Acute Care Alberta
Provincial Patient & Family Advisory Council

Terms of Reference

Acute Care Alberta

The **Acute Care Alberta (ACA) Provincial Patient and Family Advisory Council** (PFAC) works to integrate the voices of patients, families, and caregivers into the planning, delivery, and evaluation of healthcare across the province. The Council provides a structured forum for consultation and collaboration with patient and family advisors, where healthcare solutions are shaped by lived experiences and grounded in the principles of **Patient and Family Centred Care (PFCC).**

The ACA PFAC provides support for consultation and collaboration across all acute care Provincial Health Corporations [1](PHCs) and Health Service Delivery Organizations [2](HSDOs) - including Alberta Health Services, Cancer Care Alberta, Give Life Alberta, Emergency Health Services, Covenant Health, and Lamont Health Care Centre - as well as service partners[3] and acute care contracted providers such as the Contracted Surgical Facilities (CSF). As a shared council, PFAC invites engagement to explore ideas, co-develop solutions, and contribute to system-wide improvement.

Scope

The PFAC provides informed guidance, feedback, and recommendations to ensure that strategic planning, programming, and service delivery across Alberta's acute care system are aligned with the principles of PFCC. The Council's intent is to contribute to the optimization of patient experiences and outcomes by embedding the voices of patients and families into healthcare decision-making. PFAC's advisory scope includes, but is not limited to:

- **Strategic Planning**: Supporting the development and refinement of acute care priorities to reflect PFCC values and patient-identified needs.
- **Quality Improvement**: Collaborating on initiatives that enhance quality, safety, effectiveness, and overall experience of acute care services.
- **Patient and Family Engagement**: Promoting meaningful involvement of patients and families in the design, delivery, and evaluation of care.

Objectives

1. To foster intentional and collaborative partnerships among patients, families, healthcare leaders, and staff that cultivates a culture of PFCC and advances a high-quality health system focused on improving patient experiences and outcomes**.**
2. To provide strategic advice to healthcare planners and leaders to support the design and delivery of a patient- and family-centred health system that is accessible, sustainable, and committed to improving health outcomes and experiences for all Albertans.

Authority

The PFAC is an **advisory body** and does not hold decision-making authority. Its role is to provide **insight, feedback, and recommendations** based on the lived experiences of patients and their support networks. Final decisions rest with the appropriate organizational leaders or governing bodies.

[1] A provincial health corporation in Alberta is a government-established entity under the *Provincial Health Agencies Act* that delivers specific health services, such as acute care or surgical operations. These corporations are overseen by sector-specific ministries to ensure accountability and alignment with provincial health goals.
[2] A health services delivery organization is a designated provider (which can be a person or entity) that enters into a health services delivery agreement with a sector minister.
[3] Service partners are organizations ACA collaborates with to support and enhance care services and business functions.

Authority to make decisions about the council is held by ACA Leadership. Decisions regarding council operations may be delegated to the council's co-chairs, vice chairs, and support team. Whenever possible, decisions are made in collaboration with council members utilizing collaborative decision-making best practices.

Membership

PFAC members are referred to as Patient and Family Advisors (PFAs). PFAs are individuals with lived experience utilizing acute care health services, as patients or as part of a patient's support network. PFAs are registered volunteers with Alberta Health Services (AHS).

Member Recruitment: Recruitment needs are assessed annually by the PFAC Support Team. The number of new PFAs to be recruited is determined based on:

- Availability of council positions
- Capacity of support resources
- The need to reflect a broad range of diverse experiences navigating the health system

Member Selection: Council PFAs participate in a two-way interview process to assess mutual fit. This approach allows both the candidate and the council to explore alignment in expectations, values, and readiness for the role. Final selection is made collaboratively by the PFAC Support Team and Co-Chairs, based on the following criteria:

- Ability to fulfill the responsibilities of the PFA role
- Availability of council positions
- Alignment with the mission, vision, and objectives of the council
- Readiness to engage collaboratively and constructively with healthcare representatives

Membership Requirements: PFAC PFAs must meet the criteria outlined in the PFA Role Description, agree to the PFAC Terms of Reference (TOR), and complete both Volunteer Resources and PFAC orientations. To avoid conflicts of interest and preserve PFAC as a space that prioritizes patient and family voices, members must not be employed by a provincial health agency or ministry and must have been out of employment for at least one year prior to joining.

