CHI St. Vincent Hot Springs

CHI St. Vincent Hot Springs
Patient & Family Advisory Council
Organizational Charter
*Updated as of Aug 3, 2022

ARTICLE I - Purpose

The CHI St. Vincent Hot Springs Patient & Family Advisory Council (PFAC) is a formal structure for collaborating with patients and families (as defined by patient) in policy and program decision-making in health care settings to improve safety, quality and the patient experience.

The PFAC will represent the patient voice to senior leadership, clinicians and staff of CHI St. Vincent Hot Springs to ensure that personalized, comprehensive and collaborative care is provided.

ARTICLE II – Members

Section 1 – Eligibility: Patients, families, community representatives and staff from CHI St. Vincent Hot Springs are eligible to be members of the PFAC. Members should be committed to building a partnership to understand the needs of the communities they represent and to implement programs and policies to address health care opportunities within the hospital.

Section 2 – Council Make-Up: The PFAC shall be led by a CHI St. Vincent Hot Springs representative and/or a patient and/or family representative. In addition, membership shall consist of six patients, family and/or community representatives, and six hospital representatives, with at least 50% of the members consisting of non-hospital representatives. Membership generally represents the communities served by the hospital.

Section 3 – Participation: Members are expected to participate in 75% of the PFAC meetings per year. The meetings will last one hour. On occasion, members may be invited to participate on various committees or projects that will require additional hours. Members are expected to notify the co-lead when circumstances occur that prevent participation in PFAC meetings.

Section 4 – Membership Term: A term of membership shall consist of one year, renewable for a maximum of two terms. New members will be added as the existing members resign or their term expires. Members who have served their maximum number of terms could continue to participate as emeritus members without voting rights.

Section 5 – Recruitment: PFAC members and CHI St. Vincent Hot Springs staff may be invited to recruit, recommend, screen and select future members.

ARTICLE III - Roles

Section 1: Leader

- Roles
 - **o CHI St. Vincent Hot Springs Staff Leader:** Identified by the senior leadership team and this role becomes part of the job responsibilities for the term of the appointment.
- **Responsibilities** The leader will be responsible for:
 - o Setting PFAC meeting agendas, leading and conducting meetings, coordinating between PFAC members and staff, providing leadership for the PFAC members, and serving on the hospital's committees where the leaders are specifically requested.

Section 2: General Member

- Roles
 - **o** Community Members shall consist of a diverse group that is representative of the different perspectives of the communities served.
 - **o** Hospital Representatives shall consist of a diverse mix of staff, to include both clinical and non-clinical personnel.
- Responsibilities The general members will provide input and insight into safety, quality and patient experience recommendations and initiatives.

Section 3: Ad Hoc Participants

• Either Patient/Family/Community or hospital representatives as needed for specific expertise related to areas of focus.

Section 4: PFAC Member in Role of Secretary

- Is a PFAC member.
- Records minutes of all meetings, manages correspondence, assists in scheduling and arrangement of speakers, and makes information packets available for new members.
- Develops and distributes educational meetings and data tools.
- Schedules meetings, rooms and refreshments for meetings.

Section 6: Names of PFAC Members

- Hospital Representatives
 - o Dr. Douglas Ross, MD, FACEP, President Hot Springs, Market SVP/Chief Medical Officer: **PFAC Physician Champion**
 - o Teresa Lambert, MBA, BSN, RN, VP Patient Care Services, ACNO: **PFAC Nursing Champion**
 - o Marilyn Wilson, Executive Assistant: PFAC Hospital Representative
 - o Stephanie Bailey, LPN, Supervisor Discharge Transition: **PFAC Hospital Representative**

- o Rob Loudermilk, MAA, Service Excellence Coordinator: PFAC Facilitator
- o Michael Millard, MDiv, Director of Mission Integration: **PFAC Hospital Representative**
- Logan Jenkns, RN, Chair of the Interprofessional Practice Council: PFAC Hospital Representative
- Cathy Cevela, Supervisor Respiratory Therapy, Chair of the Care Partner's Council: **PFAC Hospital Representative**
- Patient/Family Representatives
 - o Natalie Caldwell **Patient/Family Representatives**
 - o Rosa Bailey Patient/Family Representatives
 - o Carolyn Pierce Patient/Family Representatives
 - o Carol Levi Patient/Family Representatives
 - o Greg Ashley Patient/Family Representatives
 - o Elizabeth Farris Patient/Family Representatives
 - o Kandus Patterson Patient/Family Representatives

ARTICLE IV – Meetings

Section 1: Meetings

 The PFAC shall meet four times per year at CHI St. Vincent Hot Springs, dates and times to be determined.

Section 2: Decisions

- The recommendations made by the PFAC will be based on a simple majority with at least
 50% representation by patient/family/community members present.
- Decisions and prioritized recommendations are shared through periodic, on-going reports to the senior leadership, medical executive committee and department leadership.

Section 3: Ground Rules

- For all PFAC team members:
 - Embody our core values of Compassion, Inclusion, Integrity, Excellence and Collaboration.
 - o Meetings will begin on time and end on time.
 - Everyone participates; every member's opinion is valuable.
 - Maintain confidentiality during the meeting and outside of the meeting.
 - Avoid side-bar conversations.
 - Focus on the meeting; avoid non-emergency interruptions.
 - o Voice your concerns at the meeting.
 - Strive for consensus.
 - **o** Decisions will be supported outside the meeting by all members.
 - All assignments are to be completed on time.