Methodist Le Bonheur Healthcare
Family Partner Council Toolkit

A reference guide for Family Partners Council Leaders and Associate leaders of the Family Partner's Council

Spring, 2011

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Dear Family Partner Council Member-

Methodist Le Bonheur Healthcare has been a part of the fabric of this community for the better part of a century and it is for the privilege of serving patients and their families that we exist. I want to welcome you to our team and thank you in advance for partnering with us to provide outstanding patient and family centered care to the communities we serve.

We recognize that healing is more than treating specific symptoms. In a broader context, it's an ideal that rests on clinical expertise. The soul of our mission here is an unconditional concern for those in our care. This spirit has been part of our DNA since the very beginning with each generation of Associates and physician partners building on that legacy of care for the entire community.

I am excited that you have decided to join us as we work to fulfill our sacred obligation to serve the entire Mid-South.

Gary

Gary S. Shorb
President and Chief Executive Officer
Methodist Le Bonheur Healthcare

Dear Family Partners and Colleagues,

First I want to thank you for taking the step toward creating a more patient- and family-centered environment through collaboration. Individuals such as you make Methodist Le Bonheur Healthcare special. We have a rich history of taking care of the community and of one another. Therefore, to me, patient- and family-centered care is a natural next step for us. I am honored and humbled to be part of this journey of culture change that values each patient as an individual and as the center of the health care team and recognizes family members as partners in care.

This Family Partners Council Toolkit was created, as you might expect, as a collaborative effort, borrowing the best from other organizations that have come before us on this patient- and family-centered care journey. Additionally, numerous family partners and MLH staff have contributed to this effort. It will be regularly updated and improved to reflect the needs of its users. So please let me know if you have recommendations on how to improve the Toolkit.
Let's remember that what we can accomplish together is greater than what any one of us can accomplish alone.

Michelle

Michelle B. Collis
Vice President
Patient- and Family-Centered Care
Methodist Le Bonheur Healthcare

Purpose of this Toolkit

This Toolkit was created to introduce guidelines and to provide standards for Methodist Le Bonheur Healthcare Family Partners Councils. Numerous sources were used in compiling this information. Special thanks to the Le Bonheur Children's Hospital Family Partners Council for sharing their Charter and lessons learned. Their work is represented here, along with knowledge from the Institute for Patient- and Family-Centered Care, a number of their member organizations as well as MLH Family Partners who generously volunteer in the adult facilities.

MLH identified in early 2009 that the PFCC journey will have a strong facility-driven focus, led by patient and family partnering. Every MLH facility and organization is moving toward a patient- and family-centered environment at its own pace, and the locus of control is at the facility level with some system-wide agreed upon and non-negotiable standards. For example, the goals, activities and metrics of a facility Family Partners Council are based on the needs of the patients and families it serves. However, the infrastructure and practices of the Council are mostly standardized. Those standards are represented in this Toolkit.

This Toolkit will be posted online and will be updated at least annually, based on new knowledge gained. Your feedback about information provided here is welcome.

Many resources and ideas in this toolkit came from The Institute for Patient- and Family-Centered Care. The IPFCC provides leadership to advance the understanding and practice of patient- and family-centered care in hospitals and other healthcare settings. Please go to www.ipfcc.org for more information.

Introduction and Overview

What is Patient- and Family-Centered Care?

Patient- and family-centered care (PFCC) requires a new way of thinking about the relationships in healthcare. It is an innovative approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare patients, families and providers. PFCC applies to patients of all ages, and it may be practiced in any healthcare setting.

A successful journey toward PFCC requires a transformation of culture. PFCC also requires a fundamental change in the healthcare delivery model. This model of care provides frameworks and strategies for achieving quality and safety goals, enhancing patient and family experience, as well as lowering costs and improving staff satisfaction.

In a PFCC environment, patients and their families are integral and coequal parts of the healthcare team. This partnership improves the quality and safety of a patient's care by helping to foster communication between patients and their families and healthcare professionals. By taking familial/patient input and concerns into account, the patient and family feel welcome to provide input and share information, and are comfortable questioning staff on a patient's plan of care. Both patients and their families are "on board" in terms of what to expect with medical interventions and health outcomes. Family-centered approaches to healthcare intervention also generally lead to wiser allocation of healthcare resources, as well as greater patient and family satisfaction.

