CHARTER Patient Advisory Council, PHMG PHOR

Title:	Patient Advisory Council (PAC)
Date Chartered:	7-16-07
Time Line:	On-going First Team Meeting January 2008
Sponsor(s):	Physician Council (PC) Leadership Team (LT)
Purpose:	1. To assure alignment and integration of patient and family centered care within PHMG, the PAC will serve as a formal mechanism for involving patients and families in policy and program decision making in our clinics. Examples of PAC involvement includes but is not limited to:
	• Acting as champions of the Ideal Patient Experience and ensure its implementation across PHMG
	• Reviewing communication to patients and families to ensure it builds on patient family strengths and engages them in a partnership in health care services
	• As needed, recommending to the Leadership Team/Physician Council areas for improvement in service quality
	• Collaborate with regional quality projects as appropriate including participation in teams and/or recruitment of other patients/families to serve as advisors to time-limited project focused efforts
Council Co-Chairs:	Two Patient/Family Member of the PAC will serve as Co-Chairs, with staff support to ensure responsibility for:
	Convening meetings
	Setting and Prioritizing agendas
	Facilitation of meetings
	• Ensuring meetings are conducted efficiently
	• Ensuring support for members in presenting issues and needs
	 Ensuring correct regional and PHMG staff are present for agenda topics as necessary
	• Working effectively with all stakeholders in pursuit of the quality vision that supports patient and family centered care
	• Working closely with quality staff, CHI and QC members between meetings as needed
	• Responsible for accountabilities of the Patient and Family

Advisory Committee

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	• Participating in an annual evaluation for effectiveness.
	 Participating in leadership training/coaching/mentoring as needed
Committee Membership	 Membership (12-16 members) representing the diversity of the population PHMG clinics serve: 8 Members from the Adult and Family Medicine Division (representing the full age spectrum 18-75+) 4 Members from the Pediatric Division 2-3 members from the Specialty Division (2 from Medicine; 1 from Surgery, if possible) 2 members from the Behavioral Health Division At least 2 members from RMP, Hilyardand 1 from Ivy Street Every clinic location must be represented on the Council by at least 2 advisors [RMP, Hilyard, Downtown Clinic, South, Coburg, and Barger] and 1 advisor from Ivy St. Chief Medical Officer Executive Director of Strategic Planning PHMG Quality Director Administrative Assistant to Executive Director of Planning Other: Invited guests per area of expertise as dictated by
Committee Members' Responsibilities	 monthly agenda items Each member is responsible to actively participate both in and out of meetings to achieve the council's purpose as stated above. Work effectively with other members as well as PHMG patients and families in identifying, promoting and ensuring a focus on creating the ideal patient experience. Act as change agents to support the achievement and maintenance of quality goals until they become the clinical standard across PHMG. Review materials provided prior to the meeting, so that each person is prepared to actively ask questions, contribute ideas and provide input during the meeting Monitor their area of expertise and bring status reports and concerns/needs to the full committee. The goal for decision-making will be consensus. However, if consensus cannot be reached, decisions will be made by a majority vote of all members. All members support meeting decisions once a decision leaves the room.

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	• The Quality Director and Executive Director will provide development opportunities/orientation.
Meeting Frequency:	• Full Committee will meet the each month from 5:30 - 7:30PM 7 regular face to face meeting a year (no December and July Meetings)
	• Between meetings there may be conference call scheduled to complete ongoing work (up to three).
	• Each member is expected to attend all meetings or notify the <i>Administrative Assistant</i> if barriers/conflicts prevent attendance.
	• There may be need for Ad hoc meetings and small group work as determined by the membership
	• Other times as needed to effectively execute its charter, including an orientation for new members each fall
	• Approx. 3-4 hours per month (standing meeting plus preparation and e-mail time)
Term:	• Our hope is that members will serve a 2-year term; other arrangement can be made as circumstances change.
	Open positions will be filled each year and new members will commit to a 2-year term, if possible. A minimum of one year is expected.
Membership Selection Process	• PHMG shall seek interest of individuals or family members of individuals who receive services from PHMG.
	 Interested applicants will be asked to fill out an application. Applicants will be invited to an informational session to meet current Patient Advisors and PHMG staff to learn more about the opportunities. The purpose of the informational session is to answer questions of the candidates and determine how well their interests match the needs and vacancies of the Council. Individual interviews will be held by chair of the PAC and
	the Quality Director. If both parties approve of the applicant, they will be invited to join PAC. When a consensus cannot be reached, the applicants will be forwarded to the Chief Medical Officer or Executive Director, who will make the determination on those individuals.
Effectiveness Goals:	 applicant, they will be invited to join PAC. When a consensus cannot be reached, the applicants will be forwarded to the Chief Medical Officer or Executive Director, who will make the determination on those individuals. TBD by the Patient Advisory Council
Effectiveness Goals: Review Charter:	applicant, they will be invited to join PAC. When a consensus cannot be reached, the applicants will be forwarded to the Chief Medical Officer or Executive Director, who will make the determination on those individuals.