

[Official Institution Logo]



Proposal 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.

If you have submitted a proposal to your institution for an ACHD Patient Family Advisory Council (PFAC), please upload a copy of the proposal. We understand that each institution has a slightly different format for their proposals. Instead of outlining the exact format like we have in previous templates, we will include some general topics the proposal should include:

- Reasons PFACs will benefit ACHD patients (i.e., patient engagement and improving quality of care)
- Size of proposed PFAC
- Term length for PFAC members
- Frequency of meetings
- Overall guidelines or principles of the PFAC
- References utilized to help develop your PFAC's mission and structure
- Timeline of PFAC implementation

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.