What is the ultimate goal of patient- and family-centered care?

The ultimate goal is to create partnerships among healthcare practitioners, patients and their families that will lead to the best outcomes and enhance quality and patient safety.

Why is PFCC necessary in healthcare?

As the American healthcare system has grown more complex and fragmented, and as providers feed more pressure to see more patients in less time, care too often has become centered around the needs of the system itself and not on the patients and families it serves.

PFCC Guiding Principles
Patient- and family-centered care is an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care practitioners. By truly partnering with patients and families - not only involving them in decisions about their care, but also gaining the benefit of their help and insights to better plan and deliver care - patients can achieve better outcomes, and hospitals can improve the care for all patients.

The four principles of patient- and family-centered care are:
- **Respect and dignity**. Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing**. Health care practitioners 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 and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Many professional organizations actively endorse a PFCC approach to healthcare. The primary goal of PFCC is to empower patients and families so they are aware, knowledgeable and actively engaged in

their own healthcare. When we involve patients and families, the quality of care improves. Professional organizations that support PFCC include:

- American Association of Critical Care Nurses
- American College of Emergency Physicians
- American Organization of Nurse Executives
- American Hospital Association
- Institute for Health Improvement
- Institute of Medicine
- Joint Commission
- Society of Critical Care Medicine

In 2009, Methodist Le Bonheur Healthcare updated its Mission and Vision statements to reflect our commitment to PFCC.

MLH Mission

- Methodist Le Bonheur Healthcare, in partnership with its medical staffs, will collaborate with patients and their families to be the leader in providing high quality, cost-effective patient- and family-centered care. Services will be provided in a manner which supports the health ministries and Social Principles of The United Methodist Church to benefit the communities we serve.

MLH Vision

- Methodist Le Bonheur Healthcare is a faith-based healthcare system that, in partnership with its physicians, will be nationally recognized for providing outstanding care to each patient, achieved through collaboration with patients and their families.

Understanding the Impact of Family Partner Councils

Methodist Le Bonheur Healthcare has made a strategic commitment to PFCC. As an organization, we are committed to using what we've learned to create programs, tactics and groups that allow input from the patients and families we serve to better direct how we deliver care.

Family Partners Councils can have an enormous impact on patient and family satisfaction as well as quality and safety. They can also increase confidence within healthcare. The collaboration benefits all involved groups and individuals. Among the benefits are:

- Giving healthcare providers and facility CEO/administrators access to an experienced, diverse group of patients and families willing to serve in a consulting capacity for policy and program development and evaluation.
- Providing senior leaders an opportunity to receive ongoing feedback that goes beyond what they would learn from routine patient satisfaction surveys and focus groups.
- Having a forum available to develop creative, cost effective solutions to problems.
- Providing a link between the facility and community organizations.
- Having a mechanism in place for receiving and responding to community input on a regular basis.

The work of Family Partners Councils can lead to:

- Improved quality and safety for patients.
- Services and programs that respond more effectively to consumer needs and priorities.
- A safer and more rewarding work environment for staff and physicians.
- A stronger competitive position in the market.
- Increased understanding and collaboration between patients, families, Associates and physicians.
- Wiser use of scarce healthcare resources.
- An improved learning environment for professionals-in-training.

Council Responsibilities

The Family Partners Council is a volunteer-led group in which members run the council, and the MLH Associates' roles are to assist the Council members. Responsibilities of a Family Partners Council depend on the needs of the patients, families, and professionals whom it serves.

The Role of the Associate Liaison to the Family Partner Council

A Liaison is a Methodist Le Bonheur Healthcare Associate, normally a current leader, who accepts the responsibilities outlined here. The Liaison's role is to enable Council members to have influence on and direct input into facility policies, programs and practices. The Associate Liaison provides the primary link between the Council and organizational leadership. The Liaison should be familiar with the organizational culture; he or she should know how decisions are made in the organization and should be alert for strategic opportunities to introduce or integrate family-centered concepts in new and ongoing initiatives. The Associate Liaison also sits on the MLH PFCC Steering Committee. The Vice President of Patient- and Family-Centered Care will provide assistance and guidance to the Associate Liaison.

