Getting Started
Charter for SMMC PrimeCare Internal Medicine’s Patient Advisory Council

Guidelines to work together effectively

I. Purpose
Our practice strives to provide excellent, compassionate, primary healthcare service and cooperates with others to promote the well being of people within our communities. Our goal is to care for patients, families, communities and one another. We also recognize the patient/family as the most important factors in keeping the patient healthy. Therefore, the purpose of our Patient Advisory Council (PAC) is to advise the office on patient needs and primary care priorities from a patient-family perspective. The intent is to channel information from the PAC to the office staff to improve patient experience through enhanced office processes, policies, and program implementation. The plan of our practice is to implement the concepts and core expectations of the Patient-Centered Medical Home into the primary care setting.

II. Policy
The PAC will promote and guide the development of the Patient-Centered Medical Home model into the delivery of patient care. The PAC strives to promote respectful, effective partnerships among patient/families, professionals, and the community that lead to increased understanding and cooperation between patients/families and professionals and ultimately increase patient/family satisfaction and quality of care.

III. Procedure
A. Function
The primary function of the PAC will be to develop and improve mechanisms for patients/families to provide input to office staff, physicians, and administration so that services are reflective of the values inherent in the core expectations of the Patient-Centered Medical Home Model. The PAC will actively promote patient/family-centered care across the continuum by developing and promoting partnerships between primary care providers, patients/families, and the community.

B. Mission Statement of SMMC
Our mission is to provide excellent healthcare with compassion and respect while focusing on the values of patient-centered care, excellence, compassion, integrity, teamwork and stewardship.

C. Mission Statement of the PAC
Our practice PAC will promote the concepts and core expectation of the Patient-Centered Medical Home, which will guide those responsible for providing primary care services. The PAC seeks to accomplish this by educating staff on patient/family issues, and for office staff to educate the patient/family. The resulting partnership will ultimately lead to increased patient/family and clinical/office staff satisfaction.
D. By-Laws
1. PAC membership make up – The PAC will consist of 12-13 members; eight of these members will be patients of this practice, and 4-5 others will be members of our staff including a physician, patient service representative, clinical assistant, practice manager, and staff from our Community Relations office.
2. Committee Leadership – The PAC will be chaired by two Co-Chairs – an employee and a patient representative. The PAC will vote on the patient representative.
3. Recommendations – The PAC will make recommendations based on a consensus vote. That is, if something needs to come to a vote a majority of 51% of members will agree. When unanimous agreement can not be achieved, input from all members must be heard, and relevant data gathered. At least 50% of patients and staff members must be present.

E. PAC Member Term
We ask that all PAC members serve a minimum one year term in order to be most effective.

F. PAC Meetings
Meetings will be held monthly, with the day of the week to be determined by the PAC. Time of the meetings will be after office hours. Light refreshments will be served prior to meeting.

G. Attendance
In order to respectful of everyone’s time and commitment, we ask that members attend 75% of the monthly meetings. If a member is unable to attend a meeting, they are asked to call 72 hours in advance or as soon as possible. Members who miss three meetings without notification may be replaced. The practice leadership team will assess if they are able to fulfill the committee responsibilities. Exceptions can be made by the practice leadership team for emergencies, inclement weather, unexpected personal or family illness, etc.

In case of a cancelled meeting, a member from the practice leadership team will contact the committee members with a new date and time of the rescheduled meeting.

H. Resignation and Removal
If a member of the committee wishes to resign at any time, they are asked to submit a written letter to the practice leadership team. A member may be removed from the committee if they are unable to adhere to the by-laws and guidelines set forth.

I. Confidentiality Statement
To maintain appropriate and confidential handling of information, PAC members are reminded that, out of respect to individuals and hospital policy, discussing any information deemed personal or confidential can not be done OUTSIDE the PAC role. All HIPAA (Health Insurance Portability and Accountability Act) standards and guidelines that apply to the PAC will be adhered to at all times. A confidentiality statement and HIPAA release will be signed at the beginning of the first meeting for all new and joining members.
A "medical home" is not a building but a primary care physician and a team of health professionals who serve as a focal point for coordinating a patient's care.

The medical home model integrates and centralizes all aspects of care, from technology to test results, to enhance the healthcare experience for patients and families. It also reduces costs by improving access to high quality primary care; making it easier for patients to pursue healthy lifestyles instead of seeing a doctor only when they're sick.

...continued on back

**Want to be a Pioneer?**

*We are seeking individuals to be part of a Patient Advisory Council.*

**What is a Patient Advisory Council?**

A group of 8-10 people including patients, caregivers and family members who meet monthly to promote improved relationships between patients, families and staff, to provide a way for patients and families to review or create office policies and programs, and to communicate with staff how the practice is working for you.

A Patient Advisory Council candidate would be expected to: commit to a one-year term; attend 75% of meetings; be able to listen to different opinions and share different points of view; respect the ideas of others; speak comfortably in a group; get along with many different kinds of people; and work as part of a team.

**Make a Difference**

Join our team and help us improve our healthcare system for patients, family members and caregivers.

*If you would like to be on the Patient Advisory Council, please ask the receptionist for an application or call Practice Manager Jane Foley at 282-3349.*

*The way healthcare should be.*
FOUR SEASONS FAMILY PRACTICE

PATIENT AND FAMILY ADVISORY GROUP

Patient and Family Engagement
Four Seasons Family Practice
Patient & Family Advisory Group
Invitation, 1st Agenda (also the basis for our orientation) and Group Breakdown
YOU ARE INVITED!

Thank you for expressing your interest in participating in the first Patient Advisory Group at Four Seasons Family Practice. Your practice is entering an exciting new phase as we implement the Patient-Centered Medical Home approach to patient health care, and your insight, comments, and suggestions will provide us with invaluable tools as we embark on this process.

We would like to invite you to our first meeting, which will take place on Tuesday, September 14, 2010, at 5:30pm, at Four Seasons Family Practice. We hope to see you then. If you plan on attending, please confirm by calling our office at 453-3100. Light refreshments will be available for your enjoyment.

