



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Total Quality Division		POLICY NUMBER: DPOTMH-MPP-QA-P004-(01)	
TITLE/DESCRIPTION: FAMILY AND PATIENT ADVISORY COUNCIL (FPAC)			
EFFECTIVE DATE: July 30, 2024	REVISION DUE: July 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 1 of 6
APPLIES TO: Patient/Family Members, Staff/Employee Council Members		POLICY TYPE: Multi Disciplinary	

PURPOSE:

To establish clear guidelines on the roles and functions of the council and its members.

DEFINITIONS:

Family and Patient Advisory Council (FPAC) - A partnership between the hospital and its clients comprising of the current and/or previous DPOTMH patients, families, clinicians, staff, and administrators. This aims to provide guidance on how to improve the patient and family experience.

Active members - Any member who has attended four monthly FPAC meetings within 6 months.

Inactive members - Any member who is unable to attend four meetings within 6 months.

Volunteer - Current or previous DPOTMH patient and/or family, who is interested in joining FPAC to contribute expertise and hospital experiences for improving patient and family experience at DPOTMH.

Inpatient Satisfaction Survey (IPSS) - a tool used for consistently gathering information and feedback from inpatient clients at DPOTMH about the quality of its services.

RESPONSIBILITY:

Patient/Family Members, Staff/Employee Council Members

POLICY:

Dr. Pablo O. Torre Memorial Hospital is dedicated to delivering an exceptional experience and providing patient-centered care to our clients. This commitment influences our policies, programs, facility design, and staff interactions on a daily basis. We empower our patients and their families to play an active role in enhancing the hospital experience, by embracing and learning from their perspectives and experiences, and integrating their ideas into service delivery and quality improvement initiatives.

A. FPAC Framework

1. Structure - The FPAC membership will consist of the following:

1.1 Not more than 14 patients or family members with

1.1.1 Diverse backgrounds: Age, sex, cultural background, race, diagnosis, and treatment stage.

1.1.2 Must be a current or former patient of DPOTMH.

1.1.3 Must have a variety of hospital experiences.

1.1.4 If possible, with experience of care at facilities outside DPOTMH.

1.2 At least 1 representative from the following departments:

1.2.1 Quality Management





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- 1.2.2 Patient Experience
- 1.2.3 Human Resource Division
- 1.2.4 Data Privacy Officer
- 1.2.5 Ancillary Department
- 1.2.6 Finance Department
- 1.2.7 Nursing Service Division
- 1.2.8 Medical Services Division
- 1.3 Minutes of the meeting will be circulated to each active member. All FPAC correspondence and documents can be reviewed by members upon request.
- 1.4 Inactive status can be terminated if the member chooses to no longer be affiliated with the FPAC or is unable to attend 4 monthly meetings within a six (6) month period. A member may be reinstated to active status if he/she can attend four consecutive FPAC meetings within a six-month period.
- 1.5 Inactive members will be replaced with new volunteers who were already invited by the Patient Experience Section.

B. Selection Criteria for Council

1 . Qualities and Skills of Family and Patient:

- 1.1 . Have the ability to listen attentively and respect the diverse opinions and perspectives of others.
- 1.2 . Can comfortably engage in group discussions and interact effectively with diverse individuals.
- 1.3 . Discuss their experiences and effectively share insights and information
- 1.4 . Positive and supportive of the mission of the organization.
- 1.5 . Participate and collaborate with other families and healthcare providers to bring about meaningful change.
- 1.6 . See beyond their personal experiences.
- 1.7 . Show concern for more than one issue or agenda.
- 1.8 . Work in partnership with others.

2 . Qualities and Skills of A DPOTMH Representative:

- 2.1 . Openness to change and expression of value in engaging patients and families in treatment decisions.
- 2.2 . An expert or someone who has special resources that could greatly affect the quality of the end product/service.
- 2.3 . A "thought leader" with significant organizational influence. In a position to assist or block





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the achievement of the outcomes.

2.4 . Influences dissemination of information or the activities of the FPAC.

2.5 . Recognizes that profound organizational change takes time.

C. Roles and Responsibilities

1 . Patient/Family Members:

- 1.1 Attend every FPAC meeting or notify a staff member in advance if unable to meet.
- 1.2 Engage thoughtfully and constructively around the issues and ideas discussed during each session.
- 1.3 Be respectful of the unique background and perspective of the individual member.
- 1.4 Maintain confidentiality of patient and organizational information.

