

Franciscan Children's Family Advisory Council Bylaws

Introduction

Franciscan Children's (FC) recognizes that parents or family member's involvement with the child's care can be helpful from everyone's point of view and this participation can provide much needed reassurance to all involved. This connection also has the capability to speed recovery. Parents and family members are most likely to know about any special needs pertaining to the child and how best to meet them. Involvement with the service and delivery means that when the child returns home, the parent or family member will be more likely to know what to do to continue progress towards the child's goals.

Family-centered care places an emphasis on collaborating with the children and families. Further, it acknowledges that families, defined as persons who are related in any way - biologically, legally, or emotionally, are essential to child's health and well-being and are allies for quality and safety within the health care system.

We recognize that family members are more than surrogates to be called on when the child is unable to make decisions on his/her own behalf. Rather, they are essential members of the care continuum and care-giving team. We acknowledge the literature that confirms that social isolation is a health risk factor and inpatient, residential and educational setting policies and practices should not separate patients and families in care giving and decision-making.

The core concepts of family-centered care at FC are:

- **Dignity and Respect.** Health care practitioners listen to and honor child and family perspectives and choices. Child 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 the children and families in ways that are affirming and useful. Children and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
- **Participation.** Children and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration.** Children, families, health care practitioners, and hospital leaders collaborate in policy and program development, implementation and evaluation of health care facility design as well as in the delivery of care.

These philosophical beliefs encompass and acknowledge the infrastructure needed to create partnerships and to transform the experience of care and of care giving for children, their families, and for health care providers. Family-centered care describes the essential elements necessary to cultivate partnerships in the care setting, in care planning, in decision-making, in supporting healing relationships, and in individual child/professional interactions. More broadly,

it provides a framework for formal partnerships with child and family participation on advisory councils.

Name

The name of the organization is the Family Advisory Council of Franciscan Children's. It is also referred to as the FAC.

Purpose

The Franciscan Children's Family Advisory Council will promote a family-centered culture that seeks input from children, families, and staff regarding all aspects of care in order to be an effective resource and advocate for improved healthcare, education, and safety.

Council Membership

The FC Family Advisory Council is a group of committed children, caregivers, and healthcare providers and community members who work together to help further develop family centered care. The composition of the membership is dependent on the needs of individual council.

Membership Eligibility

- **Family Eligibility:**
 - Current or former patients, family members, or community members representing a diversity of backgrounds.
 - Able to attend meetings on a quarterly basis for 2 hours in duration.
 - Must maintain appropriate and confidential handling of personal information.
 - Able to listen to differing opinions and share different points of view.
 - Be positive and supportive of the project's mission.
 - Comfortable speaking with candor.
 - Able to use their experience constructively.
 - Work in partnership with others.
 - Possess good communication skills.

- **Hospital Eligibility**

- **Project Lead:**

The Project Lead is the coach of the team. The Project Lead develops the project concept, acquires the necessary funding and organizational support, selects the Project Coordinator and manages the entire project.

Project Lead key qualifications include:



- Personable, with excellent communication skills; sensitivity to individual council member needs; respect for diversity; able to interact with different personalities and professions; able to build a team based on trust, honesty, and respect.
- Leadership position in the organization.
- Expert on the content of the project goal and objectives.
- Time available to devote to the project.
- Communication skills to comfortably work with diverse group of organizational leaders, professionals, children and community members.

- **Project Coordinator:**

The Project Coordinator is responsible for the day-to-day management of the Council and their activities. This is a critical role for successful implementation of a Family Advisory Council. The Project Coordinator should be the first staff identified and engaged in the project.

Project Coordinator key qualifications include:

- Connected to the community connections: For an outpatient-based council, it is very important that the Project Coordinator has established relations with community organizations. This helps build the trust with the council members and facilitates the introduction of the project into other community groups.
- Staff member: Depending on what program the council represents (medical, behavioral, educational), the Project Coordinator should be an integral part of the program. The Project Coordinator's established relationships and trust with staff will facilitate their engagement in and adoption of the council concept.
- Committed to the council project: The Project Coordinator needs to have sufficient time devoted to the project.
- Knowledgeable about project evaluations and data analysis.

- **Provider Champion:**

Provider Champion key qualifications include:

- Recognized leader amongst the medical and dental staff, though may not necessarily hold a formal title.
- Respected provider who works directly with the medical and dental staff and who has a vested interest in the work of the Council.
- Understands and supports the project.
- Recruited at the earliest stage of the project, preferably prior to the council being established.
- Able to attend most council meetings. An alternative provider should be identified who could alternate with the Provider Champion at the council meetings to ensure the provider perspective is represented.