Key attitudes and qualities for an Associate Liaison to The Family Partners Council include patience, perseverance, flexibility, listening skills, openness to new ideas, a willingness to learn and to teach, the ability to work positively and proactively, the ability to see strengths in all people and situations and to build on these strengths and a sense of humor. It is recommended that, in most cases, the Liaison continue with his/her primary job responsibilities so that he/she is a natural part of day-to-day operational activities.

An Associate Liaison's responsibilities should be reflected in the Associate's job description and annual goals. Those responsibilities might include but are not limited to:

- Along with the Vice President of PFCC, assisting with development of a Family Partner's Council:

1. Providing guidance for determining council structure, size, and meeting frequency.
2. Working with the facility administration to define the role of The Council, its place in the organization, and the reporting relationships.
3. Determining the hospital leaders' expectations for Council activities and reports and sharing those expectations with the Council.

- Along with the Vice President of PFCC, helping to develop strategies to assist facility leaders in recruiting patient and family members:
    1. Identifying patients, families, Associates, and community organizations that can recommend potential members.
    2. Seeking patients and families who reflect the diversity of those served by the hospital in terms of race, ethnicity, religion, educational background, age, economic status and family structure.
    3. Seeking patients and families who represent a variety of clinical experiences such as type of illness, facilities and programs used.
    4. Participating in the process to select Council members, helping staff, patients and families discuss applicants and what they bring to the Council.
    5. Providing guidance to facility leaders to help them identify potential high-quality family partners.
- Along with the Vice President of PFCC, ensuring that new Council members are oriented to their roles and given appropriate support.
- Along with the Vice President of PFCC, supporting Operational Leaders and Associate representatives on the Council in developing an understanding of the value of patients and families serving as advisors.
- Along with the Vice President of PFCC, encouraging patients and families to actively own the Council:
    1. Ensuring family chair or co-chair lead meetings and establish meeting agendas.
    2. Helping Council members take responsibility for minutes with support from facility leadership.
    3. Supporting Council members in recruiting new members. Identifying appropriate potential members, involving them

in a variety of activities, and developing their skills and interest in Council membership.
4. Assisting Associates in understanding the importance of patient and family member "ownership" of the Council.

- Along with the Vice President of PFCC, tracking Council accomplishments:
  1. Celebrating successes (e.g., situations where Council input makes a difference in improving care and outcomes).
  2. Ensuring that a history, log, or notebook of Council activities and accomplishments is maintained. This book can be used in recruiting new members and in educating staff about the Family Partners Council and its value to the facility.
  3. Publicizing information about Council activities and other facility activities that involve patients and families.
  4. Considering broad dissemination of Council or workgroup meeting minutes to Associates, faculty, and families who are interested in serving as advisors but are not currently on the Council.

Responsibilities of Operational Leaders

- Recruiting- Supporting Council members in recruiting new members. Identifying appropriate potential members, involving them in a variety of activities, and developing their skills and interest in Council membership.
- Training- Mentoring and teaching new Council members as well as offering continuing education to all members to develop their knowledge and skills for a variety of advisory roles.
- Partnering- Ensuring all Family Partners are considered equal partners in all Council processes, and their opinions and perspectives are valued by the Leaders on the Council.
- Championing- Actively supporting and promoting Council members' projects or ideas that are being implemented.

Recruiting and Retaining Council Members

Responsibilities of Council Members

Council leaders or organizers must explain membership roles, expectations, and responsibilities to prospective members at the time they are invited to join the Council. The responsibilities and expectations of all members, examples of which are listed below, should be confirmed in writing at orientation.

- Be accountable for those whom they represent.
- Reach out broadly and listen to other patients, families, Associates, and community members.
- Be committed to improving care for all patients and family members.
- Respect the collaborative process and recognize the Council as the selected forum to discuss issues.
- Be willing to listen to differing views.
- Encourage all Council members to share ideas and viewpoints.
- Recruit new members by identifying appropriate candidates, involving them in a variety of activities, and nurturing their interest in council memberships.

Affiliate Members

At times, the Council may be interested in recruiting Affiliate Members to aid in accomplishing goals. Affiliate Members are individuals who are interested in assisting the Council with its efforts, but may not have the ability to fully commit. These members are free from attendance mandates while forgoing the right to vote. They are often best used in support of committee work, especially when the number of Council members has reached a maximum but more help is needed.

