

SOUTHCOAST HEALTH PATIENT & FAMILY ADVISORY COUNCIL BY-LAWS

BACKGROUND

In September 2010, Southcoast Health established a Patient & Family Advisory Council in accordance with the Massachusetts Department of Public Health and the hospital licensure regulation.

The intent of the Patient & Family Advisory Council was to build and promote a patient-centered care system focused on patient and family participation on issues and trends deemed significant or urgent, information sharing, and policy and program development. The objective of the Patient & Family Advisory Council is to advocate for the Southcoast Health patients and their family members by linking patients and families with appropriate members of Southcoast leadership, advocating for patient care improvements, acting to continuously improve consumer health care confidence among members and educating the community about the importance of being an active participant in their healthcare and the healthcare of their family.

MISSION & GOALS

The Southcoast Health Patient & Family Advisory Council (PFAC) seeks to provide a vehicle for improved communication between patients, families and staff and serves as an advisory resource to administration and trustees.

The PFAC's goal is to act as a "consumer advisory group" and serve as a link between Southcoast Health and the communities we serve. The PFAC serves as a voice for patients and families about the way in which care is delivered and to discuss concerns about care, quality and access.

The PFAC's goal is also to champion family participation in hospital care and decision-making and gather information about significant issues and trends to be considered by Southcoast Health administration and staff in its policy-making, program development and staff training and education. The PFAC will also help advise Southcoast on community-based education needs to better inform the public about how to play an active role in their health care.

COUNCIL PURPOSE

The purpose of the Council is to advise the hospital on issues and trends deemed as significant or urgent by the PFAC, and such issues and trends will be communicated to and through the PFAC staff members of the Council to the Southcoast Health senior administration and its Quality Steering Committee. The Council will focus on patient-family communications that enhance and strengthen patient care and services, acknowledge and advocate for the cultural needs of a diverse population, promote user friendly mechanisms for patient and family member communications to ensure dignity and respect. The Council will generate and be receptive to innovative concepts for the betterment of the health system and its patients, and proactively engage in seeking and stimulating continuous improvement of Southcoast patients' experience.

COUNCIL MEMBERSHIP

The Southcoast Health Patient Family Advisory Council consists of up to 12 members, with at least 50 percent of the representation coming from the community.

Members serve for two-year terms with alternating expiration dates to maintain continuity and consistency. Members can serve up to three consecutive terms.

Following three consecutive terms, a 1-year period off the Council is required before rejoining the Council.

A Council member who has served three terms may become a Member Emeritus as voted by a majority of the Council. A Member Emeritus will be welcomed at all Council meetings and represent the Council on committee and projects if their volunteer status is current and active. A Member Emeritus will not have Council voting privileges.

Ex-members may remain active on Council committees as non-voting members.

The PFAC is co-chaired by someone from the community, such as a former patient or a family member, and by someone from Southcoast Health, such as an administrator, trustee or physician.

Others are invited to attend the PFAC meetings, depending on the topics or issues to be discussed.

The PFAC meets every month, except in August and December.

Community membership will be on a volunteer basis.

Vacancies will be filled on an as-needed basis and as recommended by the Membership Committee.

MEMBERSHIP QUALIFICATIONS

Membership is open to the community and the PFAC seeks to recruit members that reflect the diversity of the communities that Southcoast Health serves. Members will be recruited to offer a broad representation of the hospitals patient groups and constituents. Members must demonstrate the capacity and skill to advocate on behalf of the patients and family members served by Southcoast Health, commit to a high quality of comprehensive and compassionate care delivered with dignity and respect for all patients and families.

COMMUNITY MEMBERS' ELECTION

Interested Members can obtain information about the council at the Southcoast Office of Public Affairs. An application for prospective members can be found on the Southcoast Health website at http://www.southcoast.org/pfac/application.html.

The PFAC Membership Committee will review an applicant's interest in serving on the PFAC taking into consideration the traits, areas of expertise, and skills the Council seeks in support of its mission. Upon review of the application and prospective candidate interview, the Committee will present the candidate to the Council with a recommendation for a vote. A majority of those present and voting is required for the election of a PFAC member. A member of the committee will communicate the Council decision to prospective member following the Council vote. A member elected to the Council will be invited to attend an orientation meeting, and the next regular PFAC meeting as a Council member.

