I. Purpose
This document provides guidance and sets forth policies and procedures for engaging patients and families as advisors across Vidant Health. The policy also assures a standardized approach to support consistency and effectiveness.

II. Guiding Principle
Vidant Health is committed to fostering partnerships with patients and families to achieve safe and reliable quality care and exceptional experiences. Vidant Health holds firmly the belief and understanding that patients and families have unique and valuable expertise and utilizes patient-family advisors to ensure their expertise is considered and incorporated into decision-making.

III. Definition
Patient and family advisors are a volunteer group of dedicated patients and families who work in collaboration with Vidant Health leaders, staff, and physicians to improve and maximize the overall quality, safety and experiences of care for all patients and families across hospital-, home- and community-based care (see attached role description). Members of focus groups and one-time participation in isolated projects are not considered patient-family advisors.

IV. Recruitment of Advisors
Any employee, medical provider, patient or family member may recommend an individual for a patient-family advisor role. Recruitment of advisors is an ongoing process.

V. Selection Process
Advisor applicants will:
A. Have experience(s) as a patient or a family member of a patient.
B. Complete the standardized Vidant Health Patient-Family Advisor application form (see attached).
C. Obtain clearance from Risk Management/Legal to verify there are no conflicts of interest or regulatory concerns.
D. Complete interview with Patient Experience leader, entity leader or appointed representative and a current patient-family advisor.
E. Receive notification of selection decision.

VI. Advisor Procedures
Selected advisors will:
A. Complete volunteer orientation to include HIPPA training and Joint Commission and Occupational Health requirements.
B. Maintain Joint Commission and Occupational Health requirements.
C. Have a mentor assigned by the Vidant Health entity.
D. Complete role specific orientation with entity mentor.
E. Commit to a minimum of three months.
F. Support the Vidant Health mission.
G. Abide by Vidant Health policies and procedures.
H. Actively participate in improving care for all patients and families.
I. Support positive relationships with our health system and members of the community.

VII. Entity Procedures
Entities will:
A. Provide advisor applicants with the standardized Vidant Health Patient-Family Advisor application form (see attached).
B. Notify Corporate Risk Management/Legal with advisor applicants’ names and demographics to verify there are no conflicts of interest or regulatory concerns.
C. Maintain documentation of advisor applications and clearance from Corporate Risk Management/Legal.
D. Interview and select advisors as appropriate.
E. Notify advisor applicants of the selection decision.
F. Provide entity and role specific orientation and assign mentor.
G. Provide Vidant Health Office of Patient and Family Experience with advisor application information and Corporate Risk Management/Legal clearance for entry into Vidant Health Advisor database.
H. Submit monthly participation log to the Vidant Health Office of Patient and Family Experience by the 15th of each month for entry into Vidant Health Advisor database.
I. Assure orientation and annual requirements are completed.
J. Engage advisors in meaningful work to promote partnerships and best practices in patient- and family-centered care.

VIII. Vidant Health Office of Patient and Family Experience Procedures
Vidant Health Office of Patient and Family Experience will:
A. Provide entities with national and system best practice recommendations for patient-family advisors.
B. Maintain current application forms and communication materials for advisors
C. Maintain and monitor a central Vidant Health Patient-Family Advisor database.
D. Identify Vidant opportunities for patient-family advisor participation.
E. Support entities in initiating and advancing the roles of patient-family advisors.
SUBJECT: Patient-Family Advisor Selection Process and Requirements

PREPARED BY: Vidant Health Office of Patient and Family Experience

REVISED: 5.7.12
REVIEWED: 3.16.12

CEO APPROVAL:

Attachments:
1. Patient-Family Advisor Membership Application
2. Patient-Family Advisor Brochure
3. Patient-Family Advisor Role Description

Supporting References:
1. Developing and Sustaining a Patient and Family Advisory Council, 2000, Institute for Patient- and Family-Centered Care
3. Engaging Patients as Safety Partners, 2008, Patrice Spath, Editor
5. Putting the Care in Health Care, Improving the Patient Experience, 2009, The Joint Commission on Accreditation of Healthcare Organizations
6. Patient- and Family-Centered Care 2007 Field Book, University HealthSystem Consortium
7. Improvement Collaborative Patient Experience 2009 Field Brief, University HealthSystem Consortium
8. Partnering with Patients and Families to Design a Patient- and Family-Centered Health Care System, 2008, Institute for Healthcare Improvement and Institute for Patient- and Family-Centered Care
9. The Commonwealth of Massachusetts, Executive Office of Health and Human Services, Hospital License regulation, CMR 130.1800 & 1801, June 12, 2009

Approved Corporate Policy May, 2011—Revised 3.16.12
ROLE DESCRIPTION

Title: Patient-Family Advisor

Main Function: The Institute for Patient- and Family-Centered Care (IPFCC) defines patient-and family-centered care (PFCC) as an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. Collaboration among patients, families and providers occurs in policy and program development and professional education, as well as in the delivery of care.