Membership Terms: Members commit to an initial three-year term. Upon completion, they may be offered to serve a second term of up to three years, for a maximum of six consecutive years. To be eligible for reappointment, members must:

- Be in good standing with the PFAC and ACA at the end of their current term.
- Have actively participated in council activities and fulfilled their responsibilities as outlined in the PFA Role Description.
- Continue to meet all PFAC membership requirements.
- Express interest in continuing their service prior to the end of their current term.
- **Attendance Expectations:** Council members who miss three consecutive meetings will be contacted by a designated Support Team member to discuss their continued participation and to identify any potential supports or accommodations. The provision of such supports or accommodations is subject to organizational policies, operational requirements, and available resources.

Resignation: Members wishing to resign before completing their term shall notify the PFAC Support Team in writing and be offered an exit interview.

Leave of Absence (LOA): Members may request a leave of absence (LOA) for a maximum of one consecutive year per term. Time spent on an approved LOA is not counted toward the member's term duration.

Removal: A member may be removed from advising activities if they fail to uphold membership requirements (e.g., breeching confidentiality).

Reapplication: Former members who wish to rejoin PFAC must follow the same application and selection process.

Membership Alumni: Members who complete at least one term may apply to join the PFAC Alumni and participate in designated advisory activities. Alumni members must maintain active volunteer registration and continue to meet PFAC membership requirements when engaging in PFAC-related initiatives. Alumni status will be reviewed every three years.

Roles and Responsibilities (see Appendix A for more detailed information)

All roles share the accountability for achieving the objectives of the Council.

Executive Sponsor: The ACA Chief Executive Officer (CEO) serves as the executive sponsor of PFAC, demonstrating organizational commitment to PFCC. The CEO is responsible for championing PFAC's purpose; ensuring organizational alignment and achievement of organizational mandates; receiving and considering PFAC recommendations; and demonstrating commitment to meaningful engagement.

Leadership Co-Sponsors – Provincial Health Corporations: Leadership Co-Sponsors are senior leaders from the PHCs who serve as champions for the PFAC within their respective organizations. They provide executive level support to foster meaningful engagement between their organization and the council. Key Responsibilities include championing patient and family voices; promoting organizational engagement; supporting evaluation and improvement; and demonstrating commitment.

Co-Chairs: In the spirit of partnership between patients and healthcare providers, the PFAC follows a Co-Chair model to reflect shared leadership and collaboration.

> **Senior Leadership Co-Chair**: Appointed by the ACA CEO, this Co-Chair is a senior health leader. They ensure alignment between PFAC activities and organizational priorities, escalate guidance and recommendations to senior leadership, and actively advocate for engagement with the council across the organization. This position serves a three-year term.
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> **Advisor Co-Chair**: A PFA who has served on the council for at least one year and is elected by council members to a two-year term, beginning in September following the election. The Advisor Co-Chair represents the voice and perspective of the council in discussions with senior leadership and co-stewards the vision and mission of PFAC throughout the organization. *(See Co-Chair Role Description for details.)*

Vice Chair: The council may appoint one or more Vice Co-Chairs to support the leadership and continuity of the PFAC. The Vice Chair serves a one-year term, typically from May to June of the following year.

PFAC Support Team: The PFAC Support Team provides strategic leadership and coordination to ensure the council operates effectively and fulfills its mandate to advance PFCC.

Meetings

Meeting Schedule: PFAC meetings are held virtually and follow an annual schedule from September to June, with no meetings in July and August. The schedule is established prior to the start of each operational year and invites and reminders are sent to members at least a month in advance.

Preparation and Materials: Members are expected to review materials in advance and come prepared to engage in discussion and decision-making.

Attendance: Members are expected to attend at least 6 of the 10 annual meetings. RSVPs are needed in advance to help plan consultation sessions. A lack of attendance of three consecutive meetings without notice will result in removal from the PFAC distribution.

Participation: All members are expected to commit to active and respectful participation, recognizing and valuing the diverse perspectives that PFAs bring to the council.

Conflict Management: Will be managed by the PFAC Support Team and Chairs in accordance with the Respectful Workplaces policy and procedure, and HR recommended support and resources.

Remuneration for Travel and Expenses: When members are required to travel for council-related activities (e.g., *ad hoc* in-person meetings), they will be reimbursed as outlined in Policy Document 1122 – Travel, Hospitality, Working Session Expenses – Approval, Reimbursement and Disclosure. Pre-approval is required for any travel and related expenses to ensure eligibility for reimbursement.

Reporting

The activities of PFAC are reported annually to executive sponsors. Members and consultants are requested to complete any and all evaluations required for reporting purposes.

Review and Amendments

The TOR will be reviewed by PFAC annually. Amendments will be made by the PFAC Support Team in collaboration with the members and Co-Chairs. Changes to the TOR must be approved by the Executive Sponsor.