MEMBERSHIP RESPONSIBILITIES

Council members will participate in an orientation program. In compliance with federal privacy regulations, the orientation program will include but not limited to a review and acceptance of the Southcoast Health, Inc., Confidentiality Agreement, Federal Privacy (HIPAA) Regulation training, and hospital policies and procedures. All Council members agree to sign a Confidentiality Agreement annually.

In the event a PFAC member(s) has input regarding a patient or incident, that information shall be channeled to an appropriate hospital representative for follow-up.

Members are expected to serve on at least one committee proposed by the PFAC and/or Southcoast Health.

Members are expected to attend 70% of the Council meetings during a given calendar year. Any member who misses three or more meetings without being excused by the community co-chair shall be considered inactive and the membership committee will review their status. A member may request a leave of absence from the PFAC during their term due to unavoidable circumstances. The request is to be in writing and addressed to the Council co-chairs stating the reason for the leave and the length of time required. The co-chairs will determine if the request is accepted. A member may resign at any time by providing written notice of resignation to the PFAC Co-Chairs. Such resignation will take effect at the time specified by the member.

Any community council member who fails to act in accordance with the responsibilities outlined herein may be dismissed from the council.

SOUTHCOAST STAFF RESPONSIBILITIES AND SUPPORT

Southcoast Health, Inc., will assign appropriate staff to serve as members of the Council. Other Southcoast staff can participate on the PFAC committees according to their expertise and interest. Staff will collaborate with the Council to promote the best possible practices and will work together in policy-making, planning and evaluating programs and services. The Council and Southcoast staff will work collaboratively on an annual plan to include goals and objectives. Southcoast staff will review and respond to requests and recommendations made by the Council. Southcoast staff will provide new member orientation as related to hospital policies, regulations, and compliance. Southcoast staff will provide adequate meeting space and staff support for the benefit of recording minutes, meeting notifications, attendance, record keeping, transmission of the PFAC Annual Report to the hospital's trustees and administration, to any agency or regulatory authority requesting or required by law to receive a copy, and will make a copy available to the public upon request. Council minutes will be maintained for a minimum of five (5) years.

COUNCIL LEADERSHIP

The Council shall have two co-chairs, a Southcoast staff member, and the other elected from the community members.

The community co-chair serves a one-year term beginning in September, having been elected by a majority vote of those present and voting as of the previous June meeting. The Southcoast co-chair is appointed by the administration.

The community co-chair may serve up to 3 one-year terms.

Co-chairs schedule and cancel meetings, set the agenda, preside over the meetings, and coordinate between Council members and Southcoast staff when necessary. The community co-chair may serve on a Southcoast Health committee where the community co-chair is specifically requested.

The Co-Chair may resign from the position with a thirty-day (30) notice to the Council. The Council may choose to elect a replacement to complete the unexpired term of the co-chair or leave the position open until the next scheduled election.

The Co-chairs of the Council can form committees as needed including as hoc committees.

Non-council community and hospital members may serve on Council committees at the discretion of the council.

COUNCIL COMMITTEE CHAIRPERSONS

Committee Chairpersons may be selected by the Council Committee Co-Chairs and reaffirmed by the Council.

COUNCIL MEETING SCHEDULE

The Council meets monthly, except during August and December, on the last Monday of each month from 6:00pm to 7:30pm unless otherwise indicated. The meeting time may be adjusted by a majority vote of the Council. Special meetings may be called by either or both co-chairs as deemed necessary with given notice of 48 hours of the meeting schedule and agenda.

The Annual Meeting will be held in June. At that meeting new members and new officers may be elected.

Quorum – When community council membership has reached the goal of twelve members, the council will abide by a 50% quorum in order to conduct business. Until that time, in order to conduct business a quorum of one-third of the existing membership must be present.

Voting may be conducted electronically or telephonically for most items requiring a vote unless the vote specifically requires/requests the vote to be in person. An electronic or telephonic vote requires a response (yes, no, or abstain,) from a quorum of members.

CHANGES TO THE PATIENT & FAMILY ADVISORY COUNCIL DOCUMENT

The Council agrees to review this document every two years on Policies and Procedures, and can be modified by a majority of the Council present. These by-laws may be altered, amended or repealed and new by-laws may adopted by the Council at any regular or special meeting of the Council providing notice is given of such a meeting, and notice is given of a proposed change in the by-laws. Any change to the by-laws requires an affirmative vote of a majority of the Council present at such meeting. Two weeks notice must be given to the entire Council of any proposed changes. Any and all changes to this document shall be forwarded to the Southcoast Board of Trustees for its review and approval.