledge that I have read and understand the contents of this Confidentiality Acknowledgement Statement.

Volunteer Name (Please Print)

Volunteer Signature

Date

Form Updated: August 2021

{Health Authority} Volunteer Resources
Updated: 08/04/21

Appendix E: PFAC Terms of Reference Template

<Header>

<insert council name> Terms of Reference

1.0 Background

The work of the <insert council name> will be supported by Fraser Health values of respect, caring and trust. This volunteer role is advisory, not advocacy in nature. The difference between these two roles is considered as follows: An Advisor seeks to inform a process, while an Advocate seeks to ensure a particular outcome.

A diverse group of perspectives will help contribute to and drive:

- health services strategic and operational planning
- policy development, implementation and evaluation
- person-centred care culture
- initiatives to improve quality and patient safety
- staff / employee wellbeing and development
- two-way dialogue and communication focused on bringing the voice of the people we serve and their essential care partners throughout the organization

The actions and decisions of the <insert council name> will focus on Fraser Health's priorities and objectives and key results (OKRs) which are based on the Ministry of Health directives, as well as aligning to Ministry of Health directives and frameworks concerning person-centred care.

2.0 Purpose

The purpose of the <insert council name> is to engage and partner with Fraser Health, its senior leaders and health care providers to collaborate and provide strategic advice on advancing a person-centred approach to care services and improving the experience of the people we serve. The level of engagement, as per the International Association of Public Participation (IAP2), will be shared when engagement opportunities are presented to the <insert council name>. The <insert council name> will strengthen the relationship between Fraser Health and members of our community by ensuring partnership in learning, idea-sharing, and information flow.

3.0 Membership

The <insert council name> aims to encompass a diversity of perspectives from communities across the region. Membership will include consideration of characteristics such as and not limited to: healthcare experiences, geographic and cultural/ethnic backgrounds, race, age and generation, indigenous identity, gender identity and sexuality, disabilities, country of origin, citizenship and immigration status, religious and spiritual perspective, socio-economic status, access to power, and experiences of oppression or trauma among many others¹. There is also, of course, much that unites us, not least of which is our common humanity.

Members (people we serve):

- **<insert council name>** representation will be comprised of 6-10 individuals who received direct care or are essential care partners in Fraser Health. Members may hold a joint appointment on the **<insert council name>** and other advisory committees (i.e. Clinical or network teams).
- **Members (people we serve):**
 - will complete the application, pre-screening and interview process
 - are not employed by Fraser Health
 - demonstrate ability to work in partnership with others
 - communicate effectively
 - are respectful and open to the perspectives of others
 - are able to work collaboratively with Fraser Health employees and leaders
 - complete Fraser Health's confidentiality agreement
 - represent a diversity of skills, knowledge/opinions and experiences to help advance the work of the **<insert council name>** available to attend 80% of the scheduled **<insert council name>** meetings in-person (when applicable), via telephone, or virtual. If unable to attend 80% of the scheduled **<insert council name>** meetings, **<insert council name>** member and Patient Experience Director will explore the context of the absences and opportunities for participation on the **<insert council name>** or other engagement endeavors.
 - The chair will ask the patient partner to step-down from the council if it is determined that availability or commitment level has changed. Alternatively, if applicable then a Leave of Absence may be offered.
- **Appointment Process:** The Recruitment and Selection Committee will be comprised of existing patient partners and FH Staff members. The Recruitment and Selection Committee will meet and greet those that express interest and make recruitment recommendations. The **<insert council name>** will review and approve recommended members.

Newly recruited **<insert council name>** members will be able to audit 1 meeting before committing to join as well as a trial period of 3-6 months to ensure it is a good fit for all.
- **Term:** Membership term is two years, with a minimum commitment of one year. Members may be invited to apply for one additional two-year term. In the management of term renewals, consideration will be made to maintain a balance of new and experienced members. Members may withdraw from membership at any time and by any means (i.e. written or verbal).

Members have the option at the end of term to hold "Alumni" membership for one year and in doing so agree to support and mentor new **<insert council name>** members for

both the Regional and any local advisory committees if required. Alumni are also encouraged to act as “alternates” for sitting <insert council name> members or “additions” as needed or requested (vacation coverage, sub committees/working groups, diversity, etc.). Alumni members are invited to participate in the monthly “Business” meetings and will receive copies of the minutes from monthly meetings.

