

Dear Representative,

Welcome to the Patient and Family Advocacy Council. We are excited that you have been elected to join us. Here is a brief description about our council as well as your role and responsibilities.

The focus of the Patient and Family Advocacy Council is to serve as advocates for the patient and family experience within the Relationship Based Care. This council also coordinates and collaborates with the Patient Family Education department, to provide the educational tools/materials and oversee patient and family education plans. Campus based Service Excellence Teams report through this council.

Within the council, we focus on two main areas: Patient and Family Education and Patient and Family Advocacy.

## I. Patient and Family Education

*"There is no prescription more valuable than knowledge".*

C. Everett Koop, former Surgeon General of the United States.

Patient and family education is a critical focus for PFAC representatives for the following reasons:

Patient and family education:

- Is family-centered
- Is necessary for safe, quality care
- Improves health outcomes
- Improves patient and family satisfaction
- Saves money
- Is part of our caring for others and our professional responsibility

To help support the patient and family education process throughout Children's, all PFAC representatives participate in the following patient and family education tasks:

- Review new patient and family education materials as needed prior to completion.
- Coordinate the 3-year review of existing patient and family education materials.
- Provide input and review for patient and family education policies, processes, resources and documentation issues.
- Assist with staff education and dissemination of information on topics related to patient and family education.
- Assist with the coordination of Health Education Expo and help choose patient and family and community education-related Golden Apple Awards.

## II. Patient and Family Advocacy

Children's provides **Relationship Based Care**: this is a model that centers healthcare delivery around 3 crucial relationships that are supported by and sustain a caring and healing environment.

- The relationships include: self, colleagues, patients and families

The opportunity for families to volunteer and help support building relationships includes: System Family Advisory Council, Service Line/Diagnosis Specific Family Advisory Council, Family Mentor and Family Faculty.

- **System Family Advisory Council:** The mission of this System Council is to enhance the lives of children by providing a communication vehicle to promote Relationship Based Care that supports collaborative efforts between families and staff.
- **Service Line/ Diagnosis Specific Family Advisory Council:** The purpose of these specific Councils is to help communicate the needs and expectations of families by serving as an advisory group for families and medical personnel who work with this population.
- **Family Mentor:** Is defined as a knowledgeable and experienced guide, a trusted ally and advocate, and a caring role model. An effective mentor is respectful, reliable, patient, trustworthy and a very good listener and communicator.
- **Family Faculty:** Is a family member who speaks to new medical professionals about their pediatric healthcare experiences with focus on the importance of involving families in care and the value of family input.

### **III. Your role and responsibilities**

As a representative on the PFAC council, you are expected to:

- Share information with unit employees and areas of accountability
- Obtain input from peers to take back to councils
- Represent peers at council meetings
- Complete assigned tasks (see Pt. Education tasks)
- Identify Ad Hoc Consultants as needed
- Communicate with physician as appropriate regarding matters discussed in council meetings.
- Analysis of outcomes for their Council and reports in conjunction with their Chair to the Coordinating Council.
- Voting member of Council
- Educate and mentor new council members
- Attend 75% of meetings
- Must be 50% “point of care” provider with direct patient care.
- Minimal two year commitment.
- Attend yearly choice retreat.

We are excited to have you on board and are looking forward to your contributions as a member of this council.

Sincerely,

PFAC Council

Advisor: Anne Peacock [anne.peacock@choa.org](mailto:anne.peacock@choa.org)

Pt. Family Education: Kathy Ordelt [Kathy.ordelt@choa.org](mailto:Kathy.ordelt@choa.org)

Chair: Davena Sanders Customer Service: [Davena.sanders@choa.org](mailto:Davena.sanders@choa.org)

Dorene Gardner [dorene.gardner@choa.org](mailto:dorene.gardner@choa.org)