Affiliate Member Roles

- Open invitation to attend council member meetings as nonvoting members
- Affiliate members complete Family Partners Council Orientation

- Join committee, by invitation only
- Join subcommittees, by invitation only
- Availability for assistance on an as needed basis for projects such as reviewing printed materials or hospital policies and procedures
- Review meeting minutes
- Learning how to share your story
- Acting as sounding board for council ideas
- Provide trouble shoots and helps with process/idea blocks

Informing Candidates about Council Roles and Responsibilities

Before individuals who have volunteered or been nominated for Council membership are interviewed, they should be informed of the responsibilities and privileges associated with such a role. When they realize the scope of the job, some candidates may decide to withdraw, and a smaller pool of candidates who are prepared to make the commitment to Council work can then be interviewed.

To ensure that all candidates receive complete information about council membership, a fact sheet, containing the following information can be prepared and disseminated:

- Council mission and goals
- Membership eligibility requirements
- Benefits of membership
- Expectations of Council members
- Meeting times and frequency
- Support offered (child care, parking, monetary compensation)
- Time commitment (length of membership term, committee work)
- Training to be provided

The fact sheet should conclude by outlining key steps in the application and member selection processes. Each potential applicant should also be given this information verbally and offered the opportunity for discussion.

Continuing Education for Council Leaders and Council Members

An important way to maintain an active and effective working Family Partner Council is to offer members continuing education to develop their skills for a variety of advisory roles, such as serving as family faculty, program evaluators or meeting facilitators.

Some available educational resources for Council members are:

- Methodist Le Bonheur Healthcare's Associate orientation sessions.
- Ad hoc opportunities for skill building, such as reflective listening workshops that teach members to perfect telling their story in various venues to diverse audiences.
- One-on-one sessions with the Associate Liaison or Committee Co-chairs (or Operational Leaders) to learn more about a specific Council initiative.

Individualized Support

No matter how well prepared, some Council members will probably still feel reluctant to speak out during the first few meetings they attend. Some will need more encouragement than others. The Chair should try to become attuned to individual needs, and do everything possible to make everyone feel comfortable.

In addition, it can help to:

- Offer a mentor (an experienced family partner or another Council member) to serve as support for a new member.
- Offer to have someone such as an experienced Family Partner or staff member come to the first committee meeting with a new member and debrief afterwards.

Need for Flexibility

Even though a patient or family member has made a sincere commitment to work on the Council, unforeseen difficulties may arise. Patients and family members may not be able to attend every meeting. There may be other demands on their time and stamina. To minimize the effect absences may have on Council work, the following techniques can be helpful:

- Acknowledge to patients and families individually, and to the Council as a whole, that they were missed and that their participation is valued.
- Consider having a family leave policy so that representatives can choose an inactive role but maintain their membership should circumstances require some time off.
- Create a variety of ways for Council members to participate in the consideration of issues (e.g., schedule a conference call, use a speaker phone during the meeting, ask people to provide written comments on materials).

Council Activities

In carrying out their responsibilities, Council members may become involved with activities related to patients and families, staff training, institutional improvements and information sharing. Examples include:

- Patient/Family Activity

    1. Channeling information, ideas, needs and concerns of patients and families to facility CEO/Administrators and Associates.
    2. Serving as ambassadors or greeters for orienting new patients and families to the facility.
    3. Coordinating family-to-family and other peer support programs.
    4. Participating in the development of guidelines and policies for family participation in care, for visits by children and youth, and for other visitors.

5. Writing and editing family handbooks.
6. Planning and developing a patient and family resource center and other initiatives to expand families' access to information and support.

- Staff Selection and Training

1. Assisting and interviewing candidates for administrative and clinical leadership positions.
2. Participating in ongoing training and educational sessions for residents and medical staff, and in Associate orientation training on family-centered approaches to care.

- Institutional Improvements

1. Participating in program development, implementation and evaluation.
2. Participating in quality improvement and work redesign efforts.
3. Working with facilities management or design planning teams on renovation and construction projects.
4. Offering input on logistical matters such as signage and parking.
5. Participating in discussion of amenities such as cafeteria food and the appropriate use of television in patient rooms and waiting areas.
6. Helping out with institutional development and fund-raising programs.

- Information Dissemination and Marketing

1. Recruiting potential new members, explaining Council purpose and mission and soliciting suggestions and feedback.
2. Assisting with the creation of a facility web site.
3. Serving as a link between the facility and the communities it serves.