- **Staff Representatives:**

Staff representative are the primary point of contact at the hospital.



Staff Representative key qualifications include:

- Excellent communication skills with all staff and professions at their site.
- Able to work and communicate effectively with Project Coordinator.
- Have demonstrated an interest and commitment to family-centered care.
- Ability to represent the organization.

Membership Responsibility

- **Family Responsibility:**
 - Be accountable to those whom they represent.
 - Reach out broadly and listen to other children, families, healthcare providers and community members.
 - Be committed to improve care for all children and family members as it relates to the project goals.
 - Maintain confidentiality at the meetings and outside the meetings.
 - Respect the collaborative process and the group as the forum to discuss issues.
 - Be willing to listen to differing views.
 - Encourage all members to share ideas and viewpoints.
- **Hospital Responsibility:**
 - **Project Lead:**

Project Lead Responsibilities include:

- Develop project goals and objectives.
 - Recruit the Provider Champion.
 - Co-chair all council meetings.
 - Define council role in the organization and in relation to the project goals and objectives.
 - Obtain organizational support for the council and project.
 - Acquire necessary funding and financial support for council and project.
 - Recruit, orient and supervise Project Coordinator.
 - Participate in project activities.
 - Ensure that project is completed in a timely manner.
 - Communicate project activities to leadership.
 - Time commitment: 6 hours/quarter (depending on size of project).
- **Project Coordinator:**

Project Coordinator Responsibilities:

- Work directly with the Project Lead.
- Recruit and orient other staff members.
- Recruit and orient council members.
- Serve as the primary liaison to the council members: provides communication with council members (individual communications, meeting agendas and minutes, addressing individual concerns/needs).
- Oversee project evaluation and data analysis.



- Communicate with internal staff and leadership (attending department and staff meetings, individual meetings, presentations).
- Coordinate and as a liaison for public relations and media activities (press releases, media presentations, public events).
- Develop and implement project strategies and interventions (in conjunction with other team members).
- Monitor project budget.
- Monitor quality of project through evaluation and data analysis.
- Time Commitment: 8 hours/quarter (depending on size of project).

- **Provider Champion:**

Provider Champion Responsibilities include:

- Encourage other providers to participate in the council and/or their activities.
- Lead other providers to adopt family-centered care.
- Represent the council and the provider group at professional meetings and public relations events.
- Provide the provider perspective to the council and project goals.
- Member of the council, participating in the meetings.
- Communicate with other providers about the council and their activities.
- Time commitment: 3 hour/quarter.

- **Staff Representatives:**

Staff Representative Responsibilities include:

- Serve as the point of contact for Project Coordinator and Project Leader at their clinical site.
- Communicate with other staff at their clinical setting – provide update to site on council activities and project; collect information from staff to share back with Project Coordinator; identify site-based barriers and opportunities for council project.
- Participate in recruiting council members.
- Serve as a member of the council by participating in meetings.
- Time commitment: 3 hours/quarter (depending on size of project).

Alternate

The alternate is chosen from a short list of former FAC advisors to serve as a family advisor in the event that a sitting member of the FAC cannot attend or must step down for any reason. An alternate will finish the term begun by the exiting member and must be chosen to maintain 1:1 ratio of staff to families whenever possible.

Commitment of a Member

Group members must make a commitment for one year. The group will meet quarterly at Franciscan Children's for 2 hours at a date and time to be determined by the members.

Council Makeup



The Council will be made up of 10 children and/or family members and 5 staff members from the participating departments. The council base shall consist of at least 50% current or former patients/children and community members.

Membership Term

A term of Active Council Membership consists of two years with re-appointment, and no limit on terms. Individuals who elect to remain on the council at the end of a term will be subject to the reapplication process.

Recruitment

Council members and the hospital's staff will be utilized to recruit and recommend future members.

Selection

Potential members will apply to be a part of the council. The Project Coordinator will consult with the co-chairs and then will conduct a phone interview. After successful completion of the interview the candidate will be invited to a council meeting. One or two of the co-chairs will interview the potential member prior to the meeting. The co-chairs will determine the candidate's eligibility for membership and the project chair will notify the potential member of the decision. Members are selected based on the variety of backgrounds, experiences, and strengths that they can bring to the group. A Family Advisory Council that accurately represents the broad spectrum of cultures and values of the children served by Franciscan Children's will be the ongoing goal.

