WHAT IS IT?
A Patient and Family Advisory Council (PFAC) partners patients with clinical team members and leadership to provide feedback on improving the patient and family experience.

Patient perspectives on navigating the OU Physicians system will help transition the practice to be more successful in implementing value-based care and payment transformation.

ORGANIZATIONAL BENEFITS
- PFACs offer insightful contributions to decision-making, especially when PFAC members reflect the diversity of populations your practice serves
- Lead to increased understanding and cooperation between patients, families and staff
- Recognize that collaboration with their providers through patient-centered care leads to better self-management of chronic conditions and improved adherence to medication regimens
- Provide a way for patients to act as a liaison between the practice and the community

PATIENT BENEFITS
- Gain a better understanding of the healthcare system
- Understand how to become an active participant in their own healthcare
- Better outcomes, including fewer treatment complications and hospital admissions and safer, more effective medication use

“Prepared, engaged patients are a fundamental precursor to high-quality care, lower costs and better health.” - National Academy of Medicine Workshop 2013

KEY COMPONENTS OF SUCCESSFUL PFACS
- Choosing the right patients, staff and family members
- Ongoing leadership commitment
- Staff engagement
- Role clarity
- Avenue to measure success

1 https://www.stepsforward.org/modules/pfac
PROCESS AND CONTENT

PFAC PROCESS

Implementing a Patient and Family Advisory Council is a three part process composed of initiating, launching and sustaining. This toolkit will look at the steps in each of these phases to provide resources to help you successfully implement a PFAC.

TOOLKIT CONTENT

This toolkit contains resources, best practices and examples to aid you in creating and effectively launching a Patient and Family Advisory Council. The following sections are included:

- Steps for Implementing a Successful PFAC...Page 3
- Examples of Successful PFACs...Pages 4 & 5
- Frequently Asked Questions...Page 6
- Talking Points...Page 8
- Planning Checklist...Page 9
- PFAC Charter...Page 10
- Confidentiality Agreement...Page 11
- Marketing Release...Page 12
- Membership Letter...Page 14
- First Agenda...Page 15
- PFAC Stoplight Template...Page 16
- OUP Glossary...Page 16
- Sample PFAC Brochure...Page 24
- Links for videos on PFACS...Page 26
STEPS FOR IMPLEMENTING A PFAC

1. Create a planning committee to define goals, mission, responsibilities

The population health team will work closely with you to develop a PFAC planning committee. The PFAC planning committee is responsible for defining the mission, goals and responsibilities of the PFAC. The planning committee also creates the PFAC charter to serve as a guiding document for the council. The charter includes critical components such as confidentiality, attendance and goals of the PFAC. In addition, the planning committee will outline the structure of the PFAC in regards to number of members, length of terms and length of meetings. PFACs should meet once or twice per year. A population health representative will attend and provide assistance in areas such as agenda preparation, charter preparation and formal report outs. A vital role of the planning committee is ensuring that the PFAC members are representative of the patient population of the clinic. This includes age, ethnicity, diagnosis and geographical location.

The planning committee also creates a communication plan. This entails communication methods to recruit and inform patients about the PFAC. Recruitment methods can include brochures, emails, phone calls, posts through the patient portal and flyers. An example of a PFAC brochure can be found on page 29.

2. Develop an action plan and budget

The action plan should explain goals, measurements of progress and achievement and deadlines. Keep in mind the role of the PFAC is to provide feedback, ideas and advice. The PFAC does not have decision-making authority for the practice. PFACs have provided practices with input in the following areas:

- Patient experience
- Patient safety
- Policy and program development
- Quality improvement
- Health care delivery redesign
- Patient education
- Patient/family communications
- Marketing
- Professional education
- Facility design, supplies and equipment planning
- Research and evaluation

A budget should include any supply items needed for the PFAC as well as food and snacks if provided. If reimbursements for parking or other travel related expenses are needed these should be included in the budget as well.

3. Select PFAC members

Selection of members should be based on the diversity of the patient population of the clinic. PFAC members should be able to clearly communicate ideas and

1 [https://www.stepsforward.org/modules/pfac](https://www.stepsforward.org/modules/pfac)
perspectives, be respectful and be willing to collaborate. PFAC members will be required to sign a confidentiality agreement in order to serve on the council. This agreement can be found on page 15. It is also important to confirm that potential members will be able to attend the meetings. It would be advantageous to add a section in the charter regarding dismissal from the council based on lack of attendance. Please keep in mind that many of these patients may have chronic illnesses and other health issues that could prevent them from attending from time to time.