Planning and Facilitating Council Meetings

Basic principles of meeting management apply well to Family Partners Council meetings. Whenever possible, however, such principles should be presented to the group as proposals, rather than as ironclad rules. Council members should have the opportunity to discuss alternatives and come to a consensus on the best way to conduct business.

Here are some considerations to bear in mind regarding logistics, the meeting agenda, facilitation, meeting closure and minutes and documentation.

Logistics

- **Meeting Time**
  Finding a mutually convenient meeting time can be difficult. Parents who work outside of the home generally prefer evening meetings; those who do not may prefer meetings during the day. Child care responsibilities can complicate the decision if the facility does not offer baby-sitting services for Council members. Another possible complication is the availability of space; hospital conference rooms are more likely to be in use during the day. One practical solution is to alternate meeting times (e.g., hold the meetings during the day one month and the evening the following month).

- **Meeting Frequency and Length**
  Frequency of meetings will be determined by the Council. Monthly or ever six weeks are acceptable, but at a minimum of six times annually. It helps to schedule meetings at a fixed time and location.

  The optimum meeting length is between ninety minutes and two hours. It is important that the meeting be run efficiently; however participants should not feel rushed, as this might make them more reluctant to freely share their ideas.

Regardless of how long or short the meeting, it is important to begin and end on time. Maintaining this practice respects the fact that members have many demands on their schedule and that you value their presence.

- **Arranging for a Meeting Room**
  The room should be set up prior to the meeting:
  1) Arrange tables and chairs in preferred layout
  2) Prepare materials such as copies of agenda and reports
  3) Provide name placecards that family partners pick up at sign-in table
  4) Use a sign-in sheet and keep for the record
  5) Provide non-Associate Expense Logs for family partners to complete if they wish, along with self-addressed envelopes for the sheets to be sent back to the Associate Liaison or administrative support person at the facility
  6) Order food and arrange for clean-up

***Please refer to Section XIII. Meeting Checklist as a guide to arrange a meeting

How to Facilitate a Good Meeting

- ✓ Don't compete with group members. Give their ideas precedence over yours.
- ✓ Listen to everyone. Paraphrase, but don't judge.
- ✓ Don't put anyone on the defensive. Assume that everyone's ideas have value.
- ✓ Keep all participants informed about where they are and what's expected of them.
- ✓ Keep notes on flip charts or a board that everyone can see.
- ✓ Check with the person who owns the problem to find out if an idea is worth pursuing or if a proposed solution is satisfactory.
- ✓ Give others a turn at running the meeting. Those who learn to lead learn how to participate.
- ✓ Realize that your interest and alertness are contagious.
- ✓ Always allocate a few moments for introductions, even when the Council is well established. This provides an opportunity for members to reconnect and to introduce newcomers or visitors.
- ✓ Allow only one person to speak at a time.
- ✓ Remember that it is the facilitator's responsibility to ensure that everyone is "speaking the same language." Make sure that any jargon is explained; sometimes Council members are reluctant to ask for such explanations.
- ✓ Make sure that everyone speaks clearly. If someone has trouble expressing an idea (perhaps because of a language barrier), politely restate the idea and ask "Have I understood you correctly?"
- ✓ Encourage everyone to participate at his or her comfort level. Some people will speak more than others, and this is all right. What is important is that no one dominates the discussion and intimidates others.
- ✓ Frame the discussion so that issues or ideas, rather than people, are the focus of criticism or negative comments.

Associates Attending as Guests

Inviting a variety of Associates and facility leaders to attend meetings as guests and provide input on specific topics is a great way to expand the reach of the Council. For example, if the agenda will include a discussion on families' perception of cleanliness on a unit, invite the Director for Environmental Services.

Minutes and Documentation

A patient or family member on the Council should serve as Secretary responsible for taking notes during the meetings, preparing summary minutes and disseminating them to group members and other appropriate individuals. The Associate Liaison can also assist in the duplication and mailing of minutes and maintaining a permanent file of minutes.

Disseminating minutes broadly builds credibility of the Council as a forum for discussion of timely issues affecting patients, families and Associates, and strengthens understanding of and commitment to collaboration between families and Associates. Minutes can be disseminated by the facility's senior administrators, department heads and mid-level managers. They can also be disseminated to some of the patient and family leaders serving in other advisory roles.