Orientation, Education and Training

Each new member will be oriented to the council at the start of their first term. Orientation will consist of key factors that will prepare the member and support success of the council. On-going education and training will be conducted according to the councils clarified needs.

Meetings

Regular Meetings:

Regular meetings of the Family Advisory Council will be held quarterly unless otherwise ordered, presuming the presence of a quorum.

Annual Meetings:

The annual meeting will be held in October or November. At that meeting, new members and new officers will be elected.

Agenda

Meeting agendas are set by the Project Coordinator and distributed to the members at each council meeting. Anyone may request time on the council agenda by contacting the



Project Coordinator. The Project Coordinator evaluates and prioritizes each request by discussing with prospective presenters their item's appropriateness, and/or clarifying the subject matter. The Project Coordinator may also suggest alternative means of involving the FAC, including but not limited to, email review/discussion, focus group, and task force. All recipients of FAC assistance are asked to respond to a follow-up survey approximately 6 months after the meeting.

Meeting Minutes

The Project Coordinator maintains minutes and all other pertinent council records. Minutes are forwarded to the Patient Care Assessment Committee and the Board of Directors. They will be maintained for 5 years and are available by request.

Attendance

Attendance is very important. If a member is absent, their perspective is lost. Therefore, the Project Coordinator must stay in close contact with all council members regarding their interest and commitment to the FAC. Spotty attendance or lack of meaningful participation during meetings may result in the project coordinator reconsidering and reassigning an advisor to a committee or team more appropriate to their schedule. It is expected that members attend at least 75% of the meetings.

Quorum:

An official meeting will require the presence of a minimum of one-half of the members to be called to order.

Special committees or projects:

From time to time, the Chairs may deem it necessary to create a special committee or task force in order to further the work of the council. The initiation of such a committee may be requested by any council member.

Guests:

While guests are welcome to observe, seating is limited. The guest shall contact the parent co-chair at least two weeks prior to a meeting to inquire about space availability. The meeting schedule will be posted on the Franciscan Children's website.

Member Reimbursement:

Family advisors may receive reimbursement for travel. Reimbursement forms are available from the Project Coordinator and should be handed in to the coordinators at the end of each council meeting. Transportation fees are standard, determined by the Internal Revenue Service (IRS) and supported by FC policy. Franciscan Children's Fiscal department will issue a check for reimbursed services and mail them to the member's home.

Inclement Weather:

Council meetings will be cancelled if Suffolk County declares a snow emergency of Level 2 or higher. Should a meeting be cancelled for any reason, the Project Coordinator will make every effort to contact all FAC members in a timely manner.

Confidentiality



Family Advisory Council members must not discuss any personal or confidential information revealed during a council meeting outside their role as family advisors. What happens in a meeting should stay in the meeting! Council members must adhere to all applicable HIPAA (Health Insurance Portability and Accountability Act of 1996) standards and guidelines.

Examples include, but are not limited to:

- Staff members must not mention children or families by name or provide information that could identify a specific child or family.
- Family members must not mention other children or families by name or provide identifying information.
- Family members should avoid mentioning specific staff members by name.

If an advisor violates these guidelines, the present co-chair will remind them of the guidelines. If they continue to fail to comply, the co-chairs will discuss their membership status.

Officers

Officers and duties:

There shall be two chairpersons, known as Co-chairs; one may represent the families and children, and one will represent the hospital. The Co-chairs will be responsible chairing and conducting meetings, providing leadership for the council members and serving on institutions' committees where the chairs are specifically requested.

Nomination Procedure:

Candidates for the co-chair position will be nominated from council members having at least one year of experience as a council member. A nominating committee may be selected by the council. Nominations will also be accepted from the floor prior to election.

Election Procedure:

Officers will be elected by the affirmative vote of two-thirds of the members present and voting.

Amendment Procedure

These bylaws may be amended at any regular meeting of the council by the affirmative two-thirds of the members present and voting, provided that the amendment has been submitted in writing at the previous regular meeting. The proposed amendments will then be presented to the Patient Care Assessment Committee and the Board of Directors for approval. Amendments shall finally be effective after approved by the Board of Directors of the Hospital. The approved Bylaw amendments will be distributed to all members of the Family Advisory Council.