We look forward to working together with you to create a Patient-Centered Medical Home for all our patients at Four Seasons Family Practice.

Thank you for expressing your interest in participating in the first Patient Advisory Group.

August 30, 2010
Welcome and Thank-you for coming to the first Patient Advisory Group at Four Seasons Family Practice.

Patient Centered Medical Home Overview – Stephanie Calkins

Introductions – Jodi Heath

This will also be the basis of our orientation.

Welcome - Stephanie Calkins

Our First Advisory Meeting

September 14, 2010
Our Patient and Family Advisory Group breakdown:

- The total number of patients you are working with at your site: 8 (eight)
- How many are under age 30, age 31 to 65, and over 65?
  - Under 30: 1
  - 31 to 65: 6
  - Over 65: 1
- How many are Medicare?
  - Medicare: 1
- How many are MaineCare?
  - MaineCare: 1
- How many are commercial?
  - Commercial: 6
- How many state employees?
  - (none)
- How many from the University of Maine system—a new partner in our ACO work?
  - (one)
- Gender:
  - Male: 1
  - Female: 7
- The number by payer (how many are MaineCare, Medicare, commercial, self-pay etc.):
  - 8 (eight)

The total number of patients you are working with at your site:

None
What is the Patient Advisory Group?

As part of our Patient Centered Medical Home initiative, Four Seasons Family Practice is forming a Patient Advisory Group. It will be comprised of Four Seasons Family Practice patients and family members, Four Seasons Family Practice staff members, and Four Seasons Family Practice staff liaisons. The mission of the Patient Advisory Group is to help Four Seasons Family Practice patients succeed in practice changes that affect their health and health care experiences.

The Provider Advisory Group will do that in part by providing suggestions and feedback that address the following:

- Enhancing patient experience at the practice
- Meeting the needs of patients
- Enhancements to existing services
- Potential new services

PCMH and Press Ganey (now NRC Picker) surveys

Concerns or barriers as identified by the Patient Advisory Group

Enhancing patient experience at the practice

Meeting the needs of patients

What is the Patient Advisory Group?
What to expect as a member of the Patient Advisory Group

Meetings will be held quarterly on dates determined by the group. Topics such as the following will be discussed:

- Making the Patient/Office Visit more efficient
- Access to care—Open Access
- Reducing Cost and Waste in Your Medical Home
- Electronic forms
- Integrated Care in Your Medical Home
- And other topics as identified by the group, by staff or by surveys

The idea behind the transition for stronger care is to empower patients.
Annual Report
Patient & Family Advisory Group
Four Seasons Family Practice
Coming into 2011, the Four Seasons Family Practice (now the Patient and Family Advisory Group) agreed to meet every other month, on the second Tuesday from 6:00 – 8:00.

As we enter this next year with our Patient and Family Advisory Group, our goal is to consistently result in that as well as follow through with our initiatives and a newsletter.

At our meeting in January we will be setting a strategic plan and putting together workshops.

The Patient and Family Advisory Group have been invited to attend the Four Seasons Family Practice retreat on December 8th where all FSFP staff and providers will be in attendance. The agenda will be centered on Patient and Family Centered Care and specifically the Patient Centered Medical Home Pilot.

The Patient and Family Advisory Group have been working on this year:
- New providers area all projects that the Advisory Group have worked on this year.
- Project our Teaching Free Patient for a 10 Year Anniversary Open House and Introduction of Project.
- Phone and Patient’s Advisory Group charged with redesigning the Patient Education area, input for the Blue Folder.
- Patient Advisory Group (agreed to meet every other month on the second Thursday from 6:00 – 8:00.

As we enter 2011, the Four Seasons Family Practice (now the Patient and Family Advisory Group)
Four Seasons Family Practice

Patient & Family Advisory Group Charter

Reflects their style

Compared to others
The Patient & Family Advisory Group is an autonomous, self-governed entity with the support and guidance of Four Seasons Family Practice.

**Mission:**

The Patient & Family Advisory Group will enhance the patient and family experience in interactions with the healthcare team at Four Seasons. It will integrate the patient & family perspective into the planning, delivery of care and assessment of healthcare at Four Seasons. It will ensure that patients and families are engaged as partners and collaborators in every step of their care.

**Guiding Principles:**

- Patients and families feel cared for during their entire experience at Four Seasons. Each patient and family is unique with diverse needs; not solely a “medical condition to be treated.”
- Each healthcare staff member is a caregiver whose role and responsibility is to meet the needs of family as unique with diverse needs. Not solely a medical condition to be treated.
- Patients and families feel cared for during their entire experience at Four Seasons. Each patient and family feels cared for during their entire experience at Four Seasons.
- Patients and families are engaged as partners and collaborators in every step of their care.
- The work of the Patient & Family Advisory Group will be to apply “best practices” in a way that is measurable in order to ensure that their impact on patient and family experience is “positive”.
- Coordinated and continuous care leads to positive patient experience and outcomes.

Four Seasons Family Practice

Patient & Family Advisory Group Charter

11/1/2011
Objectives

The Patient & Family Advisory Group:

- Ensures the healthcare team provides optimal care to patients and their families.
- Maximizes patient opportunities and resources.
- Assists in making the practice inviting and welcoming to patients and families.
- Ensures the patient and family are engaged in healthcare decisions.
- Ensures the patient and family are viewed in the community as demonstrating “best practice” and as a resource.
- Is involved in making the practice a pleasant and comfortable experience for patients and families.

Values:
The Patient & Family Advisory Group supports the following:

- Dignity and Respect: Health care providers listen to and honor patient and family perspectives.
- Collaboration: Patients, families and providers collaborate in policy and program development.
- Information Sharing: Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.
- Participation: Patients and families are encouraged and supported in participating in care and decision-making.
- Information Sharing: Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.

