



A PATIENT AND FAMILY ADVISORY COUNCIL WORKPLAN: GETTING STARTED

A. Initial Steps for Starting a Council

1. Staff/stakeholders you need to help define the purpose of your advisory council and get support and/or commitment.

a. Physicians

Name	Role	Contact Info

b. Nurses

Name	Role	Contact Info

c. Patient Experience Personnel

Name	Role	Contact Info

d. Safety and Quality Personnel

Name	Role	Contact Info

e. Volunteer Department

Name	Role	Contact Info

f. Others

Name	Role	Contact Info

- g. One of the factors for ensuring success in an advisory council is support and commitment from senior leaders. Who are the senior leaders from whom you need support and commitment?

Name	Role	Contact Info

2. Draft a purpose for your advisory council here (These should be preliminary ideas about a purpose. Council members should be engaged to draft a purpose so they own it):

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B. Next Steps for Starting a Council

1. What Stakeholders Want a Patient and Family Advisory Council? Be specific. Those listed are examples.

- a. Board of Directors:
- b. Senior Leaders:
- c. Clinical service leaders:
- d. Patient experience, quality, and safety personnel:
- e. Staff:
- f. A blend of patients/family members who receive the following types of care:

2. Meeting Logistics

- a. How might the council meetings be structured?
 - Time of Day—ask patients, families, and staff about times that work:
- b. Meeting time—frequency (monthly is recommended with one or two months off for holiday or vacations.
- c. Meeting place—where:
- d. Parking:
- e. Refreshments:

3. What Support Does Your Advisory Council Need?

- a. Staff co-liaison/ co-leads (list names):
- b. Secretarial—who might provide this:
- c. Parking covered by?
- d. Budget—consider developing a budget to cover the following: (list dollar amount estimates, if possible.)
 - Food/Beverages
 - Printing
 - Postage (if needed)
 - Interpreter/ translation services
 - Parking/Transportation reimbursement
 - Childcare or respite care support (if needed)
 - Stipends for members (not all councils wish to have stipends)

4. Advisory Council Subcommittees

- a. Some councils identify work that could be done by a subgroup of the council. They will do the work and bring their plans to the council for input and sometimes, approval. Are there any subcommittees that you might need or wish to have? Examples are:

	<u>Yes</u>	<u>No</u>
Patient Education	Yes	No
Patient Experience	Yes	No
Patient Safety	Yes	No
Quality/Performance Improvement	Yes	No
Staff Education	Yes	No
Peer Support	Yes	No
Facilities	Yes	No
Council Membership	Yes	No
List Others		

5. Operating Guidelines

- a. Draft a set of bylaws or operating guidelines might be provided for those putting the council together. They need to be tailored by your advisory council to the needs and priorities of the council. (Sample bylaws published in *Essential Allies—Patient, Resident, and Family Advisors: A Guide for Staff Liaisons*, available from the Institute for Patient- and Family-Centered Care.)
- b. What do you want included in the guidelines?

6. Membership

- a. Number of council members
 - Patient and family members (suggest 12 - 15)
 - Staff members (suggest 3 - 4)
- b. Member terms—define the number of years you expect someone to commit as a member (both staff and patient/family members).
 - Example: 50/50 mix of 2 year and 3 year terms
- c. Attendance expectations—define how often you expect members to attend.
 - Example: 80% of meetings or 8 out of 10 meetings

Define attendance (i.e., can they attend virtually through video conferencing or conference calls)

7. Recruitment—Where and How You Find Members for the Advisory Council and Other Collaborative Initiatives.

- a. Where will you maintain the list of potential advisors for the advisory council and other collaborative initiatives? It is wise to maintain a computerized database with items such as names, contact information, preferences for level of involvement, and interests. This allows you to easily track and match patients and family members to opportunities to join the council or other advisory efforts.

b. Sources/contact persons for the recruitment of patient and family advisors.

Name	Role	Contact Info

c. Patient and Family Advisory Member Application forms. Samples are included in the publication *Essential Allies—Patient, Resident, and Family Advisors: A Guide for Staff Liaisons*, available from the Institute for Patient- and Family-Centered Care.

8. Selection of Members

a. Selection criteria to consider:

- Able to listen to differing opinions and share different points of view.
- Positive and supportive of the mission of the organization.
- Share insights and information about their experiences in ways that others can learn from them.
- 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 with candor.
- Interact well with many different kinds of people.
- Work in partnership with others.
- List other criteria you will use depending on scope of council (e.g., organization-wide, service/unit/clinic specific)
 - Diagnosis/condition:
 - What services have the patients and family members used:
 - Diversity of backgrounds:

9. Orientation of Advisory Council Members

Many new members may never have served on a council or participated in collaborative projects with health care staff. Preparation and support are key factors to success.

a. Advisory council specific orientation may include:

- Participant introductions.
- The organization’s history, mission, and values.
- Overview of facilities and services.
- Brief presentations by administrators or other key persons.
- Brief presentations by patient or family leaders who have served as council members or in other advisory roles.
- The role of the council.
- Roles and responsibilities of officers, staff liaison, patients and family members, and staff members.
- HIPAA and expectations for honoring privacy and confidentiality.
- Overview of a typical meeting structure — minutes, committee reports, typical agenda.
- Practical details — where to park, what to wear, what to bring to meetings.
- Attendance expectations.
- Additional items:

b. What are the objectives of your orientation?

- To introduce patients/ advisory council members.
- To build an understanding of your organization’s mission, values, vision, and partnerships.
- To provide virtual tour of services or tour of the organization facilities.
- To have patients/ families define clear “purpose” of council.
- To acknowledge that some discussions may create tension or a sense of uneasiness and that respectful deliberation is important.

c. Whom do you want to include as part of your orientation?

- Key leaders of the organization:
- Key leaders of the services:

C. Maintaining and Ensuring Success with Your Advisory Council

1. Tracking accomplishments

a. How will you track your advisory council accomplishments?

- Minutes
- Specific goals defined and achieved
- Outcomes and impact of activities
- Agenda planning with clear closure and transition at the end of each meeting
- Good attendance at meetings
- Advisory Council Annual Report
- Annual evaluation/assessment of council and council members
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b. Celebrating success is a way to sustain a council. List ways you might celebrate successes.

- Celebratory and acknowledgement activities should be provided with genuine feeling, appreciation, and be meaningful to individuals involved.
- Thank you's at meetings when appropriate.
- Small gift at the end of a member's term.
- Annual celebratory dinner.
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2. Planning for challenges and how to overcome them

a. What challenges do you expect to encounter with establishing and maintaining your advisory council? List challenges and possible strategies to overcome them?

- Challenge:

- Challenge:

- Challenge:

3. Agenda ideas for your first 2-3 council meetings.

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4. Timeline

Activity	Targeted Completion Date
1. Initial Steps for Starting a Council	
2. Next Steps to Starting a Council	
Meeting	
Logistics	
Membership	
Recruitment	
Selection of Members	
Plans Developed for Orienting and Supporting New Advisors	
First Meeting Planned	
3. Maintaining and Ensuring Success	
Tracking Accomplishments	
Planning for Challenges	

Adapted from: Minniti & Abraham. (2013). *Essential Allies – Patient, Resident, and Family Advisors: A Guide for Staff Liaisons*. Available from the Institute for Patient- and Family-Centered Care. (www.ipfcc.org)