Members (Fraser Health staff):

- <insert council name> representation will be comprised of up to 4-8 individuals who are employees in Fraser Health and have an area of focus that relates to current Fraser Health strategic direction and alignment with person-centred approach to care. Membership will be reviewed every year for availability and applicability.
- **Members (Fraser Health staff):**
 - are employed by Fraser Health
 - demonstrate ability to work in partnership with others
 - communicate effectively
 - are respectful and open to the perspectives of others
 - are able to work collaboratively with patient partners
 - agree to attend 80% of the scheduled <insert council name> meetings in-person (when applicable), via telephone, or virtual. If unable to attend 80% of the scheduled <insert council name> meetings a designate from the department will attend.
 - The chair will ask the Fraser Health Members to step-down from the council if it is determined that availability or commitment level has changed.
- **Current members:**
 - Executive Sponsor: Vice President, Professional Practice, Quality, Learning, and Research
 - Executive Director, Professional Practice and Chief Nursing and Allied Health Officer
 - Director, Patient Experience (Chair)
 - Directors, Clinical Quality & Patient Safety
 - Leader, Patient and Family Centred Care
 - Clinical Practice Consultant, Patient Engagement (patient partner liaison and administrative support)
 - Indigenous Health representative & Lead, Health Equity and Community Engagement
 - Lead, Planetary Health

Previous Health Care Members	<ul style="list-style-type: none"> • Director of Primary Health Care
Potential Health Care Members	<ul style="list-style-type: none"> • Physician / Nurse Practitioner • Long Term Care Assisted Living • Virtual Health • Integrated Medical Information Technology (IMIT)

	<ul style="list-style-type: none">• Clinical Staff• Mental Health Substance Use
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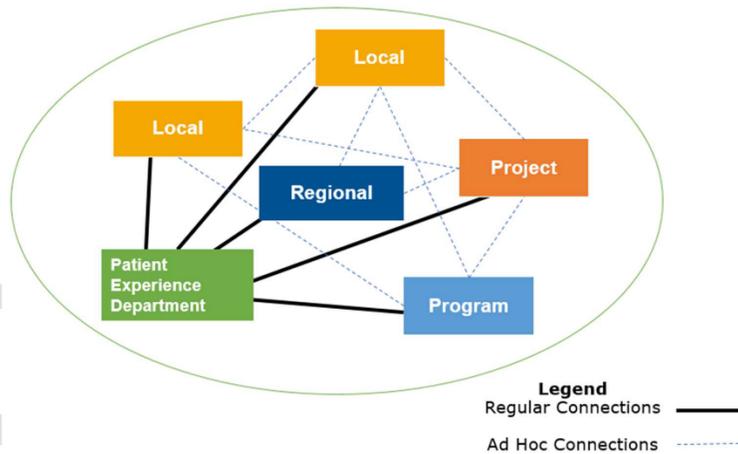
4.0 Accountability

The <insert council name> is accountable to the Fraser Health Executive, which reports to the Board Quality Performance Committee, through the Executive Sponsor. Members may hold a joint appointment on the <insert council name> and other advisory committees or opportunities.

When applicable and decided upon by the regional council, selected <insert council name> members will engage with other Patient and Family Advisory Councils (PFACs), on an ad hoc basis, to represent a broader voice at the regional table and enable two way dialogue between regional and local tables.

The PFAC Network structure is depicted in the following diagram:

Patient and Family Advisory Council Network



All PFACs will focus on priorities, goals and initiatives specific to the local area, program, or project.

5.0 Meetings

- <insert council name> Meetings:

Monthly <insert council name> meetings (minimum 10 meetings per calendar year) are conducted in-person at Central City in Surrey or via Zoom. Meeting may be postponed or canceled if there is less than 50% of patient partners present.

Every year, the <insert council name> will determine meeting dates / times to ensure the maximum amount of representation including consideration of evening meetings if applicable.

Meeting agenda, minutes and related materials will be provided electronically. Members may be asked to review and comment on relevant documents circulated electronically between meetings, or through ad hoc meetings.

- **<insert council name> Business Meetings:**
Business meetings will take place approximately 2 weeks before the <insert council name> meeting and involve the patient partners of the <insert council name>. The <insert council name> Business meetings provide the patient partners of the <insert council name> with an opportunity to discuss, provide suggestions and plan the agenda for the next <insert council name> meeting. The Business Meeting is utilized in lieu of a patient partner co-chair model as the <insert council name> agendas are created collaboratively. Co-Chair model is revisited on an annual basis.