Patient & Family Advisory Group:

- Ensures Four Seasons will be viewed in the community as demonstrating “best practice” and as a resource.
- Ensures family receiving health care.
- Ensures family receiving health care.
Patient & Family Advisory Group Membership:

The Four Seasons Patient Family Advisory Group will be comprised of up to 15 members:

‡ 7-10 patients and/or family members from a broad spectrum of the Four Seasons Family Practice.
‡ 3-5 staff members from the Four Seasons Family Practice.

Voting will be a simple majority of those present.

Terms:

- 3-5 staff members from the Four Seasons Family Practice.
- 7-10 patients and/or family members from a broad spectrum of the Four Seasons Family Practice.

The Four Seasons Patient Family Advisory Group will be comprised of up to 15 members.

Reporting:

Agreement:

Patient Advisory Group member roles and responsibilities and be asked to sign a Confidentiality Agreement. Patient Advisory Group members will attend an orientation and education/training regarding Patient Advisory Group roles. Once selected, members will be referred to the FSFP Patient & Family Advisory Group Staff Liaison to be considered for membership or by word of mouth.

Recruitment:

Three year terms will be rotated to ensure overlap of members. After one year off, members may serve three year terms to assure continuity for a maximum of six years. The FSFP Patient & Family Advisory Group candidates will be referred by staff, Patient & Family Advisory Group Staff Liaison or by word of mouth.

Minutes will be taken at every meeting and will be emailed or mailed to all Patient & Family Advisory Group members no less than a week before the next meeting.

The Staff Liaison or other designated Four Seasons Staff member will be an ad hoc member of any workgroups or sub-committees.
Patient & Family Advisory Group Membership (–cont–):

Removal/Resignation:

A member may be asked to resign for failure to abide to the charter. A member may resign at any time by submitting a written letter to the Patient & Family Advisory Group.

Role and Responsibilities:

Members are expected to:

- Share both positive and negative experiences in a constructive way.
- Respect confidentiality at all times.
- Demonstrate a commitment to the Patient Family Centered Care model by upholding the Mission and Values.
- Be accountable to those whom they represent.
- Serve on at least one committee/workgroup.
- Attend regularly scheduled Patient & Family Advisory Group meetings and annual events.
- Respect confidentiality at all times.
- Share personal experiences, stories, observations, and opinions as a patient or family member.
- Additional: Actively reach out broadly, and listen to other patients, families, staff and community members.
- Be committed to improving care for all Four Seasons patients and families.
- Be willing to listen to and consider differing viewpoints.
- Respect the collaborative process and the forum to discuss issues.
- Be respectful of differing viewpoints.

Patient & Family Advisory Group Members to do the same:

- Share both positive and negative experiences in a constructive way.
- Respect confidentiality at all times.
- Demonstrate a commitment to the Patient Family Centered Care model by upholding the Mission and Values.
- Be accountable to those whom they represent.
- Serve on at least one committee/workgroup.
- Attend regularly scheduled Patient & Family Advisory Group meetings and annual events.
- Respect confidentiality at all times.
- Share personal experiences, stories, observations, and opinions as a patient or family member.
- Be committed to improving care for all Four Seasons patients and families.
- Be willing to listen to and consider differing viewpoints.
- Respect the collaborative process and the forum to discuss issues.
- Be respectful of differing viewpoints.

Role and Responsibilities:

- A member may be asked to resign for failure to abide to the charter.
- A member may resign at any time by submitting a written letter to the Patient & Family Advisory Group.
Staff and Leadership Role Definition and Responsibility:

Additional MGH staff and subject matter experts will be invited to meetings to obtain feedback from the Patient & Family Advisory Group on related issues, provide input to the Patient & Family Advisory Group, and help ensure that their feedback is meaningfully integrated into changes and improvements within the practice. The Patient Advisory Staff Liaison is the lead contact for others in the practice or in the community seeking to be included on the Patient & Family Advisory Group’s agenda.

The Patient & Family Advisory Group is responsible for overall support and management of the Patient & Family Advisory Group in partnership with Four Seasons.

Patients and Family Advisory Group Members:

- Complete any orientation and training necessary for Patient & Family Advisory Group members.
- Attend meeting and make the time to implement initiatives between meetings.
- Serve as expected to members of the Patient & Family Advisory Group who are from the practice staff.

Practice Staff Group Members:

- Support the Patient & Family Advisory Group and its members to help ensure that their activities are meaningfully integrated into changes and improvements within the practice.
- The Patient & Family Advisory Group’s staff liaison is the lead contact for others in the practice or in the community seeking to be included on the Patient & Family Advisory Group’s agenda.

Patient Advisory Staff Liaison:

- Educate members on specific topics as needed.
- Provide input to the Patient & Family Advisory Group on related issues.
- Additional MGH staff and subject matter experts will be invited to meetings to obtain feedback from the group.

Staff and Leadership Role Definition and Responsibility:
Strategic Plan 2012
- all from the Advisory Group -
Doing pertinent to the patient

What happens after the rooming – where does the MA go and is what they are hospital and if was great

Use AIDET - it really works (one member received AIDET based services at the
help patient understand the process
let’s patient know they are receiving services not just cooling heels
keep patient informed on what they are doing

During visit

Personalized trends
ongoing studies will be done with further specifics so that we can identify
there is patient and provider accountability with this study
discussion of late policy – we need to discuss up-date and set policy
building time study on bulletin board for public
invite folks in 10-15 minutes prior to the appointment
MA to inform what they are doing with computer
if keep informed it takes away from the frustration

Time Study

Wait time – streamline or make understandable

From Picker Surveys, Patient Rounding, Patient & Family Advisory Group

Strategic Plan 2012
From Picker Surveys, Patient Rounding, Patient & Family Advisory Group

Strategic Plan 2012 - cont.