Appendix A – Roles and Responsibilities

Executive Sponsor: The Chief Executive Officer (CEO) serves as the executive sponsor of the PFAC, demonstrating organizational commitment to PFCC. The CEO is responsible for:

- **Championing PFAC's Purpose** by supporting its integration into strategic planning and decision-making processes.
- **Ensuring Organizational Alignment** by promoting collaboration between PFAC and senior leadership, clinical teams, and operational units.
- **Providing Oversight** to ensure PFAC has the resources, visibility, accountability, and engagement needed to fulfill its advisory role effectively.
- **Receiving and Considering PFAC Recommendations** as part of broader efforts to improve patient experience, quality of care, and system performance.
- **Demonstrate Commitment:** Attend PFAC meetings as needed to show leadership and meaningful engagement commitment and remain informed of council activities and insights.

Leadership Co-Sponsors – Provincial Health Corporations: Leadership Co-Sponsors are senior leaders from the PHCs who serve as champions for the PFAC within their respective organizations. They provide executive level support to foster meaningful engagement between their organization and the council. Key Responsibilities include championing patient and family voices; promoting organizational engagement; supporting evaluation and improvement; and demonstrating commitment.

Key Responsibilities:

- **Champion Patient and Family Voices:** Advocate for the integration of patient and family engagement in the development and implementation of strategic and operational initiatives, policies and planning processes.
- **Promote Organizational Engagement:** Encourage leaders and departments across the organization to actively collaborate with the PFAC, ensuring council input informs service design and quality improvement efforts.
- **Support Evaluation and Improvement:** Participate in assessing the PFAC's impact and help implement recommendations that advance PFCC.
- **Demonstrate Commitment:** Attend PFAC meetings as needed to show leadership support and stay informed on council activities and insights.

Co-Chairs: In the spirit of partnership between patients and healthcare providers, the PFAC follows a Co-Chair model to reflect shared leadership and collaboration.

- **Senior Leadership Co-Chair**: Appointed by the ACA CEO, this Co-Chair is a senior health leader. They ensure alignment between PFAC activities and organizational priorities, escalate guidance and recommendations to senior leadership, and actively advocate for engagement with the council across the organization. This position serves a three-year term.
- **Advisor Co-Chair**: A PFA who has served on the council for at least one year and is elected by council members to a two-year term, beginning in September following the election. The Advisor Co-Chair represents the voice and perspective of the council in discussions with senior leadership and co-stewards the vision and mission of PFAC throughout the organization. *(See Co-Chair Role Description for details.)*

Together, the Co-Chairs:

- Make decisions about meeting content, format, and flow.
- Chair PFAC meetings and ensure inclusive, respectful dialogue.
- Provide guidance and mentorship to council members, particularly PFAs.
- Support and collaborate with the PFAC Support Team to ensure effective planning, communication, and follow-through on council initiatives.
- Ensure that both organizational and patient/family perspectives are reflected in council activities and decisions.
- Represent the council in discussions with senior leadership when needed.

Vice Chair: The council may appoint one or more Vice Co-Chairs to support the leadership and continuity of the PFAC. The Vice Chair serves a one-year term, typically from May to June of the following year.

- At least one Vice Co-Chair is a PFA elected by the council.
- Vice Co-Chairs serve a one-year term, typically from September to June.
- They step into the Co-Chair role when needed, ensuring continuity in leadership and meeting facilitation.
- Vice Co-Chairs also provide peer support to council members, helping to foster a welcoming, inclusive, and collaborative environment. *(See Vice Co-Chair Role Description for details.)*

PFAC Support Team: The PFAC Support Team provides strategic leadership and coordination to ensure the council operates effectively and fulfills its mandate to advance PFCC.

- Leads the integration of leading engagement practices across council activities and organizational initiatives.
- Provides strategic guidance and operational oversight to align council work with broader system goals and priorities.
- Facilitate collaboration between the council, Co-Chairs, and organizational leaders to ensure patient and family voices are meaningfully embedded in strategic planning, policy, and improvement efforts.
- Supports individuals and teams, bringing initiatives to the council for consultation, helping them prepare for meaningful engagement and follow-up.
- Leads and supports the evaluation of council processes, participation, and impact to inform continuous improvement.
- Supports the development of council capacity, sustainability, and influence through thoughtful planning, communication, and relationship-building.

PFAC Advisors: Patient and Family Advisors (PFAs) are individuals with recent, first-hand experience as a patient or caregiver. Their role is advisory in nature.

- They collaborate with health care providers, leaders and staff to enhance patient care and services.
- Offer recommendations to improve the quality and safety of health programs in an effort to optimize patient experience and Patient & Family Centered Care (PFCC).
- Their role seeks to inform processes in an advisory nature through engagement.