Launch the PFAC

The initial meeting of the PFAC should include orienting members to the goals and missions of OU Physicians, reminding members of their confidentiality requirement and reviewing the PFAC charter. A process for orienting any new members joining the PFAC should also be created and outlined in the charter. Additional orientation elements include:

- How the role of the PFAC fits into the organization’s structure
- Roles and responsibilities
- Charter review
- Effective collaborating

It is also important to select topics for the initial meeting that are important to the goals of the organization. For example, portal utilization, improving medication adherence and access could be topics to discuss during the first meeting. A sample first meeting agenda can be found on page 19.

Implementing Ideas/Suggestions

Utilize brainstorming techniques to initiate discussion and ideas on topics. For example, asking what is working well in this area or what could be done more of is a good way to get the conversations started. Also, utilizing positive patient comments and asking members how we get more patients to feel the same way could generate conversation. Projects based on ideas generated by the council will be considered for approval by clinical operations and population health leadership. Once

---

approval has been obtained, action planning for implementing projects can begin. Examples of projects generated from PFACS include: patient educational materials, patient portal improvements, council members working as volunteers at a cancer center to help orient patients, a PFAC website and improvements to wayfinding. Examples of PFAC collaborations can be found in the column on the right and on pages 3 and 5. Utilize a stoplight report to communicate the status of recommendations. A template can be found on page 16 of this toolkit.

Track Results

As with any improvement effort, it is important to analyze effectiveness. When formulating action items to implement improvement be sure to include how you measure results. Also, be sure to look at patient comments as an avenue to indicate success. A representative from the population health department will be available to assist with measuring tactics and reporting successes and opportunities.

Sustaining the PFAC

To achieve continuous success in improving the patient experience, action items must also be developed for sustaining the PFAC. Actions to sustain a successful PFAC include:

- Leadership engagement
- Council representative of patient population
- Set measurable goals aligned with the goals of the organization
- Share how ideas and feedback have been implemented
- Recognize contributions of council members through listing their names on bulletin boards and internal communications

GEORGIA HEALTH SCIENCES UNIVERSITY (GHSU)

GHSU has one of the largest PFACs in the US with more than 240 active patients and family advisors. Patient advisors serve on committees throughout the organization, including the adult and children’s hospitals as well as the ambulatory clinics. The patients serve on organizational committees regarding issues such as accreditation, patient safety and medical school curriculum and facility design. The patients also observe waiting rooms and other areas of the clinics and hospitals to gain more insight into potential issues. GHSU attributes the following successes to their PFAC:

- Increased patient satisfaction – from 68% to 98% specifically in psychiatric care
- Decreased staff vacancy rate from 8% to 0% in 3 years
- Decreased malpractice expenses by 60% from $2.5 million to $1.12 million
- Increased market share and profits

1. **What is the difference between patient and family engagement (PFE) and a patient and family advisory council (PFAC)?**

   Establishing a PFAC is one of many strategies for engaging patients and family members as true partners. Advisory councils take engagement beyond giving the patient information on their diagnosis and asking their preferences in treatment plans to involving patients in improving the overall patient experience.

2. **What is the structure of our PFAC?**

   OU Physicians PFACs will be comprised of patients representative of your clinic’s patient population, a staff member from the clinic and a representative from the Population Health Department. The staff member should assist with taking minutes from the meeting. The population health representative will help with preparing for the meetings, submitting project ideas for approval, action planning and formally reporting progress. Any ideas or suggestions for improvement from the PFAC will be considered for approval by clinical operations and population health.

3. **Do PFAC members have the authority to make decisions?**

   OU Physicians PFAC members will not have the authority to make decisions. They serve in an advisory role capacity to help identify areas of improvement and provide feedback. Please include this language in your charter to ensure roles and expectations are clearly defined.

4. **Will PFAC members be required to take HIPAA training?**

   There should never be any PHI shared during PFAC meetings. Also, PFAC members are serving in advisory roles a few times per year with OU Physicians. They do not fall under the HIPAA volunteer policy that requires training.

5. **Should there be specific terms for patients to serve on the council?**

   Yes, in order to sustain enthusiasm and productivity it is best to set term limits for members as applicable. Two year terms are considered best practice for PFACs. For smaller clinics, it might be advantageous to allow terms to renew if replacing members is problematic. Also, when defining terms in your charter, be sure to include a process for refilling vacancies if a member has to leave the PFAC before his or her term expires.

---

1 [https://www.stepsforward.org/modules/pfac](https://www.stepsforward.org/modules/pfac)
6. **What are some characteristics of great advisors?**

Great PFAC advisors have the ability to consider the point of view of others. They are good listeners, have experience with serving on teams and can communicate clearly.