- Use in personal wellness programs
  - Would be good to walk out with something in hands
  - Something similar to the Proactive OE Reminder Guide
  - Something similar to well child check sheet
  - Check out instructions - my health needs
  - Lab hours
  - Hours - per provider
  - Individual pamphlets for each "condition"
  - Process 30-60-90 days for medications for chronic conditions
  - Authorization so that refill times fall on the first three days of the week
  - Provider plan - calculate a 28 supply of medications that require physician authorization
  - How to refill your medications
  - Pamphlet of the refill workflow at checkout (something similar to the Proactive OE Reminder Guide)
  - How do we get this information to the patients
  - Protocols for each schedule of drugs
  - Look at work flow

RX Refills
Call backs

- Lab/test results
- ED Calls
- Hospital Discharge Calls
- General Triage Call
- Develop Workflows

From Picker Surveys, Patient Rounding, Patient & Family Advisory Group

Strategic Plan 2012 - cont - cont
Our greatest resources are each other.
Four Seasons Patient and Family Advisory Group continues to be a work in progress.

With each conversation, meeting, webinar, website resource – we learn something new and we make adaptations.

“We have a lot of miles yet to go.

“The journey of a thousand miles begins with one step.”

With each conversation, meeting, webinar, website

Continues to be a work in progress.

Four Seasons Patient and Family Advisory Group
Winthrop Patient Family Advisory Council Charter (draft)
MaineGeneral Physician Practices

I. Mission:
To integrate the patient & family perspective into the planning, delivery and assessment of healthcare at Winthrop physician practices; towards improving outcomes and the overall patient experience. The council is an autonomous, self-governed entity with the support and guidance of MaineGeneral Physician Practices leadership and the MaineGeneral Medical Center PFAC. To guide and direct physician practices within the goals of the Patient Centered Medical Home model of team care.

II. Guiding Principles:
1. Patients and families feel cared for during their entire experience within the MaineGeneral Health System.
2. Each patient and family is unique with diverse needs; not solely a “medical condition to be treated”.
3. Each healthcare staff member is a caregiver; whose role and responsibility is to meet the needs of each patient and family while maximizing patients’ opportunities for choices and to respect those choices.
4. Patients and families are engaged as partners and collaborators in every step of their care.
5. The work of the Council will be to apply “best practices” in a way that is measurable in order to promote positive experiences for patients and families.
6. Coordinated and continuous care leads to positive patient experience and outcomes.

III. Values
- **Dignity and Respect:** Health care providers listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into care planning and decision-making.
• **Information Sharing:** Health care providers 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, families and providers collaborate in policy and program development, implementation, and assessment; in health care facility design; and in professional education as well as in the delivery of care.

IV. **Council Membership:**

The Winthrop Patient Family Advisory Council (W-PFAC) will be comprised of 15 members:

• 10 patients: 30% or 3 from the Pediatric practice and 70% or 7 from the Family practice.
• 5 staff members: 30% or 2 from the Pediatric practice and 70% or 3 from the Family practice.
• Voting procedures will be conducted by the Leadership (see Leadership section).
• **All 15 active members will have a vote on the council.**
• **Voting will be done by consensus using the thumbs method.**
• **Consensus Option:** “thumbs voting: up/down/middle” if there are any “down” thumbs, the motion is denied. The group will work to improve any proposals until all can “live with the proposal” and vote thumbs up/middle.
• **60% of the patients and family council members must be present to call a vote**
• **60% of the staff council members must be present to call a vote**
• The PFAC Coordinator and Practice Administrator for the council will abstain from all voting procedures due to their unique roles.
• Any council member, patient or staff, may abstain from voting due to a conflict of interest.

V. **Terms:**

Members may serve two or three year terms to assure continuity for a maximum of six years. After one year off the council members are eligible for re-membership. (The exception may be if Leadership term exceeds maximum.)

Two vs. three year terms will be rotated to ensure overlap of members.
VI. Recruitment:

- Council candidates will be recruited by referral by staff, Council members or by word of mouth.

- Candidates are to be referred to the WPFAC Coordinator and Leadership who will coordinate the screening and selection process. Once selected members will attend an orientation and education/training regarding council member roles and responsibilities and be asked to sign a Confidentiality Agreement.

The Council will reflect our community and have representation from a broad spectrum of services within the Maine General Health System

VII. Council Nomination Process:

The council/Leadership Committee nomination process will consist of an application, interview and selection by year 2011’s Governance workgroup (2/3 members and Coordinator). The future Leadership Committee will be responsible for the nomination process after year one.

VIII. Leadership Committee:

The Governance workgroup is responsible for the nominating and presenting of candidates to the Council for election.

Leadership consists of:

- Chair and Vice Chair

Council members will elect all offices annually at the beginning of the calendar year or as needed. The chair person ideally has a minimum of 1-year experience on the council. Vice becomes chair at the end of the chair’s term.

A council member will take minutes and other duties as discussed. Secretary can be staff or patient member.

IX. Reporting:

The Chair along with WPFAC Coordinator will report to and serve on Practice committees and workgroups as they are developed with the Council.
X. Removal/Resignation:

A member may resign at any time by submitting a written letter to the Council Chair. A member may be removed for failure to abide to the charter and guidelines set forth by the Governance Committee and Maine General's ethical standards.

The process for removal of a council member or officer is to be determined.

XI. Role and Responsibilities:

Members are expected to:

- Respect confidentiality at all times.
- Demonstrate a commitment to the Patient Family Centered Care by upholding the Mission and Values; be accountable to those whom they represent,
- Attend regularly scheduled council meetings, annual events of the Council and serve on at least one committee/workgroup, inability to maintain this commitment is reviewed by the Chair person and WPFAC Coordinator,
- Share personal experiences, stories, observations and opinions as a patient or family member. Additionally, reach out broadly and listen to other patients, families, staff and community members as opportunities arise,
- Be committed to improving care for all MGH patients and families members,
- Respect the collaborative process and the forum to discuss issues, be willing to listen to and consider differing viewpoints, share ideas for improvement and encourage other council members to do the same,
- Share both positive and negative experiences in a constructive way.

