Policy for the ACHD Patient Family Advisory Council

Date Effective: MM/DD/YYYY
Type of Policy: Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Purpose
Indicate why this policy is in place and the population it serves. Please include a general statement about the importance of PFACs in improving patient-centered care and health outcomes. Include the definition of a Patient Family Advisory Council (PFAC) (i.e., a formal group comprised of patients and family members, providers, and other hospital staff that meets on a regular basis to discuss and guide policy and program decisions.)¹

Policy Statement
State the actual policy for your ACHD Program’s PFAC. This statement can be a general overview of the policy. Please reference information such as:
- Size of the PFAC
- Primary objectives and topics of focus
- Reasons why this group is important for the ACHD patient

Procedures
Describe in more detail the specific procedures or guidelines utilized by your ACHD PFAC to improve patient experience and overall care.

References
If applicable, please list any articles or other resources utilized to develop your institution’s ACHD PFAC.

Required Signatures
N/A

Helpful Tips
Please upload any documentation or examples of the above policy to the “additional files” section of your application.

Section L: Patient-Centered Care. These documents should be labeled with “L5” only in the title so that each policy/plan can be easily identified.