Tallahassee Memorial HealthCare
Patient and Family Advisory Council (PFAC)
By-Laws
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Patient and Family Advisory Council (PFAC) By-laws

“This [program] embodies our promise to provide our patients and their families with empathetic and compassionate care grounded in the latest evidence-based practices.”

-Mark O’Bryant, President/Chief Executive Officer

Purpose Statement

The Patient and Family Advisory Council (PFAC) serves as a resource to leadership, colleagues and shared governance within Tallahassee Memorial HealthCare (TMH). The PFAC provides an opportunity for the organization to listen to their healthcare consumers and community members. This is an opportunity for patients and families to actively participate in the development of new programs and collaborate as partners with colleagues, physicians and leadership. This council will ensure a safe venue for patients and families to provide input into TMH’s processes and programs.

TMH Organizational Mission

Patient and Family Advisory Council Mission
Ensuring the voice of the patients and family members is heard and their influence is felt in a meaningful way.

TMH Organizational Vision
Leading our community to be the healthiest in the nation.

Patient and Family Advisory Council Vision
To keep Patient- and Family-Centered Care (PFCC) in the forefront of all TMH councils and committees.

TMH I-CARE Values
INTEGRITY We believe in strict personal honesty and independence.
COMPASSION We believe in sharing one’s suffering and showing mercy.
ACCOUNTABILITY We believe in being responsible for our actions.
RESPECT We believe in showing consideration to others.
EXCELLENCE We believe in achieving the highest level of quality.

PFCC Core Principles

Respect and dignity. Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing. Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

Participation. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

Collaboration. Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.
Patient and Family Advisors (PFAs)

Recruitment of PFAs
A diverse group of patient and family members, known as Patient and Family Advisors (PFAs), are recruited with recommendations from physicians, nurse managers, TMH colleagues, and current PFAs.

Requirements
All PFAs must meet human resources requirements prior to participation. Any time PFAs are serving on TMH premises, they must wear the PFA badge issued by Human Resources.

Training
All PFAs must complete a training session. These are scheduled on a quarterly basis.

Qualifications
In order to apply, members must have been a patient or family member of a patient who utilized services at TMH within the last two (2) years. Patients define the individuals who they consider as ‘family’. Exceptions to these qualifiers may be considered on an as needed basis.

Patient and Family Advisor Responsibilities
- PFAs may be inducted after each quarterly training session.
- PFAs will serve a two (2) year term.
- PFAs will attend 80% of the meetings each year of the council/committee/team that they are assigned to.
- If PFAs are selected to represent their committee or council on the PFAC, they will attend at least 60% of the meetings each year of the PFAC.
- PFAs must be willing to share insight and information about experiences in a manner benefiting a learning environment.
- PFAs will offer feedback in a constructive and professional manner.
- PFAs attending meetings will be prepared to report and actively participate.
- PFAs will adhere to all TMH policies and procedures relating to their role, such as, but not limited to: confidentiality, yearly update of health requirements, dress code, and wearing of badges when in TMH facilities as a PFAC representative.

Criteria for Removal from PFAs
PFAs may be removed if:
- a. Unable to meet the attendance responsibilities listed above.
- b. Their contributions are considered disruptive or negative.
- c. Hospital or patient confidentiality are not respected or are breached.
- d. They fail to comply with volunteer requirements.
Patient and Family Advisory Council (PFAC)

There will be a council made up of selected PFAs known as the Patient and Family Advisory Council (PFAC). It will consist of a chair, past chair, chair elect, secretary, liaisons, and the appointed representative from each area listed below. Off-going members may reapply. Initial rotation of members (January 2016) will take place so not all members are replaced at once.

The areas in which PFAs participate include, but are not limited to:

Interdisciplinary Shared Governance (ISG):
- Patient Experience Council
- Quality Improvement Risk and Safety
- Operational Efficiency and Feasibility
- Patient Care Technology Council
- ISG Integration Council

Nursing Shared Governance (NSG)
- Nursing Science and Knowledge
- Nursing Care and Outcomes
- Relationship Based Care Teams (5)

Cancer Center PFAC
- Family Medicine Residency Program
- Mustian Center Design Team
- Patient Safety/Organizational Improvement Committee
- Human Resources