XII. Staff and Leadership Role Definition and Responsibility:

- MG staff members shall include no more than 1 administrator, 1 physician & 3 direct care staff.
- Additional MG staff and subject matter experts will be invited to meetings to obtain feedback from the council on related issues, provide input to the council and educate council members on specific topics as needed.
- **Chair and Vice Chair:** work closely with the Patient Advisory Coordinator to keep the council running smoothly. This includes ensuring that the council is on track to meet its goals and that all members are actively
participating in meetings and that activities and outcomes of the council are communicated throughout the practice and the community.

- **Patient Advisory Coordinator:** The WPFA Council Coordinator (PAC) is responsible for overall support, management and accountability for the Council in partnership with Physician Practice Administration. In addition to general advisor management duties, the PAC supports the council and its members and helps ensure that council activities are meaningfully integrated into changes and improvements within the practice. The PAC is the lead contact for others in the practice or in the community seeking to be included on the council’s agenda.

- **Practice Staff Council Members:** Members of the council who are from the practice staff attend all council meetings and make the time to implement council initiatives in between meetings. Staff are expected to complete any orientation and training necessary for council members.
### Proposed Timeline 2011:

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<th>May</th>
<th>June:</th>
<th>Fall:</th>
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<td>Draft Charter</td>
<td>Council Presentation</td>
<td>Final passage of Charter</td>
<td>Member Leadership is determined</td>
<td>Members reapply for next term</td>
<td>Members are chosen and confirmed</td>
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<td>Revisions/refinement WPFAC</td>
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<td>Recruit additional Governance members</td>
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<td>Start interviews</td>
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Mission Statement of the Patient Advisory Group

The Husson Internal Medicine Patient Advisory Group will abide by and not deviate from the EMMC mission statement. (See Patient Advisory Group Charter and EMMC IDD)

The Husson Internal Medicine Patient Advisory Group will promote the concepts and core expectation of the Patient-Centered Medical Home, which will guide those responsible for providing primary care services. The Patient Advisory Group seeks to accomplish this by educating staff on patient/family issues and educating patient/families on healthcare issues. The resulting partnership will ultimately lead to increased patient/family and office staff satisfaction.

Purpose

The PAG will promote and guide the development of Patient-Centered Medical Home model into the Primary Care Practices. The PAG strives to promote respectful, effective partnerships among patients/families, professionals, and the community that lead to increased understanding and cooperation between patients/families and professionals and ultimately increased patient/family satisfaction.

Husson Internal Medicine Patient Advisory Group (PAG) By-Laws

Primary Care Patient Advisory Group Membership-The EMMC/Husson Internal Medicine primary care patient advisory group consists of 16 members: 8 adult patient members, 6 diverse members from Husson Internal Medicine primary care staff and the office supervisor and the lead physician who will serve as ex officio.

Members are nominated after a thorough application process by the Patient Advisory Workgroup and appointed by the Husson Internal Medicine Primary Care Leadership Team. For all selections, diversity in culture, race, background, age, gender, family makeup, socioeconomic and Husson Internal Medicine Primary Care experience will be taken into consideration. A Patient Advisory Group whose members represent the patients of our primary care practice will be the ongoing goal.

Badges will be issued with the title Patient Advisory Group Member and will be worn when ever a member of the Patient Advisory Group meets for a committee meeting.

Patient Advisory Group Member Term

There will be a minimum one-year term served by all Patient Advisory Group members, not to exceed 3 consecutive terms with exception of the Primary Care Leadership Team.

Revised 09/21/2011
Patient Advisory Group Meetings

Meetings will be held every 1-2 months. Additional meetings may be required as deemed appropriate.

The group will not meet in August or December. Each meeting will be 2 hours in length. A light refreshment will be served prior to the meeting.

Attendance
Members who have two consecutive unscheduled absences or a total of three unscheduled absences during a calendar year will be evaluated by the Primary Care Leadership Team for continuation of their membership status and may be asked to be relieved of their duties as a committee member. Members who have had absences and who have had 3 failed contact attempts regarding the absences with no return call from the member will be evaluated by the Primary Care Leadership Team for continuation of their membership status and may be asked to be relieved of their duties as a committee member. Exceptions can be made by the co-chairs for emergencies, inclement weather, unexpected personal or family illness, etc.

A co-chair should be notified of your absence 72 hours in advance of a scheduled meeting or as soon as possible.

In the case of the cancellation of a meeting, the staff co-chair after consulting with the patient co-chair will contact the secretary, the secretary will then be responsible to notify the all the members by e-mail. Should a business meeting be cancelled, all Patient Advisory Group members will be notified, in a timely manner, by the secretary or the co-chairs.

Resignation and Removal

A member of the committee may resign at any time by submitting a written letter or a by having verbal communication to one of the co-chairs or the leadership team. A member may be removed from the committee if the member fails to abide by and adhere to the By-laws and guideline set forth.

Confidentiality Statement

To maintain appropriate and confidential handling of information, Patient Advisory Group members are reminded that, out of respect to individuals and hospital policy, discussing any information deemed personal or confidential will not be done OUTSIDE the patient advisory role.

All HIPAA (Health Insurance Portability and Accountability Act of 1996) standards and guidelines that apply to the Council will be adhered to at all times. A confidentiality statement and HIPAA release will be signed at the beginning of the first meeting for all new and joining patient members.

Revised 09/21/2011
**Meeting Minutes**
Minutes will be kept by the secretary (or designee) of Patient Advisory Group and will be distributed in a timely matter to all members. These minutes may be distributed via e-mail, if the member gives his/her consent.

**Agenda**
The agenda will be established by the Patient Advisory Group Co-Chairs in consultation with the Husson Internal Medicine Primary Care Leadership Team prior to each business meeting. Agenda items may be added by any member with prior notification of the co-chairs. Agenda items will be evaluated and prioritized by the co-chairs.

**Subcommittees**
Subcommittees may be formed to complete tasks or meet a need. In the event that subcommittees are formed or a member participates in a supportive role, this will be done on a volunteer basis.