Patient-Family Advisors are a volunteer group of dedicated patient and families who collaborate with Vidant Health leaders, staff, and physicians to improve and maximize the overall quality, safety, and experiences of care for all patients and families across hospital-, home- and community-based care.

Roles and Responsibilities:
1. Actively participate on committees, projects and/or initiatives to improve and maximize the overall quality, safety, and experiences of care for all patients and families.
2. Assist in the coordination, dissemination, and presentation of information related to committees, projects and/or initiatives;
3. Assist in planning and evaluating services and programs;
4. Maintain patient privacy and confidentiality;
5. Maintain records and annual requirements as needed;
6. Perform related duties as assigned.
VIDANT HEALTH
POLICY & PROCEDURE

MANUAL: Vidant Health Corporate
SUBJECT: Patient-Family Advisor
Selection Process and Requirements

NUMBER: Page 6 of 6
EFFECTIVE AS VIDANT HEALTH POLICY: 5.2011

PREPARED BY: Vidant Health Office of Patient and Family Experience
REVISED: 5.7.12
REVIEWED: 3.16.12

CEO APPROVAL:

Qualifications:
Patient-Family Advisors will:
1. Have experience(s) as a patient or the family member of a patient;
2. Possess good organizational skills;
3. Interact and communicate well with others;
4. Maintain effective working relationships with other Vidant Health Patient-Family Advisors and hospital staff;
5. Follow directions and, in some instances, work independently on projects;
6. Have the ability to interact with diverse populations;
7. Have the ability to express ideas and information.

Training:
Patient-Family Advisors will receive:
1. General volunteer orientation, Joint Commission and Occupational Health requirements from entity;
2. Specific training from the entity assigned mentor based on the committee, project, and/or initiatives assigned.
3. On-going advisor-role training as needed from entity and Vidant Health Office of Patient and Family Experience.

Time Commitment:
1. Patient-family advisors commit to a minimum of three months.
2. The entity assigned mentor will discuss the time commitment required for specific committees/projects/initiatives.

Supervision:
1. Entity assigned mentor
2. Advisor mentor

Approved by: ____________________________
Entity Mentor Date

Signed by: ____________________________
Patient-Family Advisor Date
Policy

Vidant Health supports the presence and participation of family members and visitors in caring for their loved one in a safe, patient and family centered environment that respects the rights of patients, family members, visitors, and staff.

Family members are defined by the patient and are the people who provide the primary physical, psychological, and/or emotional support for the patient. Family members are not necessarily biologically or legally related to the patient. During clinical admission or registration, patients will be asked to define their family and how family members will be involved in care and decision-making. When the patient is unable to define family, the patient’s designated representative will provide this information. The Vidant Health Corporate Informed Consent Policy (VH-CS4) provides guidance in the determination of the patient’s designated representative.

Visitors are guests of the patient or family. In some cases, visitors may be relatives.

Guidelines

The guidelines for the presence and participation of family and visitors are flexible to respond to the diverse and changing needs and preferences of each patient.

I. Hours

Family members
a. Family member(s) are generally welcome at any time.
b. A family member, 18 years of age or older, is welcome to spend the night with the patient if space is adequate and contributes to the well being of the patient.
c. Family members should be able to safely stay alone and take care of their own needs.
d. In semi-private rooms or patient areas, the family member staying overnight should be the same gender as the patients in the room.
e. Due to safety considerations, no one can sleep in a crib with an infant/child patient.
f. Bedside presence of the patient’s child(ren), including minor patients with children, is supported based on the preference of the patient. An adult (other than the patient) must supervise the patient’s child(ren).