It is also an important tool for tracking the Council's accomplishments over time. Publicizing Council activities will help those in the facility and the community appreciates members' work. Providing feedback on the outcome or results of changes made by Council actions or recommendations is equally essential.

Common Barriers to Progress

- **A lack of understanding of the time commitment required**. Council members may be so frequently requested by Associates and faculty to serve on committees and taskforces that they end up putting in 2-3 hours weekly. Involvement of more patients and families may be needed.
- **A lack of an overall plan to inform everyone (Associates, patients, family members) of the need to further develop Council membership.**
  As the program develops there may be too many opportunities for patients and families to participate and too few people to meet those opportunities. The challenge is finding the right way to get the word out to the entire patient population and recruit more participants.
- **A lack of understanding of how important it is to take the time to build trust among the Council members, between facility Associates and the Council.**
- **Different expectations of the role of the Council from individual Council members and Associates.** Some Council members see themselves as advocates working in opposition to the Associates, others as advocates *for* Associates. Time and energy are needed to develop the concept of a Council that sees itself as part of the solution, not just the bearers of the problems.
- **A lack of participation by the entire span of patients and families.** It is incredibly important to represent the diversity of the patient population.
- **A desire for "quick fixes."** The Council cannot just be a group who brings only gripes or demands quick fixes, but a group focused on the big picture, willing to help develop solutions and be involved with the implementation.
- **Lack of engagement of Operational Leaders.** Family Partners rely on operational staff to help get things done. If an Operational Partner has a responsibility it should be part of his/her goals and performance evaluation.

Keys to Sustaining Momentum

- Helping members become involved in meaningful efforts (quality assurance committee, education of the adult oncology fellows, input into facility decisions on important issues, and patient rounding).
- Resolving issues in a timely fashion.
- Ensuring that members feel their time and effort are making a difference.
- Making sure that key facility decision makers have an active role on the Council.

Setting Goals and Reporting Progress

It is important for every Family Partner Council to establish a firm set of goals to provide clear direction and to report on the progress being made toward realizing those goals. A working document should be prepared listing the goals and accomplishments of the Council (See Le Bonheur Annual Report in the Addendum). This document can be reviewed and updated at each meeting, and serve as an official reporting tool to the facility.

Examples of goals Council might identify:

- Recruit more patients and family members to assists on projects and committees.
- Make efforts to ensure that the composition of the Council more accurately represents the existing patient populations.
- Hold periodic “town meetings” with patients, family members, and Associates.
- Expand the Falls Reduction Program throughout the facility.
- Create a peer/mentor program for open heart surgery patients.

The Council will work hand-in-hand with the facility CEO/Administrator to set the goals that will have the largest impact at the facility.

"Must-Do's" for Success

- You must have support and commitment from the facility's leaders. Some of these individuals must be members of the Council.
- You must build trust among Council members and between the Council and the facility. This takes time.
- Patients and families must have genuine opportunities for input. Patients and families do not want to be "window dressing." They want to make (and can make) a difference.
- Patient and family member advisors must craft a role that allows them to always advocate on behalf of patients and, at the same time, work as collaborators with Associates in finding solutions for patient-related issues.

Getting Started

- ✓ **Work with CEO/Administrator to appoint the first Executive Committee (Chair, Co-Chair, Secretary).**
- ✓ **Select a specific number of patient and family members to invite to join the Council.**
- ✓ **As each new member joins the Council, challenge them to nominate one new person for membership consideration.**
- ✓ **Work with CEO/Administrator to appoint Associate representatives to the Council**
- ✓ **Schedule an orientation for all members.**
- ✓ **With input from all members and administration, prepare a roadmap for the Council that includes priorities, goals and a timeline. (See Germantown Roadmap in the Addendum)**

Methodist Le Bonheur Healthcare
Family Partner Council
Charter

Section I
Purpose and Responsibilities

Purpose
The purpose of the Family Partner Council is to support the Mission, Vision and Philosophy of Care of Methodist Le Bonheur Healthcare (MLH).

Responsibilities and Mission of the Family Partner Council (FPC):
(not limited to, but must include:)

- To further the principles of Patient- and Family-Centered Care (PFCC) at (this facility) and MLH.
- To represent the voice of the patient and family to organizational leaders, Associates and Medical Staff on issues of policy.
- To actively embed patients and families in support of a culture of patient safety and quality.
- To advise organizational leaders on issues related to the patient and family experience.
- To assist in planning for new facilities and services.
- To provide input and education for healthcare professionals and other organizational personnel.
- To assist patients and families in forming and accessing support groups.