**Patient Member Responsibilities**
All patient members are responsible for:
- Attending Patient Advisory Group meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission, vision and values of the Patient Advisory Group
- Advocating the concepts and core expectations of the Patient-Centered Medical Home model.
- Adherence to the By-laws, guideline and ground rules set forth by the committee

**Staff Members Responsibility**
All staff members are responsible for:
- Attending Patient Advisory Group meetings
- Participating to the fullest extent during each meeting
- Participating, as time and interest allow, in additional committees and task forces
- Embracing the mission, vision and values of the Patient Advisory Group
- Practicing as a role model for the values, concepts and core expectation of Patient-Centered Medical Home model.
- Educating and advocating concepts and core expectation of Patient-Centered Medical Home model to fellow employees and staff.
- Educating and advocating the work of the Patient Advisory Group to fellow employees and staff
- Encouraging the use of the Patient Advisory Group as a conduit of communication between the group and employees/staff
- Adherence to the By-laws, guideline and ground rules set forth by the committee

Revised 09/21/2011
**Ground Rules for the Patient Advisory Group**

1. Begin and end on time.
2. Allow others to complete their comments before beginning yours.
3. No side conversations.
4. All ideas are valuable.
5. All cell phones are to be turned off at the beginning of the meeting.
6. Keep discussion and comments relevant to the issues being discussed.
Husson Internal Medicine Patient Advisory Group
Charter

Purpose
EMMC/Husson Internal Medicine strives to provide excellent compassionate primary and specialty healthcare services and cooperates with others to promote the well being of the people of Maine. Our mission is to care for patients, families, communities, and one another. We also recognize the patient/family as the most important factors in keeping the patient healthy. Therefore, the purpose of Husson Internal Medicine Patient Advisory Group (PAG) is to advise primary care administration and medical leadership on patient needs and primary care priorities from a patient/family perspective. The intent is to influence primary care strategic planning and improve office processes.
The plan of this pilot project is to institute the concepts and core expectations of Patient-Centered Medical Home into the primary care setting.

Mission/Vision
Eastern Maine Medical Center strives to provide excellent compassionate primary and specialty healthcare services and cooperates with others to promote the well being of the people of Maine. Our mission is to care for patients, families, communities, and one another.
The Husson Internal Medicine Patient Advisory Group will promote the concepts and core expectation of the Patient-Centered Medical Home, which will guide those responsible for providing primary care services. The Patient Advisory Group seeks to accomplish this by educating staff on patient/family issues and educating patient/families on healthcare issues. The resulting partnership will ultimately lead to increased patient/family and office staff satisfaction.

Structure
The Husson Internal Medicine Patient Advisory Group consists of 16 members: 8 adult patient members, 6 diverse members from Husson Internal Medicine primary care staff and the office supervisor and the lead physician who will serve as ex officio.
Members are nominated after thorough review of the application process by the Patient Advisory Workgroup and then appointed by the Husson Internal Medicine Primary Care Leadership Team.
For all selections, diversity in culture, race, background, age, gender, family makeup, socioeconomic and Husson Internal Medicine Primary Care experience will be taken into consideration. A Patient Advisory Group whose members represent the patients of our primary care office will be the ongoing goal.
Meeting Schedule:

Meetings will be held every 1-2 months. Additional meetings may be required as deemed appropriate.

Expected Outcomes:
The primary function of the Husson Internal Medicine Patient Advisory Group will be to develop and improve mechanisms for patients/families to provide input to administration, department leadership, the primary care clinic, etc., so that services are reflective of the values inherent in the core expectations of the Patient-Centered Medical Home model. The PAG will actively promote patient/family-centered care across the continuum by developing and promoting partnerships between primary care providers, patient/families, and the community.
OMG Patient Advisory Council - 2011-2012
Mission Statement

It is the mission of the Patient Advisory Council to enhance the partnership between OMG and the patient by assisting all parties to develop a trusting and caring bond. The patient is at the heart of all decisions.
### CHARTER
#### Patient Advisory Council, PHMG PHOR

<table>
<thead>
<tr>
<th>Title:</th>
<th>Patient Advisory Council (PAC)</th>
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</thead>
<tbody>
<tr>
<td>Date Chartered:</td>
<td>7-16-07</td>
</tr>
<tr>
<td>Time Line:</td>
<td>On-going First Team Meeting January 2008</td>
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<tr>
<td>Sponsor(s):</td>
<td>Physician Council (PC)</td>
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<td></td>
<td>Leadership Team (LT)</td>
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<tr>
<td>Purpose:</td>
<td>1. <strong>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:</strong></td>
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<td>● Acting as champions of the Ideal Patient Experience and ensure its implementation across PHMG</td>
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<td>● Reviewing communication to patients and families to ensure it builds on patient family strengths and engages them in a partnership in health care services</td>
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<td>● As needed, recommending to the Leadership Team/Physician Council areas for improvement in service quality</td>
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<td></td>
<td>● 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</td>
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<tr>
<td>Council Co-Chairs:</td>
<td>Two Patient/Family Member of the PAC will serve as Co-Chairs, with staff support to ensure responsibility for:</td>
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<tr>
<td></td>
<td>● Convening meetings</td>
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<td>● Setting and Prioritizing agendas</td>
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<td>● Facilitation of meetings</td>
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<td>● Ensuring meetings are conducted efficiently</td>
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<td></td>
<td>● Ensuring support for members in presenting issues and needs</td>
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<td></td>
<td>● Ensuring correct regional and PHMG staff are present for agenda topics as necessary</td>
</tr>
<tr>
<td></td>
<td>● Working effectively with all stakeholders in pursuit of the quality vision that supports patient and family centered care</td>
</tr>
<tr>
<td></td>
<td>● Working closely with quality staff, CHI and QC members between meetings as needed</td>
</tr>
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<td></td>
<td>● Responsible for accountabilities of the Patient and Family</td>
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Advisory Committee

- 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, Hilyard….and 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 monthly agenda items

| Committee Members’ Responsibilities | 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.
|                                     | Maintain confidentiality of meeting content.
- 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 Administrative Assistant 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) |
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<td>Term:</td>
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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. |
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<td>Effectiveness Goals:</td>
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| Review Charter: | Minimum: Once a year in September with the Physician Council |
MEMBER ADVISORY COUNCIL

CareOregon, Inc.