Visitors
a. Posted visitation hours in Vidant Health entities (inpatient and outpatient) apply to visitors. Visitors are encouraged to visit during posted hours.
b. Visits should be brief, quiet and pleasant and should not tire or burden the patient.
c. Due to the critical nature of intensive care units, hours for visitors may be more restrictive in these areas. These restrictions are for visitors and not family members.

Special Considerations
The patient or the patient’s designated representative, in conjunction with the primary nurse and health care team, may make visitation limitations for family and visitors. Examples of special considerations that determine the amount of time family and visitors spend with the patient include:
a. Clinical and emotional needs of the patient. There should be no harm to the patient from having family or visitors present. Examples include exhaustion, overstimulation, or marked increase in agitation;
b. Inability to follow infection control policies. Some visitor restrictions may be based on presence of epidemiological significant pathogens (i.e. highly drug resistant bacteria).
c. The need to maintain a sterile environment during bedside procedures;
d. Limitations requested by the patient or patient’s designated representative;
e. Space limitations in patient rooms;
f. Patient, family, visitor or employee safety issues.
Any restrictions will be reevaluated as a part of the patient’s plan of care.

Reasons for visitation limitations should be documented in the medical record.

Behavioral Health units have additional information regarding visitation. Refer to each organization’s Behavioral Health specific policies.

II. Visits by children
   a. Children supervised by an adult other than the patient are welcomed.
   b. The supervising adult is responsible for the needs of the visiting children.
   c. Children may only visit if they are able to comply with infection control practices.
   d. Children’s behavior is monitored by the supervising adult and the nurse to ensure a safe and restful environment for the patient and a positive and developmentally appropriate experience for the children.
   e. When possible, staff should encourage the supervising adult to plan ahead for a visit by children by preparing the children for what they may see or hear in a medical environment.
   f. Staff should discuss the length and timing or visits by children with the supervising adult. Determining factors include the patient’s condition, the developmental level of the children and the children’s reaction to seeing the patient.

III. Contraindications to visitation
   a. Family members and visitors who are feeling sick and/or have signs of, communicable illnesses or infections.
   b. Family members and visitors who have recently been exposed to communicable illnesses or infections
   c. Family members and visitors who have had a significant exposure to chickenpox in the preceding three weeks and have not had chickenpox or the chickenpox vaccine.
   d. During times of severe community disease outbreaks and emergency management situations, the hospital may limit patient access to immediate family members only and/or screen family members and visitors using a communicable disease screening tool.
e. Requests by patient or patient’s designated representative.

f. Anyone under the influence of drugs and/or alcohol.

g. Unacceptable or disruptive behavior.

h. Interference with the general comfort and care of patients or staff.

i. Visitors or family members with prohibitive legal documentation such as restraining orders and child visitation/custody orders.

Hospital Police/Security will be notified to handle disruptive issues as needed.

IV. Chaplain Visitation

a. A patient’s clergy may visit the patient at any time unless patient or patient’s designated representative requests limitations.

b. If requested by the patient or the patient’s designated representative, staff members should make a referral to a hospital chaplain if available.

c. The hospital chaplain and community clergy may not proselytize, solicit, or evangelize at any time without patient/family request or consent.

V. Strategies for Effective Family and Visitor Presence

a. The patient’s nurse should review the family presence and visitor guidelines with the patient on or shortly after admission so the patient may make choices about family presence and visitor access. If the patient is unable to participate in these discussions and decisions, the patient’s designated representative should be involved.

b. The nurse should communicate that the patient or the patient’s designated representative may make changes to these choices at any time.

c. To facilitate positive experiences for all patients, families, visitors and staff, the nurse and other members of the healthcare team should instruct families and visitors to:

1. always perform hand hygiene each time they enter and leave the patient room or unit
2. follow all isolation precautions as instructed by nursing staff
3. come to the hospital only if they are well and have no signs of communicable illnesses or infections
4. only enter the room of the patient who they are here to spend time with
5. avoid congregating in hallways outside of patient rooms
6. be mindful and sensitive to the needs of other patients and families by keeping noise and disturbances to a minimum

VI. Family Presence and Support During Resuscitation and Procedures

The following guidelines should be used to support families if they choose to be present during resuscitation efforts. Family presence during resuscitation is a best practice based on research evidence, expert opinion and recommendations from a number of medical, nursing and other professional organizations.