2 . Staff/Employee Members:

- 2.1 Make an explicit commitment to patient- and family-centered care and serve as role models for engaging in partnerships with patients and families they serve across the continuum of care.
- 2.2 Attend each FPAC meeting and prepare for the meeting agenda.
- 2.3 Identify, invite, assess, and orient potential FPAC patients and family members.
- 2.4 Oversee and encourage partnerships with patients and families in strategic initiatives.
- 2.5 Facilitate the discussions and engagements of all members.
- 2.6 Encourage partnership as a pathway to improve health care quality and safety and to put systems in place to measure the outcomes of collaborative processes.
- 2.7 Provide a report back to the FPAC regarding the progress of the ongoing projects and any hospital changes of interest to the group.
- 2.8 Help the FPAC achieve established goals by minimizing or removing potential barriers.
- 2.9 Provide resources and support for partnerships with the individuals they serve.

D. Confidentiality



- 1 . FPAC members must not discuss any personal or confidential information revealed during the council meeting outside of these sessions. Council members must adhere to all applicable RA 10173 (Data Privacy Act of 2012) standards and guidelines. Examples include, but are not limited to:
 - 1.1 Staff members must not mention patients or families by name or provide information that could identify a specific patient or family.
 - 1.2 Patients and/or family members must not mention other patients or families by name or



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provide identifying information.

1.3 Patients and/or family members should avoid mentioning specific staff members by name.

1.4 If an advisor violates these guidelines, a staff member will remind them of the guidelines. If they continue to fail to comply, their membership status will be re-evaluated.

E. Procedures

1 . Recruitment of FPAC Members

1.1 Patient Experience will invite clients that could meet the above-mentioned criteria to be part of the council. If clients desire to be part of the council, they will undergo an interview as part of the recruitment process.

1.2 Patient Experience will utilize the FPAC Application Form.

1.3 Patient Experience ensures that 14 patients or family members will be formed with consent.

2 . Launching of FPAC

2.1 The chosen member will attend the Launching and General Orientation for FPAC to fully understand the goals, scope, and limitations of the council, and to discuss their roles and responsibilities as a member. Patient Experience Head or Supervisor will plan and conduct the Orientation.

2.2 Orientation also includes:

2.3 Their role as a volunteer.

2.4 Review of hospital service/safety standards.

2.5 Expectations for honoring privacy and confidentiality.

2.6 The roles and responsibilities of staff on the council.

2.7 How to be an effective council member.

2.7.1 How to present issues effectively.

2.7.2 How to be effective in collaborating together.

2.7.3 Make an agreement on the scheduled of the meetings.

2.8 Regular Meetings:

2.8.1 A meeting will be held once every quarter. Each meeting will last up to two (2) hours. It is encouraged to post the meeting schedule in a place accessible to all members.

2.8.2 The FPAC member shall be given a token of appreciation in the form of monetary or souvenir items every meeting.

2.7.3 The allocation and request of the budget for the tokens will be requested by the Patient Experience.





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2.9 The meeting will have the following agenda:

- 2.9.1 Short introduction and reminders about the objective of the council, our roles and responsibilities, expectations of honoring privacy and confidentiality, and how to present commendation and issues effectively.
- 2.9.2 Discussion of family and patients' experience during their admission and treatment period in the hospital.
- 2.9.3 Any staff member in the council will provide feedback to the client to shed light on the client's concern. The staff may present his/her action item to address the client's concern or to provide affirmation and commendations based on the client's recommendations.
- 2.9.4 The meeting will be closed by summarizing the positive feedback, concerns, and the action item presented. Action items of the responsible person will be highlighted for follow-up discussion at the next council meeting. Lastly, agreement on the schedule of the next meeting will be discussed.

3 . Termination of Group Members

- 3.1 Volunteers' membership will be terminated after 1 year. If the patient and family desire to renew his/her membership, the council will assess his/her performance from previous meetings and the contribution he/she had given in the development of the organization's structure, policies, and procedures.
- 3.2 Inactive status presented in A. 1.4 may apply.
- 3.3 Failure to follow the members' roles and responsibilities stated D. Confidentiality will be subject for deliberation of the Family and Patient Advisory Council for termination of membership.





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PROCEDURE (SOP): N/A
WORK INSTRUCTION: N/A
WORK FLOW: N/A
FORMS: FPAC Application Form
EQUIPMENT: N/A
REFERENCES: N/A





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