BYLAWS

Approved March 2011

315 SW 5th Ave, Suite 900 Portland, OR 97204
Tel. 503-416-5758 | Email: mac@careoregon.org
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>pg. 1</td>
</tr>
<tr>
<td>Composition</td>
<td>pg. 1</td>
</tr>
<tr>
<td>Officers</td>
<td>pg. 1</td>
</tr>
<tr>
<td>Nominations</td>
<td>pg. 1</td>
</tr>
<tr>
<td>Removal</td>
<td>pg. 2</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>pg. 2</td>
</tr>
<tr>
<td>Meetings</td>
<td>pg. 3</td>
</tr>
<tr>
<td>Code of Conduct</td>
<td>pg. 3</td>
</tr>
<tr>
<td>Appendix</td>
<td>pg. 4</td>
</tr>
</tbody>
</table>
PURPOSE

The Member Advisory Council (MAC) takes an active role in improving the CareOregon member experience. The council identifies improvement opportunities, provides general feedback and ideas about CareOregon department plans/activities/programs and works to engage fellow CareOregon members and the community on health care issues.

COMPOSITION

The MAC shall be composed of 10-15 members and must be enrolled with CareOregon, or represent a current CareOregon member. The MAC shall represent the diversity of the CareOregon member population. Members will serve a 2-year term, and may be re-appointed for another term.

OFFICERS

The MAC will be led by Council Officers. The officers shall be chosen among the MAC members, and shall include a Chair, Vice-Chair and Scribe. Other officer positions may be determined by the MAC. Nominees for MAC Officer positions shall be presented annually at the March meeting and elected by a majority vote of the members present. The Chair shall appoint the position of Ambassador.

NOMINATIONS

Nominations for additional or vacant positions will be submitted to the MAC. The nominee must fill out a MAC member application for consideration. The MAC shall approve new members by a majority vote.
REMOVAL

CareOregon and the MAC are committed to creating a work environment that promotes dignity and respect for all, and is free from harassment and discrimination. A MAC member may be removed whenever the best interests of the MAC or CareOregon will be served, specifically if gross misconduct is observed. A MAC member may also request removal of another MAC member. The member whose removal is placed in issue shall be given prior notice of his/her removal, and a reasonable opportunity to appear and be heard at a MAC meeting. A member may be removed by a vote of two-thirds of the members on the MAC.

Continuous and frequent absences from the MAC meetings, without prior notice of reasonable excuse, shall be a reason for removal. In the event that a member is absent for three consecutive meetings, the MAC shall consider removing the individual from the MAC. A member’s absence from four consecutive shall be considered an implied resignation of his/her membership on the MAC.

RESPONSIBILITIES

MAC members must possess an interest in health care issues and have the desire to provide feedback and suggestions for improvement or enhancement of CareOregon activities and programs.

Specific Duties

1. Learn about CareOregon’s activities and programs and provide feedback
2. Help design and review member materials as needed
3. Write articles and provide information for member newsletter and content for the website
4. Plan annual member/community “open house” event
5. Develop Story Telling Program and prepare members to tell their story and help find venues for them to give testimony or testimonials
6. Orient new CareOregon employees to MAC and member perspective

7. Participate in additional projects and events to engage CareOregon members and the community in promoting wellness and improving the health care system

8. Participate in legislative issues and advocacy when appropriate

MEETINGS

TIMES AND MINUTES – MAC meetings are scheduled to meeting monthly, on the second Tuesday from 1:00pm-3:00pm at the CareOregon office. Meeting times may change as needed. CareOregon staff will support the MAC Chair to prepare the agenda. MAC members and staff participants are notified of the upcoming meeting date and materials are mailed or emailed in advance. The meeting is facilitated by the Chair and the minutes are prepared by the Scribe and approved by the full MAC at the following meeting.

VOTING – Any member may bring an item forward for a vote by the Council. The MAC may act by a majority vote of the members when a quorum is present. Each member is entitled one vote. A quorum shall consist of a majority of total membership.

CODE OF CONDUCT

MAC members are expected to:
- Treat each other with dignity and respect
- Make every effort to come to meetings and events on time
- Come prepared to meetings and participate
- No interrupting or “cross-talk”
- Refrain from cursing, swearing, or using derogatory language
- Listen to each other
APPENDIX

Officer Roles & Responsibilities

Chair – Primary role is to facilitate meetings, work with the Vice-Chair and CareOregon staff to set agenda for each meeting.

Vice-Chair – Primary role is to assist Chair in setting agendas, assist Chair in facilitating meetings by keeping time, calling members to remind them of each meeting, provide back up for Scribe if needed.

Scribe – Primary role is to take notes at each meeting and maintain Council documents.

Ambassador – Primary role is to act as a liaison/advocate on member issues.

Basic Meeting Procedures

Basic rules of order are designed to ensure effective meetings where everyone has a chance to participate and to share ideas. The Chair will facilitate the meeting to be sure the agenda is followed in a timely manner.

Decision making will be done when an idea is presented, discussed and then voted on. Approval will occur with a majority vote, either by show of hands or anonymous ballot. A quorum, or majority, of members must be present for a vote to occur.