7. **Who make the decision to confirm or deny patients council membership?**

The PFAC planning committee is responsible for membership. If there are issues with particular patients they should be escalated to the clinic manager.

8. **Do patients want to participate in PFACs?**

Organizations with PFACs have found that patients are receptive to sharing their opinions and with assisting their care team to improve the overall patient experience.

9. **How often should the PFAC meet?**

The PFAC should meet one to two times per year depending on if you implement ideas or suggestions. Meetings should be in person.

10. **What is the best time of day for the PFAC to meet?**

You can determine the best time of day to meet by surveying your council to see what works best for them.

11. **If I want to provide lunch or refreshments for my PFAC meeting who provides the funding?**

If your clinic is part of the CPC+ initiative, please work with your population health representative for funding for lunches and refreshments. There is no additional funding for clinics participating in TCPI.

---

1 [https://www.stepsforward.org/modules/pfac](https://www.stepsforward.org/modules/pfac)
Just like with our employee engagement roll out meetings, it will be important to keep the meeting on track. It is important that patients understand the purpose of the council is to advise OUP on ensuring we are providing patient and family centered care. The PFAC does not provide a forum for members to air complaints about parking, a bad experience with a provider, etc. The talking points below can help you ensure these types of experiences are shared in a useful manner rather than a venting manner.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaining about a specific provider/staff member</td>
<td>I am very sorry that you had a bad experience with one of our providers. I can assure that is not the standard we uphold at OU Physicians. After the meeting I would be happy to provide you with contact information for the manager of that clinic to share your concerns with him/her. Are there any suggestions/ideas you have from your experience that would help improve our patient experience at OU Physicians?</td>
</tr>
<tr>
<td>Lab/X-Ray Experience</td>
<td>I am very sorry to hear that you had a bad experience in (lab/x-ray). I assure you that is the standard of care for OU Physicians. I would be happy to get some additional details from you regarding the experience after the meeting. Are there any suggestions/ideas you have from your experience that would help improve the patient experience in this area?</td>
</tr>
<tr>
<td>Not able to get in to see a specific provider</td>
<td>We do understand there are clinics that have very limited access at this time. Many interventions are under way in those areas to help solve this problem.</td>
</tr>
<tr>
<td>Task</td>
<td>Responsible Party</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Work with population health department to establish planning committee</td>
<td></td>
</tr>
<tr>
<td>Create charter, PFAC structure and goals</td>
<td>Planning Committee</td>
</tr>
<tr>
<td>Select PFAC members</td>
<td>Planning Committee</td>
</tr>
<tr>
<td>Develop orientation for members</td>
<td>Planning Committee</td>
</tr>
<tr>
<td>Develop process for tracking ideas and suggestions</td>
<td>Planning Committee</td>
</tr>
<tr>
<td>Work with population health team to create agenda for initial meeting</td>
<td></td>
</tr>
<tr>
<td>Send membership letters to PFAC members</td>
<td></td>
</tr>
<tr>
<td>Hold initial meeting (include orientation and time for patients to sign confidentiality agreements)</td>
<td></td>
</tr>
<tr>
<td>Work with population health member to submit ideas for implementation</td>
<td></td>
</tr>
<tr>
<td>Measure results</td>
<td></td>
</tr>
<tr>
<td>Work with population health member to report success</td>
<td></td>
</tr>
</tbody>
</table>
The OU Physicians PFAC is committed to partnering with patients to enhance the overall patient experience and ensure delivery of the highest standard of comprehensive, compassionate health care.

<table>
<thead>
<tr>
<th>Membership Criteria</th>
<th>Meetings</th>
<th>Confidentiality</th>
<th>OU Physicians Responsibilities</th>
<th>Council Advisor Responsibilities</th>
<th>Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be an OU Physicians patient</td>
<td>• An agenda will be provided for each meeting consisting of items brought forward by OU Physicians staff as well as PFAC members</td>
<td>• It is the policy of OU Physicians that employees and council members will not disclose confidential information.</td>
<td>• Plan and lead the PFAC meetings</td>
<td>• Attend PFAC meetings or notify the OU Physicians clinic staff member in advance if unable to attend</td>
<td>• OU Physicians reserves the right to terminate membership for council members who are unable to fulfill the responsibilities outlined in this charter or are disruptive to the council.</td>
</tr>
<tr>
<td>• Be a family member of an OU Physicians patient</td>
<td>• Minutes will be taken and maintained by OU Physicians clinic staff member</td>
<td>• All members will be asked to sign a confidentiality statement</td>
<td>• Present ideas and suggestions from PFAC members to OU Physicians senior leadership for approval</td>
<td>• Use past experience to suggest areas for improvement</td>
<td>• Be respectful of all members of the PFAC</td>
</tr>
<tr>
<td>• Ability to fulfill the roles and responsibilities outlined in this charter</td>
<td>• Attendance is critical to the success of the PFAC. If members are unable to attend they will notify the OU Physicians clinic staff member</td>
<td>• Understand budgetary, regulatory and legal constraints of OU Physicians</td>
<td>• Participate in activities to gather information such as rounding on patients</td>
<td>• Engage in discussion during meetings</td>
<td>• Correspond with members on meeting dates, location and times</td>
</tr>
</tbody>
</table>