a. Discuss patient preference, ideally upon admission during the discussion of resuscitation status.
b. Family Assessment- The family’s desires and needs will be assessed as soon as practical when a resuscitation effort occurs or is imminent. The assessment may include:
   i. preferences the patient may have communicated
   ii. the family’s comfort level with being present
   iii. the family’s understanding of the patient’s condition
   iv. the family’s need for support
   v. religious and cultural practices
c. Family members should be supported by appropriate staff throughout the resuscitation and provided an explanation of what they are witnessing.
d. The physician, nurse, or appropriate staff will inform the family the following:
   - how many family members may enter the room at one time
   - where they may stand
   - that they have the option of leaving
Note: There may be unique and extenuating circumstances that require compassionate exceptions to these guidelines. It is recommended that the primary nurse and the health care team, in collaboration with the patient or the patient’s designated representative, use professional judgment in considering these family circumstances and patient needs when applying these guidelines.

References:
- Institute for Patient- and Family-Centered Care
- The American College of Critical Care Medicine
- American Association of Critical Care Nurses
- CMS 482.13 (h) and 485.635 (f)
- North Carolina Administrative Code pt right section: 10A NCAC 13B .3302 (y)
- Joint Commission Standards
Thank you for your interest in the Patient-Family Advisor role. Questions on this application are asked for the sole purpose of considering you for an advisor role. We do not discriminate on the basis of race, religion, sex, national origin, age or handicap status.

Mr. / Ms. / Miss / Mrs. NAME ____________________________ DATE ________________
ADDRESS ___________________________________________________________________
CITY ____________________________ STATE __________ ZIP ________________
PHONE (HOME) ________________ (WORK) ________________ (CELL) ________________
DATE OF BIRTH ________________ EMAIL ______________________________________

Please select the appropriate facility:

☐ Albemarle Hospital ☐ Vidant Duplin Hospital ☐ Vidant Pungo Hospital
☐ The Outer Banks Hospital ☐ Vidant Edgecombe Hospital ☐ Vidant Roanoke-Chowan Hospital
☐ Vidant Beaufort Hospital ☐ Vidant Health (Corporate Offices) ☐ Vidant SurgiCenter
☐ Vidant Bertie Hospital ☐ Vidant Home Health & Hospice ☐ Vidant Wellness Center
☐ Vidant Chowan Hospital ☐ Vidant Medical Center ☐ Other (Be specific)
☐ Vidant Corporate Health ☐ Vidant Medical Group

1. Have you worked here before?  ☐ No  ☐ Yes  When? ____________________________

   Were you a  ☐ Volunteer?  ☐ Employee?  ☐ Student?  ☐ Physician?

2. Have you or any of your family member(s) been hospitalized or received services at any of the Vidant Health facilities noted above?  ☐ Yes  ☐ No

   Which areas have you or your family member(s) received service in?
   _______________________________________________________________________
   _______________________________________________________________________

3. Who should be contacted in case of emergency?

   Name ____________________________ Relationship _____________ Phone ____________
   Physician __________________________ Practice _______________ Phone ____________
4. Why would you like to be a Patient-Family Advisor?

________________________________________________________________________

________________________________________________________________________

5. What areas of concern would like to see Patient-Family Advisors address?

________________________________________________________________________

________________________________________________________________________

6. What special interest or experience would you like to offer as a Patient-Family Advisor?

________________________________________________________________________

________________________________________________________________________

7. Describe any work related limitations (physical or emotional)

________________________________________________________________________

________________________________________________________________________

8. Do you know any foreign or sign language? □ No □ Yes Specify ______________________

________________________________________________________________________

9. Have you ever pleaded guilty or been convicted of a crime other than a minor traffic violation?

□ No □ Yes If yes, explain _______________________________________________________

________________________________________________________________________

10. Are you related to anyone employed by Vidant Health?

□ No □ Yes If yes, give name and relationship ______________________________________

I hereby apply to become an advisor at Vidant Health, to abide by my commitment, to:

Maintain patient privacy and confidentiality
Support our mission
Actively participate in improving care for all patients and families
Listen to different opinions and share ideas and viewpoints
Use their hospital experience or a family member’s experience to improve care
Advocate for and listen to other patients, families, staff and community members
Support positive relationships with our health system and members of the community

These statements are true and accurate to the best of my knowledge.

SIGNATURE ___________________________ DATE ___________________________
TRAINING/HEALTH
A Joint Commission (TJC) volunteer orientation and health screen is required before serving as an advisor. An update of the health screen and TJC competency review is required annually. All current required immunizations will be given unless documented proof is submitted with the application.