The Family Partner Council will develop an annual plan listing the goals and objectives of the Council. This will be written by the chairperson with input from the Council members and approved by the facility CEO/administrator.

A. Family Partner Council - This group will assist in the planning, implementation, and evaluation of PFCC improvement projects.

B. Senior Leaders (CEO/administrator, Chief Medical Officer, Chief Nursing Officer and others selected by the CEO/administrator)- Attend all formal council meetings, serve as internal advocates and report on the progress of PFCC improvement projects.

C. Corporate Senior Leaders- (VP PFCC & others) Provide recommendations, support and insight to all PFCC improvement projects.

D. Clinical Service Leaders- Engage thoughtfully with the issues and materials submitted and provide feedback from a clinical perspective

E. Liaison from Faith/Health- Ensure the faith-based identity, language, and principles of MLH are integrated into all PFCC improvement projects.

F. Associate Liaison- Provides the primary link between the Council and organizational leadership, and facilitates the work of the Family Partner committees and updating the Operational Leaders of the committee's activities.

F. Operational Leaders- links with Family Partners on selected initiatives to set and accomplish goals. Also recruits and trains new Family Partners, and champions committees of the council

Section II
Officers:

The first Chair, Vice Chair and Secretary are appointed by the facility CEO/Administrator. All officers serve two (2) year terms.

Officers: There will be four (4) officers of the Council:

Chair (**1)**
The Chair must be a former MLH patient or a family member of a patient.

The Chair will set the agenda of each Council meeting in consultation with the Vice Chair and Associate Liaison.

The Chair will be responsible for recruiting new members.

The Chair will preside over FPC meetings and provide overall direction for FPC activities. The Chair will be an ex-officio member of all committees and will be the official spokesperson for the Council.

The Chair will provide an annual report to the CEO/ Administrator to coincide with the Annual Meeting in April.

Co-Chair (1)
The Co-Chair will assume the responsibilities of the Chair in the Chair's absence or if the Chair is unable to fulfill the obligations of the office. The Co-Chair will advise the Chair in developing the agenda.

The Co-Chair will assist in recruiting new members. The Co-Chair will maintain attendance and membership records.

Secretary (1)
The Secretary will be responsible for coordinating with the Associate Liaison the scheduling of meetings, and recording, distributing and posting minutes for the Council. The Secretary shall distribute minutes no later than seven (7) days prior to the meeting where the minutes will be approved.

Immediate Past Chairman (1)
After the first two-year term is completed, the Immediate Past Chairman shall serve as ex-officio for two years (2).

Executive Committee of the Council:
The Executive Committee of the FPC will consist of the Chair, Co-Chair, Immediate Past Chair, and Secretary.

Should any officer be unable to fulfill his or her term, the successor will be appointed by the facility CEO/Administrator, following a recommendation by the executive committee.

Associate Liaison (non-voting member of Council):
The Associate Liaison will be an Associate of the facility or organization and will be appointed by the facility CEO/Administrator. The Associate Liaison will be responsible for or ensuring that the following is done:

a. Scheduling locations for meetings.
b. Distributing invitations to meetings.
c. Assuring the appropriate and necessary orientation and training for all members of the Council.
d. Facilitating the work of the committees of the Council.
e. Updating the organization leadership team regarding the activities of the Council and sub-committee

Section III
Nominations and Elections:

The first team of officers will be chosen by the facility CEO/Administrator. After that point, a Nominating Committee Chairperson shall be appointed by the Council Chair each January. The Executive Committee will oversee the actions of the nominating committee, which is an ad-hoc committee.

The duties of the Nominating Committee shall be to submit on or before the first of March each year a list of members slated to fill each expired term. The Secretary will, within one week of receipt of the nominations, publish said names in conjunction with the Annual Meeting notice.

Voting for expired terms shall take place in April. The vote shall be done by ballot only when there is more than one candidate for a position. Each FPC member shall have one vote, except in the case in which a couple shares a vote. Members shall be elected by a simple majority.

Elected positions include the Co-Chair and the Secretary. The Chair is appointed by the facility CEO/Administrator. The Immediate Past Chairman position is assumed, and will therefore be vacant during the first term of office.