Appendix B – Advisor Role Description

Acute Care Alberta

ACA Provincial Patient & Family Advisory Council (PFAC)
Patient & Family Advisor Role Description

General Information	The Provincial Patient and Family Advisory Council (PFAC) consists of Patient and Family Advisors (PFAs) who have experience navigating Alberta's healthcare system. PFAC PFAs share their lived experiences to enhance the quality, safety and effectiveness of health services from the patient, family and caregiver perspectives.
Role Description	PFAs are individuals with recent experience as a patient or caregiver. They collaborate with healthcare providers, leaders and staff to enhance patient care and services. Drawing from their firsthand experience, PFAs offer recommendations to improve the quality and safety of health programs in an effort to optimize patient experience and Patient & Family Centred Care (PFCC). The role of a PFA is both advisory and advocacy in nature, meaning they seek to inform a process and ensure a particular outcome.
Role Requirements	PFAC PFAs must: • Have lived experience navigating the healthcare system as a patient, family member, or caregiver. • Be comfortable sharing lived experiences and personal perspectives in a group setting. • Be willing to work with a diverse group of people (e.g., geographic locale, age, gender, sexual orientation, culture, ethnicity, education, employment or abilities) that reflect Alberta's population. • Have the interest and ability to participate in virtual meetings (e.g., access to a computer, tablet, headset and private space). • Use and maintain assigned organizational credentials (e.g., organization-issued email account) for all Council-related correspondence, including email communications, meeting invitations, and consultation activities. Use of personal email accounts **is not permitted** in order to comply with current privacy and information-security legislation and to ensure appropriate protection of personal and health information.
Role Responsibilities	• Complete volunteer screening, onboarding and orientation. • Commit to an initial 3-year term and attend at least 60% of the monthly meetings that run from September to June annually. • Maintain confidentiality in all forms of communications (verbal, paper and electronic) and in public spaces, including social media. • Track and log PFAC related volunteer hours.

Member Conduct:	As registered volunteers of Alberta Health Services and representatives of Acute Care Alberta, PFAs must adhere to all applicable organizational policies, procedures, bylaws, ethics, codes, council governance decisions (e.g., Terms of Reference) and compliance standards (provided in the PFAC and Volunteer resources orientations). Failure to meet these requirements may result in removal from the council. • **Political Activity:** As a publicly funded and politically neutral body, the PFAC does not support or endorse any political party or candidate. While PFAs may engage in political activities personally, they are expected to maintain a non-partisan stance in their PFAC roles. All political activity must align with relevant policies, including the Political Activity Policy (1148), the Code of Conduct and the Conflict of Interest Bylaw. • **Conflict of Interest:** PFAC advisors are expected to act in public interest and avoid any real, apparent, or potential conflicts of interest. Any conflicts must be disclosed as soon as possible and managed in accordance with the Conflict of Interest Bylaw. In some cases, unresolved conflicts may require a member to step down from the council. • **Confidentiality:** PFAC advisors may receive confidential or sensitive information and are required to protect it. Information must not be shared outside of council work. All PFAs must sign a Confidentiality Agreement in accordance with the Alberta Evidence Act and the Health Information Act.
PFA Qualities	PFAC PFAs: • Communicate effectively in a group setting. • Maintain empathy and compassion for self and others. • Foster a supportive environment through active listening. • Be solution focused and maintain a growth mindset. • Respect differing opinions and perspectives.

Appendix C – How We Gather

How We Gather

Acute Care Alberta's (ACA) Provincial Patient and Family Advisory Council (PFAC) commits to providing a Trauma Informed Engagement space focused on advancing Patient and Family Centered Care, honouring Shared Commitments, and improving patient experiences and outcomes. In order to uphold the culture of our council and the values of PFAC, we agree to follow these norms:

Respect

- Ask, listen, and learn.
- Value diversity – everyone brings unique perspectives and experiences.
- Practice patience, empathy, and compassion, while respecting boundaries and preferences.

Accountability

- Practice self-awareness and be responsible for our thoughts, feelings, and actions.
- Reach out for support when needed.
- Maintain a growth mindset, welcoming new ideas and change.

Transparency

- Share our experiences with the intent of improving the healthcare system.
- Communicate openly about our capacity to engage.
- Be open that we are advocates for PFCC and enhanced patient experiences.

Engagement

- Come prepared, present and committed to the purpose of PFAC.
- Approach discomfort with curiosity, embracing it as an opportunity to grow and learn.
- Listen to understand and contribute to meaningful discussions.

Revision Date: August 1, 2025