ACKNOWLEDGEMENT AND RELEASE: SUBSTANCE ABUSE PREVENTION POLICY
I have been informed and acknowledge that Vidant Health and its subsidiary corporate entities have a Substance Abuse Prevention Policy which includes a Zero Tolerance Provision. I understand that applicants for positions with these corporations may receive pre-employment drug screenings as part of the hiring process and that hiring decisions are contingent upon the results.

I specifically consent and agree to provide body fluid samples (blood and/or urine) for drug and/or alcohol screening in accordance with the policy as part of the application process.

I understand that if I am not accepted because of a positive drug screen, I will not be reconsidered for advisor service at Vidant Health or any of its subsidiary corporate entities until I can document twelve (12) continuous months of treatment for drug abuse.

I understand and specifically consent and agree that any positive drug screening results will be furnished to the appropriate department and to my professional licensing board, if appropriate. I further understand that once accepted, subsequent positive screens or refusal to provide samples when requested will make me subject to disciplinary action up to and including termination.

SIGNATURE OF ADVISOR          SIGNATURE OF WITNESS

SIGNATURE OF PARENT/GUARDIAN (If under 18 years of age) PRINT WITNESS NAME

DATE

ADVISOR CONFIDENTIALITY STATEMENT
Vidant Health has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment at Vidant Health, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient services. I understand that such information must be maintained in the strictest confidence.

As a condition of my assignment, I hereby agree that I will not at any time during or after my assignment disclose any patient information. When patient information will be discussed with the health care practitioners in the course of my assignment, I will use discretion to assure that such conversations will not be held in a public place or with inappropriate individuals.

I understand that violation of this agreement may result in termination of my assignment at Vidant Health.

SIGNATURE OF ADVISOR          DATE

PRINT NAME OF ADVISOR
Vidant Health conducts criminal record checks on all employee, volunteer and advisor applicants to assure a safe environment for patients receiving care and services. If the information you furnish on this form is found to be false, you will be disqualified/dismissed. You will not be considered for future employment/service for 18 months.

Please answer the following questions concerning your past history. Check all that apply:

1. Have you ever been
   a. Convicted of a misdemeanor? Not necessary to include minor traffic infractions.  
      ☐ Yes  ☐ No
   b. Convicted of a worthless check(s)?  
      (If you have paid off a check at the Magistrate’s office or Courthouse this is probably a worthless check conviction)  
      ☐ Yes  ☐ No
   c. Convicted of any DWIs? (Driving While Impaired)  
      ☐ Yes  ☐ No
   d. Convicted of violation(s) of any drug laws, the Controlled Substances Act of North Carolina or similar laws of any state or nation?  
      ☐ Yes  ☐ No
   e. Convicted of any crimes of violence such as assault, harassment, communicating threats, rape, kidnapping, manslaughter or murder?  
      ☐ Yes  ☐ No
   f. Convicted of a felony?  
      ☐ Yes  ☐ No
   g. Convicted of any crime involving child abuse, child neglect or indecent liberties with a minor?  
      ☐ Yes  ☐ No
   h. Convicted of a violation(s) of a Professional Practice Act?  
      ☐ Yes  ☐ No

If the answer to any of the foregoing questions is YES, please explain each conviction in the spaces provided below, including date, county and state of conviction. If needed, additional sheets are available upon request in the office from which you obtained this application.

Date of conviction __________________________ County __________________________ State _________
Conviction (crime for which you were convicted) _____________________________________________

Explain (optional)

Date of conviction __________________________ County __________________________ State _________
Conviction (crime for which you were convicted) _____________________________________________

Explain (optional)

Date of conviction __________________________ County __________________________ State _________
Conviction (crime for which you were convicted) _____________________________________________

Explain (optional)
2. Please list all names you have ever been known by including birth name, previous marriage(s), legally changed, nicknames and aliases.

1) ___________________________________  2) ___________________________________
3) ___________________________________  4) ___________________________________

3. Please list street, city and state where you have lived for the last ten (10) years including military and school addresses (use additional sheet if more space is needed).

Street ___________________________________ City _______________________________
County _________________________ State _____ Zip __________ Dates (from) ______ (to) ______

Street ___________________________________ City _______________________________
County _________________________ State _____ Zip __________ Dates (from) ______ (to) ______

Street ___________________________________ City _______________________________
County _________________________ State _____ Zip __________ Dates (from) ______ (to) ______

I hereby certify that the answers on this application and this insert are true and correct, and that any misrepresentation of false information on my part will disqualify me as a candidate for employment/service, or if employed, will be grounds for discipline up to and including termination.