PFAC Structure

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<tr>
<th>Role</th>
<th>Commitment</th>
<th>Member</th>
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<tr>
<td>Chair</td>
<td>3 year</td>
<td>Serves one as chair elect, one as chair, one as past chair</td>
</tr>
<tr>
<td>Chair-elect</td>
<td>3 year</td>
<td>Serves one as chair-elect, one as chair, one as past chair</td>
</tr>
<tr>
<td>Secretary</td>
<td>2 year</td>
<td>Serves to take minutes</td>
</tr>
<tr>
<td>TMH Colleague liaison</td>
<td>On-going</td>
<td>Executive Director of Patient-Centered Care</td>
</tr>
<tr>
<td>TMH Colleague liaison</td>
<td>On-going</td>
<td>Director of Patient Advocacy</td>
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Election of Officers

PFAs may run for the office positions of Chair, Chair-Elect, and Secretary. The Chair and Chair-Elect must be a member of the PFAC for greater than one year, except for the inaugural year.

   a. Elections for new Chair-Elect and Secretary will take place at the first meeting in January.
   b. The election will be held by secret ballot.
   c. Elections will be by majority vote (50%+1). In the event no candidate gets 50%+1, there will be a second ballot of the top 2 candidates and will continue until a clear majority is reached.
   d. Ballots will be prepared by the on-going TMH liaisons.
Meetings
A. PFAC will meet monthly at an agreed upon time.
B. There will be approximately ten (10) monthly meetings per calendar year.
C. PFAs will attend an additional meeting according to their interests and the needs of the TMH councils/committees/teams.
D. PFAs are responsible for notification to the TMH colleague liaison or TMH councils/committees chair regarding inability to attend scheduled meetings.
E. PFAs are accountable for working with the chairperson to ensure that the schedule is set to enable their attendance as much as possible.

Quorum
A quorum will only be necessary when PFAC elections occur annually in January, and for any Bylaw amendments. A quorum consists of 50% +1 of the PFAC. A PFAC member who will be absent may give his/her proxy for votes. All other PFAC recommendations will be decided through consensus of those present at the meetings.

Accountabilities:
Chair
A. Develops and facilitates the agenda
B. Leads the meeting
C. Serves as a spokesperson for the PFAC
D. Represents the group in between meetings and delegates responsibilities appropriately
E. Moves group to consensus
F. Delegates the role of facilitator to the chair-elect in the absence of the chair
G. Attends the Interdisciplinary Shared Governance Integration Council (ISG IC)
H. Mentors the chair-elect
I. Serves as past chair for one calendar year. Duties include guidance, as needed

Chair-Elect
A. Assists as requested by the Chair
B. Conducts business/meetings at the request of or in the absence of the chair
C. Attends a meeting of ISG IC with the chair to ensure a smooth transition
D. Serves as the chair the following year, and then the past chair for one year

Secretary
A. Record minutes of PFAC meetings and sends to the ongoing TMH colleague liaisons for distribution
B. Contact an alternate PFAC member to take minutes if unable to attend meeting

TMH Colleague Liaison Members
A. Foster, promote and be knowledgeable of Patient- and Family-Centered Care principles
B. Recognize and support PFA input
C. Contacts/coaches and/or removes under-performing members in consultation with the Chair
D. Support members of TMH councils/committees/programs to effectively work with PFAs
E. Act as liaison between PFAC and TMH senior leadership and Board of Directors
Environment
A. PFAC will maintain an environment that facilitates trust, support and open discussion. Inherent within this process will be efforts directed toward the development of individual members.
B. Meeting ground rules:
   a. Start and end on time
   b. Everyone participates
   c. No one dominates the discussion
   d. Respect each other’s ideas
   e. One person talks at a time
   f. Check your title at the door
   g. Complete all assignments
   h. Decisions by consensus
   i. No side conversations
   j. Support the decisions of the group

Confidentiality
To maintain appropriate and confidential handling of personal information, TMH patient and/or family members shall not be discussed by name in PFAC meetings. PFAs must also sign a HIPPA and Confidentiality statement. Confidentiality of TMH business will be maintained via signage of the TMH Code of Conduct.

Reporting
The PFAs and PFAC will report to the Executive Director of Patient-Centered Care. A quarterly report will be provided to the Ad-Hoc Patient- and Family-Centered Care Committee of the TMH Board of Directors. An Annual Report will be prepared by the PFAC Chair, with assistance from the Liaisons.

Amendment Procedures
A. These Bylaws may be amended by written notification of proposed changes and presented to the Chair two weeks prior to a Core PFAC meeting.
B. Amendments to the PFAC Bylaws will be presented during one of the council’s regular meetings and voted on at the following regularly scheduled meeting.