**PFAC Responsibilities**

- Identify and share best practices regarding patient-centered care
- Participate in an advisory capacity to enhance the overall patient experience at OU Physicians
- Share the patient and family perspective of the care provided by OU Physicians and make recommendations on opportunities for improvement
- Collaborate with OU Physicians to improve the overall patient experience in areas such as patient education, safety and facilities.

**Confidentiality**

- It is the policy of OU Physicians that employees and council members will not disclose confidential information.
- All members will be asked to sign a confidentiality statement.

**Council Advisor Responsibilities**

- Attend PFAC meetings or notify the OU Physicians clinic staff member in advance if unable to attend
- Use past experience to suggest areas for improvement
- Participate in activities to gather information such as rounding on patients
- Engage in discussion during meetings
- Be respectful of all members of the PFAC
- Understand budgetary, regulatory and legal constraints of OU Physicians.

**Termination**

- OU Physicians reserves the right to terminate membership for council members who are unable to fulfill the responsibilities outlined in this charter or are disruptive to the council.
PFAC Confidentiality Statement

You have agreed to join the OU Physicians Patient and Family Advisory Council for (Insert Clinic Name). It is the policy of OU Physicians that employees and council members will not disclose confidential information. As a member of this council, it is understood and agreed that certain information is and must be kept confidential. You could be privileged to confidential information including but not limited to: patient health information shared by the patient him/herself, technical and business information relating to OU Physician’s proprietary ideas, marketing and current or future business plans. This policy is not intended to prevent disclosure where disclosure is required by law.

Respecting the privacy of our patients is a core value of OU Physicians. Council members and employees are advised to demonstrate professionalism, good judgement and care to avoid unauthorized or inadvertent disclosure of confidential information.

Certification
I have read OU Physician’s (insert clinic name)’s statement of confidentiality presented above. I agree to abide by the requirements of the policy.

Name_______________________________Signature______________________________________Date________________

Revised 5/2017
Consent for the Use and Disclosure of Images, Voice and/or Written Testimonials

Patient Identification

Printed Name: _____________________________________________________ Date of Birth: ________________________
Address:  ________________________________________________________________________________________
Telephone: __________________________________

Information to Be Released – Covering the Periods of Health Care

From (date) ___________________________________ to (date) ______________________________________

Authorization for Use and Disclosure of Health Information.

Type of information to be released:
Video images, photographic images, conversations, sounds, audiotapes, verbal and/or written testimonials and statements, including biographical information and protected health information of the individual identified above.

Purpose of Request
To videotape, photograph and record audio of patients for the facility’s marketing purposes, including but not limited to production of recordings, brochures, advertisements, Internet stories, videos and similar image and sound capture for purposes of publication and/or distribution via all types of media.

Payments to OU Medicine (“Facility”)

This marketing activity involves direct or indirect compensation/payment from a third party to the facility for this use of protected health information.

Persons Authorized to Receive Information
I agree that the publication and distribution of the protected health information described herein may and likely will include distribution of such information to the general public via various methods, including all types of media outlets (e.g., TV, radio, newspaper, Internet) for the facility’s marketing purposes. I also understand that the Facility may hire third parties to capture the image and/or voice of the individual identified above, and that my information will be used and disclosed by these third parties as instructed by the facility.

Drug and/or Alcohol Abuse, and/or Psychiatric, and/or HIV/AIDS Records Release
I understand that if any videotape, photograph or audiotape references drug and/or alcohol abuse, psychiatric care, sexually transmitted disease, Hepatitis B or C testing, and/or other sensitive information, I agree to its release. If not applicable check ☐

Expiration & Right to Revoke Authorization
Except to the extent that action has already been taken in reliance on this Authorization, at any time I can revoke this Authorization by submitting a notice in writing to the Facility Privacy Officer at OU Medical Center or the University of Oklahoma Health Sciences Center. Unless revoked, this Authorization will expire on the following date or event: Three years from the date of the electronic signature.