Only one member should talk at a time. Every member should have a chance to speak on an issue before a member speaks for the second time on the same issue.
Patient & Family Advisory Council Charter

Providence Medical Group

Portland Metro Service Area
August, 2011
Table of contents

Purpose ........................................................................................................................................pg. 2

Vision Statement .........................................................................................................................pg. 2

PFAC Member Responsibilities ....................................................................................................pg. 2

PFAC Meetings/Frequency ..........................................................................................................pg. 2

Membership
Selection ........................................................................................................................................pg. 3

Removal .........................................................................................................................................pg. 3

PFAC Officers ...............................................................................................................................pg. 4

Nominations, Elections and Terms of Office ...............................................................................pg. 4

Roles ...............................................................................................................................................pg. 4

PFAC Guidelines Contract ...........................................................................................................pg. 6
Vision Statement: The Providence Medical Group Patient & Family Advisory Council is a partnership of patient and family member advisors and the medical group, dedicated to advancing comprehensive and compassionate patient and family centered health care.

Purpose: Patient & Family Advisory Council (PFAC) will have an active role in improving the patient and family care experience by identifying opportunities, gathering and providing feedback and perspectives on medical group plans, activities, and programs related to patient and family centered health care.

PFAC Member Responsibilities:

- Actively participate both in and out of meetings to achieve the purpose,
- Work effectively with other council members, as well as PMG staff, patients and families to ensure a patient and family centered care experience,
- Facilitate change to support the achievement and continued improvement of patient and family centered care,
- Review materials provided prior to the meetings so that each member is prepared to ask questions, contribute ideas, and provide input,
- Decision-making will normally be by consensus. If consensus is not reached, decisions will be made by a majority vote of all members. All members are expected to support meeting decisions once meeting is adjourned,
- Be willing to work on projects and/or sub-committees beyond the 2 hour monthly commitment,
- Be willing to serve on PFAC for two years or longer, as determined by Co-Chairs,
- Adhere to the Providence Health & Services Code of Conduct and Acceptable Use Agreement contracts.

PFAC Meetings/Frequency:

- All meetings will be the 4th Monday of the month, starting at 5:30 p.m. and ending at 7:30 p.m., with no December meeting.
• Dinner will be provided prior to each meeting, starting at 5:00 p.m.
• Patient & Family-Centered Care Program Coordinator (PC) and/or Co-Chairs are points of contact concerning attendance.
• Patient & Family Advisors (PFA) are expected to attend a minimum of 8 meetings annually.
• In addition to the monthly meetings, PFA’s are expected to participate in sub-committee activities as needed.

Membership Selection:

• A patient and/or family member of PMG may be nominated by his/her provider, or by self nomination.
• Each PFA nominee must have an interest in health care.
• Each PFA nominee must fill out an application.
• Each PFA nominee must complete the PMG orientation process.
• The Co-Chairs and the PC will review the applications and select those who will be interviewed.
• Each PFA nominee will be interviewed by one of the Co-Chairs and the PC.
• Following a positive recommendation by the Co-Chair and the PC, the PC will:
  o Contact references
  o Complete background check ordered
  o Assure all Providence Health & Services volunteer requirements are completed and in PFA’s secure file.
• When a PFA nominee is approved, he/she will be introduced to the PFAC.

Removal:

• A PFA may be removed from the PFAC by unanimous agreement of the PC and Co-Chairs if any of the following occur:
  o The PFA no longer has a relationship with PMG.
  o The PFA has continuous and frequent absences from council meetings without prior notices.
Violation of the Providence Health & Services Code of Conduct and Acceptable Use Agreement contracts.

A PFA member may resign at any time. The resignation is to be submitted to either of the Co-Chairs, or the PC in writing.

**PFAC Officers:**
- Two (2) Co-Chairs
- Scribe
- PC – Standing-ex-officio officer

**Nominations, Elections and Terms of Office:**
- For the first year of the PFAC, one Co-Chair will be the PC, and the other Co-Chair will be a PFA elected in September. The election of the second PFA Co-Chair will take place in April 2012. This will allow for continuity of experience during change of Officers.
- Nominations for PFAC Officers shall be given to the PC. PFA members may nominate themselves or other members. Nominations will be accepted prior to April and September PFAC meetings.
- Ballots will be prepared and elections will occur during the September and April meetings.
- Officers will serve a one-year term and may remain in the position up to two years. Terms will run October to September and May to April.
- If a Co-Chair becomes vacate, the PC will assume the office until a PFA is elected to the position. The replacement Co-Chair term will be the balance of the vacated term.
- The outgoing Co-Chair will meet with the newly elected Co-Chair one month prior to assuming office for an orientation/mentoring session.

**ROLES:**
**Chair/Co-Chair:**

The Co-Chairs will have equal responsibility and are expected to work closely with the PC. The responsibilities of the Co-Chairs are as follows:
• Convene and facilitate meetings efficiently.
• Set and Prioritize agendas with PC
• Ensure PFAC abides by the PFAC Team Agreements and the responsibilities set in this Charter.
• Work effectively with PMG staff, relative to the goals of Patient and Family Centered Care, in pursuance of the PFAC Purpose.
• Work closely with PMG staff between meetings as needed.
• Be accountable to the PFAC.
• Participate in leadership training, coaching, and mentoring as needed.
• Participate or assign facilitators responsibilities as necessary for sub committees or projects.

Scribe:
The scribe will be responsible for taking notes at each PFAC meeting and will distribute the notes electronically to the PFAC members after each meeting. PFAC members can be elected or volunteer for this position. This position will ensure each meeting had coverage. Focus of this role is to capture action items, – tasks assigned and progress on projects.
PFAC Charter Guidelines Contract

I, ________________________, have read the Providence Medical Group Patient & Family Advisory Council Charter Guidelines. I understand the expectations and goals of the Patient & Family Advisory Council and agree to uphold the Charter stated.

I agree to maintain the confidentiality of Providence Medical Group and the Patient & Family Advisory Council members, including information learned or discussed during Patient & Family Advisory Council meetings.

In order to represent the Patient & Family Advisory Council and Providence Medical Group, I will not solicit community involvement without the knowledge of the Patient & Family Advisory Council.

________________________                        _______________________
PFAC Member                                                          Date

________________________                        _______________________
PFAC PC                                                               Date