6.0 Quality and Safety Walkabouts

The <insert council name> members participate in Executive Walkabouts with members of the FH Executive Team twice per year (spring and fall: during unrestricted times). The purpose of the Executive Walkabouts is to link directly with FH operations staff and leaders, local PFAC members and the people we serve and their essential care partners in a FH facility. Input from all participants of the Executive Walkabouts are documented and sent via the Vice President of Patient Experience to the <insert council name> and FH Board for review and discussion in <insert council name> Meetings. <insert council name> members are bound by the FH confidentiality agreement. Those <insert council name> members who participate in the Executive Walkabouts should be up to date on their immunizations, complete a Criminal Record Check, and take preventative measures to prevent the spread of influenza, etc. in accordance with FH Policies.

7.0 Review of Terms of Reference

The Terms of Reference will be reviewed and signed on an annual basis by <insert council name>.

- Approved on <insert date> by the <insert council name>.

Appendix F: Recruitment Material Template

Be a partner in improving health care in <insert City/Town>!



Volunteer to improve health care in your community!

We are seeking people who have been a patient of caregiver to join the community Patient and Family Advisory Council (PFAC).

For more details please contact <name> at <email> or <phone>

Sign up at
PatientVoicesBC.ca

<insert logo(s) here>

Appendix G: Recruitment Plan Template

Recruitment Strategy for <insert name of PFAC>

Logistics <ul style="list-style-type: none"> Timeline: <ul style="list-style-type: none"> o Complete by <insert date> Recruitment Strategy: <ul style="list-style-type: none"> o All contribute Selection Committee: <ul style="list-style-type: none"> o <insert names> Process (as per TOR) <ul style="list-style-type: none"> o Short list; Meet and Greet; Submit proposed list for approval; Audit; Orientate; Join 	Phase I Plan <ul style="list-style-type: none"> Reach out to patient partners in local engagements Phase II <ul style="list-style-type: none"> Patient Voices Network (PVN) Volunteer Resources Local Networks Review list below for options 	Goals <ul style="list-style-type: none"> How many new members? <ul style="list-style-type: none"> o <insert number> Target Population: <ul style="list-style-type: none"> o <insert list> Experiences of new members: <ul style="list-style-type: none"> o <insert list>
Recruitment Material <ul style="list-style-type: none"> Poster Patient Voices Network Request 	Phase III Plan <ul style="list-style-type: none"> Posters (Community Posting Boards) Media (internal) <ul style="list-style-type: none"> o External webpage (and social media calendar) o Other communication channels Phase IV Plan <ul style="list-style-type: none"> Media (external): <ul style="list-style-type: none"> o Newspaper pitch o Radio 	Next Steps <ul style="list-style-type: none"> Individual check-in with current members to assess their term Selection Committee: <ul style="list-style-type: none"> o review and approve meet and greet conversation guide o identify dates for meet and greets o review the list of patient partners who express interest
Key Partners <ul style="list-style-type: none"> Internal <ul style="list-style-type: none"> o Volunteer Resources External: <ul style="list-style-type: none"> o Patient Voices Network(PVN) o Community Organizations 		

Recruitment Ideas:

Pharmacy Partners - Posters
Connecting in-person at local community gathering places
Health education programs at S.U.C.C.E.S.S. Social Service Agency in British Columbia, Canada (successbc.ca) and MOSAIC Settlement and Employment Services for Newcomers (mosaicbc.org)
DIVERSEcity Community Resources Society (dcrs.ca)
Connect in-person in healthcare settings such as out patient clinics, pharmacies, lab
Partner with existing organizations related to chronic illness supports, disease specific groups, population specific organizations
Share recruitment material at with the people we serve - focus on those that are regularly using the healthcare system such as chemotherapy or dialysis
Create posters that represent the diverse population and in different languages
Social marketing such as community radio stations and local papers
Partner with groups within the organization such as population and public health, South Asian Health Institute, New Canadians Clinic
Distribute recruitment material with provincial partners (such as BC SPOR, BC Cancer, BC Renal, BC MHSUS, etc...)
Distribute recruitment material to Post-Secondary Institutions
Distribute recruitment material at local volunteer centres

Ask patient partners to answer the following questions prior to meet and greets (i.e. RSVP questions):

- How does your health care experience relate to this opportunity? (no need to provide a lot of details)
- What does person-centred care mean to you?
- What contributions would you like to make as a member of <insert name of PFAC>?