In the event that Facility has relied on this authorization to create marketing and/or other promotional materials featuring my likeness (e.g., photographs or video), audiotapes of my voice, my name, my testimonial or recommendation and/or other information released pursuant to this authorization, I understand and agree that Facility shall retain the right to use my likeness, voice, name, testimonial and/or other information until such time as all such marketing and/or promotional materials then in existence at the time of any revocation of this Authorization are distributed, disseminated or expire. Any revocation of this Authorization will become effective only after all marketing and/or promotional materials then in existence at the time of revocation of this Authorization have been distributed, disseminated or expire.

Re-disclosure
I understand the information disclosed by this Authorization may be subject to re-disclosure by anyone receiving it, and the information disclosed will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The Facility, employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

The information authorized for release may include records that may indicate the presence of a communicable disease or non-communicable disease.

Signature of Patient or Personal Representative Who May Request Disclosure
I understand that Facility may not condition treatment, payment, enrollment, or eligibility for benefits for the individual identified above on whether I sign this Authorization form. I may inspect or copy the protected health information to be used or disclosed. I authorize the Facility to use and disclose the protected health information specified above for the purposes set forth above.

☐ (check box) I agree to the terms of the Authorization for Use and Disclosure of Health Information.
Signed __________________________
(Signature/Date: Acknowledged and agreed to electronically.)

Date __________________________

Relationship of legal representative to patient (e.g. parent, guardian)

Identity verified by OU Medicine representative (signature)
CONSENT FOR USE AND DISCLOSURE OF IMAGE, VOICE AND/OR WRITTEN TESTIMONIALS

For good and valuable consideration, receipt of which is hereby acknowledged, I authorize HCA Healthcare of Oklahoma, Inc. d/b/a OU Medical Center and the Board of Regents of the University of Oklahoma (together “OU Medicine”) and their respective parents, affiliates, subsidiaries, licensees, successors, and assigns to use the submitted photograph of me/my child including the right to publish my/my child's first name, birth date and my/my child’s story (collectively, the "Materials"). I understand that for purposes of this consent, the terms "image" and "photograph" encompass still photographs, digital images, video and any other method to reproduce or edit my/my child's likeness or image now known or hereafter developed.

OU Medicine shall be the owner of the submitted photograph with the right, throughout the world, for an unlimited number of times in perpetuity, to copyright, to use, to publish, and to license others to use in any manner, including on the Internet, all or any portion thereof or of a reproduction thereof, free of any payment, royalty, or other compensation of any kind to me. I expressly understand and agree that the Materials and all results and proceeds derived therefrom, shall be the sole and absolute property of OU Medicine for any and all purposes whatsoever in perpetuity, free and clear of all claims whatsoever by me and/or on my behalf. I further represent that any statements made by me during my/my child's appearance or in the Materials are true to the best of my knowledge and that neither they nor my/my child's appearance will violate or infringe upon the rights of any third party. I hereby represent and warrant that I have not given any other person, entity or firm the exclusive right to use my/my child's name, likeness, voice, photograph or story, and that by signing this document I am not in breach of any other agreement to which I am a party.

I hereby waive any right of inspection or approval of the Materials and my appearance in such Materials and the uses to which such Materials may be put. I agree that the Materials may be edited in the sole discretion of OU Medicine and that OU Medicine is under no obligation to use the Materials. I hereby forever release and discharge OU Medical Center and the Board of Regents of the University of Oklahoma, and its respective members, officers, employees, customers and representatives from any and all claims, demands, actions, liabilities and damages whatsoever arising out of or attributable to, in whole or in part, the use of the Materials.

I acknowledge that OU Medicine will rely on this permission potentially at substantial cost to OU Medicine and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

I hereby agree to the terms of the Consent for Use and Disclosure of Image, Voice and/or Written Testimonials.

Signature of Patient/Legal Representative: _____________________________________ Date: _______________

Print Name: _________________________________________________

Relationship of Legal Representative to Patient (e.g., parent, guardian): ___________________________________________________________

(check box) I agree to the terms of the Consent for Use and Disclosure of Image, Voice and/or Written Testimonials.
Thank you for volunteering to serve on the OU Physicians (clinic name) Patient and Family Advisory Council (PFAC). You will play a vital role in enhancing the overall patient experience for one of the largest health care providers in Oklahoma. We value your input and are excited to partner with you in our ongoing journey of service excellence.

Our initial meeting will be held on ____ at ____am/pm. The meeting will be located in room ____ at (physical address). [If providing lunch or refreshments, state that here]. The meeting is scheduled to last from ____ to ____ am/pm. We will outline the purpose of PFACs and review the goals of our PFAC. We will also seek information from you on what works well in our practice and where we have the opportunity to improve. Please be prepared to provide any input on these topics.