New officer terms begin in April. When a new Council is formed in a month other than April, officers may serve up to two (2) years 11 months in their first term. E.g., If a Council initiates in July, officers will serve for 31 months, at which time the second team of officers will be elected and take office

Section IV
General Membership:

General membership will consist of twelve (12) to thirty (30) members, except at MECH/SNF, Fayette and Affiliated Services, where the General Membership will consist of six (6) to fifteen (15). No more than one third (1/3) of the members will be paid Associates of MLH, except at MECH/SNF and Fayette where CEO, CNO and Associate Liaison will represent the facility. The CEO/Administrator, CNO and CMO and Staff Liaison are automatically Council members, and the CEO/Administrator will appoint all other Associates to the Council.

Any persons, 18 years of age or older, interested in representing the future care of patients and their families are eligible for membership. Members must be positive and supportive of MLH's mission, be willing listeners and have the ability to represent the voice of patients and families in aggregate over and above personal concerns. Members must also have the ability to use their personal experience constructively.

Every effort will be made to recruit membership which is representative of the patient population at the facility or organization, including in-patients, out-patients, a wide scope of medical specialties, varied geographic origins and ages and diverse cultures.

The Council will seek to recruit members that are representative of the patient population, from both genders and various cultures, races and socioeconomic backgrounds.

Members will be entitled to one (1) vote each, except when a couple shares membership. In that case the family is entitled to one vote.

Members must pass a background check and wear proper identification when acting in their capacity as a member of the FPC when on MLH property.

Terms will be for a minimum of two (2) years. Members serve at the discretion of the Executive Committee. In instances of disagreement regarding a member's standing, a simple vote among the executive committee members will be taken to determine status.

Section V
Committees of the Council:

Committees of the Council can be chartered upon recommendation of the Council and approval of the CEO/Administrator. The facility or organization CEO/Administrator may also independently charter a committee. In addition, at any time, there may be department or unit-based advisory groups working, as well as ad hoc committees initiated by the Executive Committee.

Each committee will require a written charter, work in cooperation with the Associate Liaison but primarily the respective Operational Leader, and make regular reports to the Council. Each committee will include at least one member of the FPC who will make regular reports to the FPC.

Section VI
Agenda:

The Chair, Co-Chair and the Associate Liaison will set the agenda, which will be posted on the facility website a minimum of one (1) week in advance of any scheduled meeting. Any member may recommend an agenda item. In cases of dispute, the agenda will ultimately be determined by the Executive Committee.

Sample agenda is included in the Addendum.

Section VII
Minutes:

The Council Secretary will record minutes for each meeting and will distribute them to the membership. Copies of minutes will be publicly available in the facility or organization CEO/Administrator's office, as well as in the PFCC section of MOLLI and on MLH.org in the near future.

Section VIII
Council Decisions:

Decisions will be made by a vote of the Council. Each member has one (1) vote. A minimum of two thirds (2/3) of the current membership is required in attendance to hold a vote. At that time, decisions will be made by a simple majority. Votes can be gained by proxy of the member if submitted prior to the meeting by phone, US mail, text or e-mail.

Amendments to the Charter will be presented at one meeting and voted on at the following meeting. In the case of a tie, the final decision will rest with the Executive Committee.

Section IX
Meeting Dates and Times:

The calendar year for the Council will run from April to March. The annual meeting, in which new officers will be inducted and the annual report presented will be held in April. The Council shall adopt a schedule of regular meetings or may delegate the scheduling of the meeting to the Chairperson. Elections for new officers will be made each March.

Section X
Attendance:

An absence of three (3) consecutive *unexcused* meetings will constitute inactive status. Inactive members will remain on the

mailing list but will lose voting status. After five (5) missed meetings the member will be dropped from Council membership.

Section XI
Member Support and Reimbursement:

All members will be eligible for travel and respite or childcare reimbursement. Reimbursement per event per Family Partner (family) will be no more than $30.

A sample expense report is included in the Addendum.

Section XII
Confidentiality:

All members will receive HIPAA training and will acknowledge that training by signature which will be maintained by MLH as part of their volunteer record. In order to be compliant with HIPAA standards and guidelines, any information deemed personal or confidential should not be discussed outside of the Council. Additionally, members will sign a confidentiality agreement.