Appendix H: Relationship Builder Template Questions

insert logo here

Check-In to Build Relationships

- 1) What's one thing that brings you energy and joy?
- 2) What's one thing you hope to get accomplished at today's meeting?
- 3) What's one thing people don't know about you?
- 4) What is your personal weather status (cloudy, foggy, sunny breaks etc)?
- 5) If you could invite someone you respect to sit beside you and support you in making this meeting successful, whom would that be?
- 6) What is one interest of yours that others in this group might not know about?
- 7) Share a one or two-word intention you hold for today's meeting/conversation.
- 8) What is something you came across recently that gave you hope or inspiration?
- 9) My favorite time of year is...
- 10) What is your favourite gift?
- 11) What's your favorite tradition or holiday?
- 12) What's the most beautiful place near where you live?
- 13) Coffee or tea?
- 14) Cats or Dogs?
- 15) Salty or Sweet?
- 16) Are you a morning person or a night person?
- 17) How do you recharge?
- 18) What languages do you know how to speak?
- 19) My favourite childhood toy was...
- 20) The Little Known Fact: ask participants to share one little known fact about themselves.
- 21) True or False: ask your participants to make three or four statements about themselves, one of which is false. Now get the rest of the group to vote on which fact is false.

insert logo here

- 22) What's your favorite part of vacation: the anticipation, the trip itself or the memories?
- 23) What is your wildest career fantasy?
- 24) What are three things you loved about this year?
- 25) What is your best "quirky talent" (eg: I am a great packer)
- 26) What is something you're glad you did, but would never do again?
- 27) Name something you can't live without
- 28) What's one thing you wish you were really good at
- 29) What's the last thing you did that was "new for you"
- 30) My favorite animal for a pet would be...
- 31) The goal I have for next year is...
- 32) What's your favorite place of all the places you've travelled?
- 33) What view would you love to have from your room?
- 34) What would you like to learn to do someday?
- 35) Where would you most like to travel?
- 36) What one thing would you like to learn how to cook?
- 37) If you could bring back any fashion trend what would it be?
- 38) If you had to eat one meal everyday for the rest of your life what would it be?
- 39) What's your favorite sandwich and why?
- 40) What sport would you compete in if you were in the Olympics?

Appendix I: Agenda Template

<insert logo>

<insert name of council>
 <insert date of council meeting>
 via ZOOM

Zoom Link

<insert meeting link>

Time	Agenda Item	Speaker
<insert time>	1.0 Welcome <insert territorial acknowledgement>	<insert name>
	2.0 Check-In and Updates	All
<insert time>	3.0 Review & Approval of the Agenda 4.0 Review & Approval of Meeting Minutes	All
<insert time>	5.0 Action Item Review •	<insert name>
<insert time>	6.0 Standing Items • Local Updates • Regional Updates (if applicable) • Provincial Updates (if applicable) • Patient Partner Updates	<insert name>
<insert time>	7.0 New Business •	<insert name>
<insert time>	8.0 Closing •	All
Next Meeting: • <insert upcoming meeting dates>		

<insert logo>

<insert name of council>
Meeting Notes <insert date of council meeting>

**<insert name of PFAC>
2024 – 2025 Meeting Dates**

Council Meeting 9:00- 11:00
November 25
January 27
February 24
March 24
April 28
May 26

TEMPLATE

Appendix K: Annual PFAC Report Template (Engagement Tracking)

<Insert location>Patient & Family Advisory Council
 Contributions and Impact
 <insert date>