We do ask that all PFAC members sign a confidentiality statement. In addition, we ask that you also sign a release so that we may use any photos in advertisements and information. We will review and sign these documents at the first meeting.

Thank you so much for dedicating your time to help improve the patient experience at OU Physicians. We look forward to working with you.

Sincerely,

PFAC Coordinator
# Patient and Family Advisory Council

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Discussion Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 – 12:10</td>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td>12:10 – 12:20</td>
<td>Introductions</td>
<td></td>
</tr>
<tr>
<td>12:20 - 12:30</td>
<td>What is a PFAC?</td>
<td></td>
</tr>
<tr>
<td>12:30 – 12:50</td>
<td>What’s working well?</td>
<td></td>
</tr>
<tr>
<td>12:50 – 1:10</td>
<td>What could we do better?</td>
<td></td>
</tr>
<tr>
<td>1:10 – 1:30</td>
<td>PFAC goals</td>
<td></td>
</tr>
</tbody>
</table>
(CLINIC) PFAC STOPLIGHT REPORT

Unable to Complete

In Progress

Completed
Explanation of Terms for PFAC

**A**

**AAAHC (Accreditation Association for Ambulatory Health Care):** Accreditation that is ambulatory care focused. 8 core standards and several other adjunct standards.

**ACA (Affordable Care Act):** A comprehensive health care reform law aimed at lowering health care costs for families whose household income levels are between 100 and 400% of the federal poverty level.

**Ambulatory Care:** Medical care that does not require an overnight stay in a hospital; care is typically provided in clinics and outpatient surgery centers.

**ASU (Administrative Service Unit):** OU Physicians’ administrative departments that support the clinical practice; the ASU is comprised of: OUP Executive Office, OUP Financial Services, OUP HR, OUP Contract Services, OUP Marketing, OUP Information Services, OUP EMR, OUP Patient Accounts, OUP Professional Liability and Risk Management, OUP Quality and Credentialing, OUP Reporting and Analytics and OUP Training and Development.

**Audiology:** the study of hearing, balance and related disorders

**B**

**Benchmarking:** Comparing data against not only ourselves but other health care institutions to evaluate where we can improve. Benchmark data is usually obtained from national quality databases, customer satisfaction vendors and

**C**

**Caregiver:** Family member or friend who supports the patient during their illness

**CGCAHPS (Clinician and Group Consumer Assessment of Health Providers and Systems):** the standardized survey tool that measures patient perceptions of care delivered by a provider in an office setting.

**Chronic Disease/Condition:** an illness that is long-lasting or recurrent
Clinical Practice Guidelines: recommendations based on scientific evidence that aid physicians and patients in decision making for specific conditions.

CMS (Centers for Medicare and Medicaid Services): government organization that offers health coverage through Medicare, Medicaid and the Children’s Health Insurance Program. Website: www.cms.gov

Co-morbidity: having one or more diagnosed illness

Coordination of Care: Ensures that the patient, their family members and their providers have access to all required information on the patient’s condition

CVS (Clinic Visit Summary): A document given to the patient at the end of their visit summarizing details such as medication, physician instructions, next appointment time, etc.

Delivery system: the way health care is provided to the patients

Dermatology: branch of medicine dealing with the skin, nails, hair and its diseases

ED (Emergency Department): refers to the Emergency Department of any hospital; the acronym is used often on reports with number of visits

EHR (Electronic Health Records): digital (computerized) collection of the total health of patients generated by one or more visits in any care delivery setting; built to securely share health information with multiple providers across organizations for a more open communication to streamline clinician’s workflow and by generating a more complete record of clinical patient encounters.

EMMI: a series of web-based, multimedia programs that educate patients and encourage them to take an active role in their care. EMMI programs supplement information patients receive during their office visits or hospital stays.

EMR (Electronic Medical Record): a digital version of a paper chart that contains all of a patient’s medical history and used by providers for diagnosis and treatment.

Endocrinology: branch of medicine dealing with the endocrine system (glands that secrete hormones into the circulatory system) and its diseases. Significant diseases include diabetes and thyroid disease.

Episode of Care: series of visits to a health care facility to treat a health condition
eRx (Electronic Prescribing): a prescriber’s ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the provider’s office.

Family Medicine: a specialty devoted to comprehensive health care for people of all ages that emphasizes disease prevention and health promotion

Gastroenterology: branch of medicine that focuses on the digestive system and its disorders

General Internal Medicine (GIM): a medical specialty dealing with the prevention, diagnosis and treatment of adult diseases

Health Information Technology (HIT): utilizing electronic medical records and the associated technology (computers, servers, software, etc.) to store and transmit patient health information

Health Literacy: the level to which an individual can understand and apply health information this includes prescription instructions, information from the physician and the ability to understand forms.

