



## Bylaws for Hem/Onc/BMT Patient Family Advisory Council

**PFAC Mission:** The Hem/Onc/BMT Patient Family Advisory Council will work in partnership with Children's Mercy staff members to advocate on behalf of patients and families for the best quality of care. The council will serve as a resource for parents or guardians to provide input on policies and procedures, enhance communication, and expand education for patients and families, in both inpatient and outpatient settings.

**Membership:** Members will consist of parents and caregivers of child/children who have received care within the Hem/Onc/BMT Division. All members will become official Children's Mercy volunteers and must comply with the requirements set forth by Volunteer Services.

**Application Process:** To help achieve a diverse representation and work towards the PFAC's mission, Children's Mercy has created the following application process for potential members.

- All applicants complete an [ONLINE APPLICATION](#).
- Applications are shared with the clinic team and/or the PFAC Staff Facilitator to confirm membership recommendation.
- Applicants are interviewed by the PFAC Chair or Co-Chair; with recommendations forwarded to the Patient and Family Engagement liaison.
- When necessary, the PFAC Chair will seek additional input from current PFAC members and staff about potential candidate's acceptance to the PFAC.
- Upon acceptance, the new member will receive the PFAC Orientation Manual after completing the hospital's Volunteer Services onboarding requirements and be invited to and introduced at the next PFAC meeting.

**Size:** The PFAC will strive for membership of between 8-21 family members and at least one active and consistent Children's Mercy staff member from the Hem/Onc/BMT Division. Children's Mercy staff are non-voting members.

**Diversity in Membership:** Diverse representation is a vital component in gathering comprehensive feedback. Membership representing different races, ethnicities, diagnoses, lengths of stay, medical outcomes, ranges in socioeconomics, levels of education, religions, genders, ages, and sexual orientations is encouraged.

**Terms:** PFAC members commit to serve for a minimum of 2 years, with additional 2-year terms if members have met the membership and attendance requirements. Retiring PFAC members in good standing are invited to join the PFAC Alumni.

**Attendance:** Consistent and active attendance is vital to the purpose of the PFAC. Each member is strongly encouraged to attend and participate in all PFAC meetings, either in-person or via the Microsoft Teams virtual platform. PFAC members are required to attend 50% of the PFAC meetings within a 12-month period. PFAC meetings are scheduled at the same day and time on a recurring calendar invite. It will be assumed all members will be in attendance. If a member cannot attend, out of courtesy for the group he/she will notify the PFE Liaison as soon as possible. A quorum of 50% of the total membership,

either in person or electronically (or a combination), is required to vote on issues. All decisions that require a vote need a simple majority to pass.

**Officer Leadership and Elections:** The PFAC Leadership Team consists of a Parent Chair, Parent Co-Chair, Staff Facilitator, and a Liaison from the Patient Family Engagement Team. PFAC members can nominate themselves or other members for leadership roles; PFAC members can decline a leadership nomination. Leadership terms will run from July 1 to June 30 following the Children’s Mercy fiscal year. Leadership terms will be limited to a year with a one-time renewal option.

- **Chair:** Organize and lead meetings, including defining agenda and action items. The Chair will be the PFAC representative at official meetings when needed, including the FAB Annual Meeting in January.
- **Co-Chair:** Support the Chair in his/her duties including serving as acting Chair during the Chair’s absence; record meeting minutes; track the member volunteer hours associated with this PFAC and submit them to PFE Liaison; may assume the position of Chair as it becomes available.
- **Staff Facilitator:** Act as the connection between parents/caregivers and the unit or department. Schedule and participate in the planning meeting prior to each PFAC meeting; attend all PFAC meetings as an active and consistent member and provide a hospital update during each meeting; inform the unit or department about the PFAC’s accomplishments, goals, and projects.
- **PFE Liaison:** Act as a bridge between the PFAC and the hospital, sharing project goals and successes of the PFAC with the appropriate hospital teams.

**Member Expectations:** The PFAC is an action-oriented group with expectations of time investment outside of the meetings. It is important to note that the PFAC will not meet the needs and capacity of a diagnosis-specific support group. Typical agendas of PFAC meetings may include reviewing and improving existing processes; co-designing parent or patient education; and reporting summaries from the sub-committees.

Members will:

- Serve as an advisory resource to unit leadership and staff.
- Advocate to improve the quality and accessibility of care.
- Assist in the development and review of educational materials.
- Respectfully listen and discuss ideas, issues, and concerns.
- Respect the privacy and confidentiality of council members, their families, and all staff.
- Actively participate with expectations of time investment outside of the meetings.

**Sub-Committees:** The purpose of a sub-committee is to obtain rapid, real-time, feedback from a smaller group of PFAC members, beyond the regularly scheduled PFAC meeting. Sub-committees may be utilized for a short-term project (3-6 months), specific to the needs of the related unit or department, or they may be an ongoing group looking at a long-term goal. Sub-committees are led by a Lead Parent/Caregiver who will report project updates to the larger group during PFAC meetings.

**Patient and Family Engagement Team:** The Patient and Family Engagement Team provides support and oversight for all PFACs at Children’s Mercy. This team serves as a liaison between PFACs and the healthcare system. They produce an annual report denoting accomplishments of each PFAC.

**Bylaw changes:** Any articles of these guidelines may be added, deleted, or amended by majority of the vote of at least 2/3 of the PFAC membership guidelines.

Approved 01/24/23