In connection with this request, I authorize all law enforcement agencies, city, state, county and federal courts to release information they may have about me to the corporate entity of Vidant Health to which I am applying or someone acting on their behalf.

_________________________________________ DATE

SIGNATURE OF APPLICANT

_________________________________________

PRINT FULL NAME

_________________________________________

SOCIAL SECURITY #

_________________________________________

DATE OF BIRTH

_________________________________________

VALID DRIVER’S LICENSE NUMBER AND STATE
(if you don’t have license state reason)

_________________________________________

CURRENT ADDRESS

_________________________________________

CITY

_________________________________________

STATE AND ZIP

_________________________________________

DATES: FROM and TO

Date of birth and social security numbers are required solely for the purpose of conducting a criminal record check and will not be used for any other reason in the employment/service or application process.
DISCLOSURE/AUTHORIZATION STATEMENT
By this document, Vidant Health and its subsidiary corporate entities disclose to you that a criminal background report may be obtained as a part of the advisor volunteer background investigation and at any time during your advisor role.

This shall authorize the procurement of a criminal background report by Vidant Health and its subsidiary corporate entities as part of the advisor background investigation. If selected as an advisor, this authorization shall remain on file and shall serve as an ongoing authorization for the appropriate corporate entity by which I am serving as an advisor to procure criminal background reports at any time during my service as an advisor.

In connection with this request, I authorize all corporations, companies, former employers, supervisors, educational institutions, law enforcement agencies, city, state, county and federal courts, motor vehicle bureaus, military services and persons to release information they may have about me to the corporate entity of Vidant Health with which this form has been filed or an agent acting on its behalf and release all parties involved from any liability and responsibility for doing so.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

I understand that I have the right upon written request within a reasonable period of time, to request additional disclosure as to the nature and scope of the investigation.

___________________________________________  __________________________________________
SIGNATURE OF APPLICANT                    DATE

___________________________________________  __________________________________________
PRINT FULL NAME                             SOCIAL SECURITY #

___________________________________________  __________________________________________
DATE OF BIRTH                               VALID DRIVER’S LICENSE NUMBER AND STATE
(If you don’t have license state reason)

___________________________________________  __________________________________________
MILITARY SERVICE #                          BRANCH OF SERVICE

___________________________________________
DATES: FROM and TO
If you are interested in receiving more information concerning becoming a patient-family advisor, please contact:

Cindy Smithwick  
Patient and Family Experience  
252-944-2248  
Cindy.smithwick@vidanthealth.com

Patients and families are partners in care with staff and leadership in decision-making from the bedside to the boardroom.

Consider becoming a patient-family advisor

Vidant Pungo Hospital  
202 East Water Street  
Belhaven, North Carolina 27810  
252-943-2111  
www.VidantHealth.com
Purpose
Patient and family advisors are a group of dedicated patients and families who work with staff and physicians to promote the best health care for the community. Advisors are helping our health care system improve hospital-, home- and community-based care.

Patient and family advisors focus on improving the overall quality, safety and experiences for all patients and families. Advisors assure the views and perspectives of patients and families are included in decision-making and serve on committees and projects that help us:

- Plan, evaluate and grow services and programs needed in our health care facilities and communities
- Develop policies and education materials to support our commitment to patient- and family-centered care
- Prepare the future health care workforce

Advisors commit to:
- Maintain patient privacy and confidentiality
- Support our mission
- Actively participate in improving care for all patients and families
- Listen to different opinions and share ideas and viewpoints
- Advocate for and listen to other patients, families, staff and community members
- Support positive relationships with our health system and members of the community

Becoming a patient-family advisor:
- Any employee, medical provider, patient or family member may recommend an individual (or themselves) for a patient-family advisor role.
- Recruitment of advisors is an ongoing process. This helps us gain new perspectives and ideas to improve the experiences of care of the patients and families we serve.
- Interested advisors will be asked to fill out an application so we may better understand the individual's interests and readiness to participate in advisor activities.
- Each interested advisor will be interviewed by a leadership representative or current advisor prior to becoming an advisor.
- Each new advisor must complete an orientation program.