HIPAA (Health Insurance Portability and Accountability Act): HIPAA provides national standards to protect the privacy of personal health information. To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, included "Administrative Simplification" provisions that required HHS to adopt national standards for electronic health care transactions. Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for health information.

HSC (Health Sciences Center): The University’s Oklahoma City location comprised of seven health-related colleges: Medicine Public Health, Dentistry, Pharmacy, Nursing, Allied Health and Graduate.

Infectious Disease: disorders caused by organisms such as bacteria, viruses, fungi or parasites

IPC (Individualized Patient Care): Focusing on the needs of each patient and creating an environment of customized care for our patients; ensuring that each patient receives information and answers to questions that are important specifically to him or her
**IS (Information Systems):** OU Physicians’ technical support services; this service offers two support teams: OUP SYS (supports University owned and authorized computers) and EMR (supports GE Centricity EMR)

**LPN (Licensed Practical Nurse):** A nurse who has received adequate training to be licensed by the state to provide patient care; at OUP

**MA (Medical Assistant):** A person trained and certified to assist medical professionals; at OUP

**MARTTI (My Accessible Real Time Trusted Interpreter):** A mobile machine the size of computer monitor that provides video-conferenced interpreters who are trained in medical terminology and are sensitive to cultural differences. The MARTTI unit offers interpretation services in over 200 different languages.

**Medication Management:** interventions to help ensure patients safely use all medications (this includes over the counter medications)

**NCCN (National Comprehensive Cancer Network):** (a term primarily used in SCC) a not-for-profit alliance of centers that develops practice guidelines to help make informed treatment decisions

**Nephrology:** study of normal kidney function and kidney problems, preservation of kidney health and the treatment of kidney problems.

**Neurology:** branch of medicine dealing with disorders of the nervous system. Significant diseases include neuropathy, stroke, dementia, seizures, Alzheimer’s Disease and Attention Deficit/Hyperactivity Disorder

**Obstetrics and Gynaecology (OBGYN):** caring for a female patient’s reproductive organ health and the management of pregnancy
OHCA (Oklahoma Health Care Authority): The primary state entity that administers state-purchased health care for qualified individuals; operate similarly to any private insurance carrier; do not provide direct patient care but contract with various providers (physicians, nurses, hospitals, etc.) to provide services to members.

OUCP (OU Children’s Physicians): The pediatric specialty clinics belonging to the OU Physicians group. These clinics treat nearly every child specialty.

OUHSC (University of Oklahoma Health Sciences Center): Another name for the University’s Oklahoma City location comprised of seven health-related colleges: Medicine Public Health, Dentistry, Pharmacy, Nursing, Allied Health and Graduate.

OUUMS (OU Medical Systems): A partnership among the University of Oklahoma College of Medicine, the OU Medical Center (including the Children’s Hospital), OU Physicians and the University Hospitals Authority and Trust and the patient care, medical education and research programs and services they provide.

ONS (Oncology Nursing Society): (a term primarily used in SCC) a governing body that provide guidelines for the practicing Oncology Nurse.

Orthopedics: the correction of deformities of the musculoskeletal system (fractures, breaks, etc.)

Orthotics: a field of medicine concerned with the design, manufacture and application of externally applied devices used to modify the structural and functional characteristics of the skeletal system.

Otorhinolaryngology (ORL): deals with conditions of the ear, nose and throat and related structures of the head and neck.

OUP (OU Physicians): The faculty practice clinics for the OU College of Medicine. OUP is the state’s largest physician group and encompasses almost every adult and child specialty.

Outcome: a term used to refer to the patient’s health after they have seen a provider.

Outpatient Care: medical or surgical care that does not require the patient to remain overnight in the hospital.

PACU (Post Anesthesia Care Unit): Area in the hospital where patients go after they have had surgery.
PAR (Patient Account Representative): clerical (non-clinical) staff who process patient accounts and receivable functions of the organization to include billing, charge entry, collection, registration, follow-up, coding, payment posting and credit balance resolution.

Payers: describes the organizations or individuals that pay for healthcare (insurance companies or patients who self-pay)

PCMH (Patient Centered Medical Home): a health care model approach to providing comprehensive primary care services for children, adolescents, and adults; facilitates partnerships between patients and their personal physicians, and when appropriate the patient’s family; practices use this model to improve quality, effectiveness, and efficiency of health care delivery.

PCP (Primary Care Physician): A patient’s main health care provider in non-emergency situations

PFAC (Patient and Family Advisory Council): A council of patients who advise OUP clinical leadership on process and policy improvement to enhance the overall patient experience.