<insert logo>



Year	Date	HSA*/Program/ Network	Presenter/ Contact Name	Project/Initiative/ Change Description	Relationship to organization strategy	IAP2 Level of Engagement^	Actions/Next Steps/Follow Up	Impact / Closing the Loop
[Grey Shaded]	January	Regrets – Health Care Partners		Regrets – Patient Partners				
	February	Regrets – Health Care Partners		Regrets – Patient Partners				
	March	Regrets – Health Care Partners		Regrets – Patient Partners				
	April	Regrets – Health Care Partners		Regrets – Patient Partners				
	May	Regrets – Health Care Partners		Regrets – Patient Partners				
	June	Regrets – Health Care Partners		Regrets – Patient Partners				
	July	Regrets – Health Care Partners		Regrets – Patient Partners				
	August	Regrets – Health Care Partners		Regrets – Patient Partners				
	September	Regrets – Health Care Partners		Regrets – Patient Partners				
	October	Regrets – Health Care Partners		Regrets – Patient Partners				
	November	Regrets – Health Care Partners		Regrets – Patient Partners				
	December	Regrets – Health Care Partners		Regrets – Patient Partners				

Previous actions

<insert opportunities waiting to close the loop from previous years>

Legend:

- Grey shading in rows for closed opportunities
- Green shading in rows for ongoing opportunities
- No shading in rows for opportunities waiting to close the loop

*HSA represents the term Health Service Area

^IAP2 Level of Engagement – Inform.Consult.Involve.Collaborate.Empower.

Appendix L: Annual Check-In Template

PFAC Check-in Email Template

<insert name>

Thank you so much for your participation in the <insert PFAC name> for the last <insert membership length>. We are checking-in with you to review your membership and ask for your feedback.

Please reply to <insert contact> by <insert date>.

1. You are <insert length> through your <insert number> term. Please let us know if your circumstances have changed and you are no longer available to serve on the council.
2. What aspects of the <insert PFAC name> have worked well for you?
3. Do you have any suggestions on ways to improve the <insert PFAC name>?

You have been such a valuable member of the council and I have really enjoyed working with you. You are <insert individual strengths / what you appreciate about their participation>.

I welcome any questions you may have,

<insert name>

Appendix M: Presenter Summary Template

**Patient and Family Advisory Council
Presenter Summary**

Presentation Date	
Department / Program / Network	
Presentation Name	
Presenter Name and Contact	
Presentation Description	
Relationship to Fraser Health Strategy	
Engagement Level	<p>Select from the following:</p> <p><input type="checkbox"/> Inform: To provide patient partners with balanced and objective information.</p> <p><input type="checkbox"/> Consult: To ask patient partners for feedback and provide feedback on how they influenced the decision</p> <p><input type="checkbox"/> Involve: To work with patient partners and reflect on their perspective throughout the process and consider their feedback in the decisions.</p> <p><input type="checkbox"/> Collaborate: To partner with patient partners in each aspect of the decision, incorporate their advice, and create innovative solutions.</p>
Resources	
Action Items	
Closing the Loop	

Sample Questions for Feedback from Patient Partners (for consult to collaborate engagement opportunities)	Closing the Loop Examples
<ul style="list-style-type: none"> • Having an awareness of this plan, what information do you think is important to share with the people we serve who are impacted? • What will be the most important things the people we serve need to know about this project? • What would the people we serve think is a priority for this project? • What concerns do you have about this project? • Do you anticipate any challenges with this project? • What resources you think would help implement this project in <insert location> (e.g. information posters, education from your health care practitioner, etc.) • What do you think is the best way to inform the people we serve and their essential care partners about this project? • Can you share what challenges or barriers you anticipate with this project? • What's of interest to you about this project? • What information would you need to participate in this project? • What process do you think is important to have the people we serve and essential care partners involved in? • Who else should we connect with about this project? • What ideas do you have for me/us in designing this project? • What part of this project do you think would benefit the most from patient engagement? 	<ul style="list-style-type: none"> • Share final copy of a document • Share final reports • Communicate results of the project • Share a written summary of the patient partners recommendations or insights: <ul style="list-style-type: none"> ○ Based on your feedback, we will take into consideration the following for <insert project name> ○ Thank you for your input on <insert project name>. You shared that... ○ Thank you for your feedback on <insert project name>. We heard you say... ○ Thank you for your response related to <insert project name>. As a result of our partnership we were able to... ○ We appreciate your time and value your perspective. Your feedback made a great impact on the direction of <insert project name>. As a result we are now... ○ Your perspective on <insert project name> was extremely valuable. In particular, your feedback about...has resulted in... • Invite patient partners to participate in celebrations or events • Invite council members to have a tour of a facility • Provide an update of the project (either written or in-person) to the council. Updates can include changes in time lines, specific accomplishments, current state, next steps, data, and/or changes in original plan.