PPACA (Patient Protection and Affordable Care Act): The comprehensive health care reform law enacted in March 2010.

Press Ganey: Web based software that gathers and analyzes data from various dimensions of the patient experience; Press Ganey offers customizable reporting options to drill down the patient experience data to identify areas of opportunity

Preventive Care: services that aim to prevent an illness or hospitalization (colonoscopy, mammograms, diabetic foot exams, immunizations, etc.)

Primary Care: usually done by a family practice physician, primary care is general health care that aims to help patients maintain or improve their health through prevention and wellness services

Primary Care Provider (PCP): the provider a patient designates with their insurance company as their primary physician; this is the physician the patient sees most often for routine care

PSR (Patient Services Representative): clerical (non-clinical) staff employed within outpatient clinics to coordinate scheduling, registration, and referrals/authorizations of patients and by providing assistance towards ensuring efficient operation of the facility.

Pulmonology: field of medicine that deal with diseases involving the respiratory tract

Quality of Care: the right care at the right time for the right reason at the right cost
Quality Measures: national guidelines that evaluate the care provided by physicians; these measures evaluate access to care, care delivery, patient outcomes, patient experience and the use of medical services

Rheumatology: branch of medicine devoted to the diagnosis and treatment of rheumatic diseases such as problems in joints, soft tissues and autoimmune diseases

RN (Registered Nurse): A nurse who has graduated from a collegiate nursing program or from a school of nursing and has passed a national licensing exam.

SCC (Stephenson Cancer Center): located on the OUHSC campus, the cancer center provides statewide leadership in cancer research, prevention and education and treatment; the cancer center serves as a statewide resource for patients, researchers, health professionals and communities

Self-Management: the patient’s ability to manage their health on an every-day basis

Shared Decision-Making: process where the patient and doctor set goals and make medical decisions together based on the goals they wish to achieve

TNT (Treatment Navigation Team): (a term primarily used in SCC) a committee of physicians who review chemotherapy regimens for efficacy and fall within the NCCN guidelines for a specific diagnosis

Transparency: reporting health care performance, quality and cost data publicly

UHAT ([The Trust] University Hospitals Authority and Trust): Through a partnership with the state and the University of Oklahoma, the Trust supports education and research on the OUHSC campus through providing capital for improvement projects.

Urology: branch of medicine that focuses on surgical and medical diseases of the male and female urinary tract system and the male reproductive organs

Value-Based Care: refers to a model of health care where health care purchasers (employers and insurance companies) evaluate the quality of care provided versus the amount of services provided
**Wait Time:** the amount of time the patient spends in the waiting room or exam room
The Patient Family Advisory Committee is looking for people who are:

- Committed, reliable, trustworthy and believe their investment of time can make a difference
- Willing to share their RVH healthcare stories, and also think beyond their own personal experiences
- Comfortable partnering with many types of healthcare professionals and other patients
- Good listeners who respect other opinions and perspectives
- Bring a positive, solution-oriented attitude to discussions
- Keep any information they hear as an advisor private and confidential

Interested in becoming an RVH Patient Family Advisor?

Call: (705) 728-9090 ext. 42319
Email: patientfamilyadvisory@rvh.on.ca

Download, complete and submit the application form from our website: www.rvh.on.ca

(Click on the About RVH tab and then the Patient Family Advisory Council)

Hard copy of the application form available by calling number above

Royal Victoria Regional Health Centre
201 Georgian Drive
Barrie ON L4M 6M2

Make each life better. Together.
The following links can be used in your PFAC meetings and to introduce PFACs to your staff. A short description of the video is underneath each link.

https://www.youtube.com/watch?v=uv03rM6oLOY
Johns Hopkins Bayview Medical Center PFAC members talk about why they joined the PFAC and their achievements.

https://www.youtube.com/watch?v=DCoFXliy1Rg
Tips from two pediatric clinics on starting a PFAC.

https://www.youtube.com/watch?v=f17qR4x2h5k
A video by Spectrum Health that describes the role of their PFAC.

https://www.youtube.com/watch?v=raFwl5GSrAo
This video provides the staff member’s perspective on the PFAC.
QUESTIONS OR COMMENTS

FOR QUESTIONS OR COMMENTS REGARDING THIS TOOLKIT PLEASE CONTACT

Claudette Greenway
OU Physicians
Director, Population Health
Email: Claudette-Greenway@ouhsc.edu
Phone: (405) 271-6510

Melanie McGee
OU Physicians
Project Manager
Email: Melanie-McGee@ouhsc.edu
Phone: (405) 271-8001 ext 42423