

Central Peninsula Hospital & Heritage Place

Patient Partnership Council Bylaws

Mission Statement

The mission statement for the Patient Partnership Council (PPC) is: *To participate in the design and structure of processes that ensure the development of effective and sustained partnerships with patients/residents and families to enhance quality, safety and the experience of care at Central Peninsula Hospital and its services.*

Our Vision: The vision of the PPC is to achieve a level of care where patients/residents and family involvement is welcomed and optimized. The goal of the partnership is to implement solutions for delivering care that is safe, equitable, effective, efficient, timely, and person and family centered.

PPC Organization

Members

A. Eligibility

Patients/Residents, family members and staff from CPH are eligible to become members of the Council. Members should be committed to building a partnership to understand the needs of the patients and residents they represent and to implement programs and policies to address health care challenges within the service area they serve, regardless of location. Each Council member must submit an application and be interviewed. The Council shall strive to create a membership that reflects the diversity of the central peninsula service area in terms of medical diagnoses, geographic areas and cultural diversity.

B. Duties

Council members are expected to attend and actively participate in regularly scheduled meetings as well as various committees or projects that will require additional hours. Council members should inform the Chair or Co-Chair of expected absences from meetings. A Council member should not miss more than two regular meetings a year, unless such member as advised the Chair of an expected absence to maintain active membership status.

C. Membership Term

An initial term of Active Membership consists of two to three years, renewable yearly for up to six years. Standing members, i.e., Liaison, Administration, Directors, etc. have no term limits. Active members will be polled for their preference for continued membership at the end of each year by the Council Liaison. Residents will serve two-year terms, renewable up to three years.

D. Size

The recommended size is 7-10 community members plus no more than 5 staff members.

E. Vacancies/Leaves of Absence

Council members may resign or request a leave of absence from the Council at any time during their term. This request may occur when unusual or unavoidable circumstances require that the member be absent from meetings and activities for 3-6 months. The member should submit his or her request in writing to the Chair stating the reason for the request and the length of time requested. If a member cannot return at the end of the requested leave of absence, the Council Chair will review the individual's membership preference and ability to remain active. If the member is not capable of remaining an active member, he/she shall resign from the Council. At the time of a member's resignation, the Council may choose to add a replacement at that time or to leave the position open until the next rotation of members.

F. Recruitment

Council members and CPH staff and medical staff will be utilized to recruit and recommend future members.

G. Selection

Potential members must fill out a Patient/Resident Family Partnership Council application. The Council Liaison will conduct an interview. An interested candidate may attend a PRFPC meeting as a guest to ascertain if the Council is a good fit for them and vice-versa. The Chair, with consideration of comments from the Council, will determine the candidate's eligibility for membership. The Council Liaison will notify the potential member of the decision.

H. Inclusion

The goal for Person-Centered Care at CPH is for the Council membership to best represent the central peninsula service area population.

Roles and Duties

A. Council Chairman/Co-Chairmen

The Chairman/Co-Chairmen will be responsible for setting Council meeting agendas, chairing and conducting meetings, coordinating between Council members and staff and providing leadership for the Council members, along with assistance from the Council Liaison. The Chair/Co-Chairs will also serve on CPH Quality Committee when specifically requested.

B. Nomination Procedure

Candidates for the Chairman or Co-Chair positions shall be appointed by leadership of CPH initially, and then nominated from any active Council member in future years. Candidates for the Chair position, having at least one year of experience, will be nominated from the Council members. Nominations will be accepted from the floor at the December meeting prior to the official election at the following scheduled meeting.

C. Election Procedure

Officers will be elected by the affirmative vote of two-thirds of the quorum present at the next meeting.

D. Term

The standard term of the Chair/Co-Chair is two years with the option of re-election for another term.

E. Council Liaison

The Council Liaison will be responsible for the logistics of the Council meetings. Examples include reserving meeting space, arranging for meals. The Liaison will also assist the Chair/Co-Chair with setting Council meeting agendas, conducting meetings, coordinating between Council members and staff, and providing leadership for the Council members. The Liaison will handle the application process, to include the initial phone interview, background check, employee health clearance and orientation process. The Liaison will also assist with recruitment of new Council members.

F. Guest

Guests should have prior consent by the Chair and Council Liaison and are welcomed on an 'as needed' basis.

G. Leader Sponsor

A Leader Sponsor is defined as a CPH employee who holds a leadership position (physician, administration, etc.) specifically related to the Council patient population, who supports the Council as the Champion and provides guidance and resources as needed for the Council to be successful.

3. Meetings

A. Regular Meetings

Meetings, will be held every other month with a summer break on a regular schedule set by the Chair and Council Liaison annually unless otherwise requested by the Council.

B. Special Meetings

Special meetings, not to exceed six additional meetings per year, can be called by the Chair or Co-Chair as necessary. Council members will be given at least 48 hours' notice of the meeting schedule and agenda. Those not able to attend the meeting may participate via conference call (set up by Liaison). Special meetings shall be exempt from the attendance requirement set forth in 1B.

C. Voting and Quorum

Any voting will require the presence of a minimum of two-thirds (2/3) of the quorum. A quorum is defined as two-third of the voting members present. All motions must have a majority of two-thirds to pass.

D. Meeting Minutes

Minutes should be kept and distributed widely by Council Liaison so the activities of the Council are made aware to as much of the organization as possible.

Committees

PPC members may serve on process improvement teams or on a special committee or task force in order to further the work of the Council. The initiation of such a committee may be requested by any Council member.

Amendment procedure

These Bylaws may be amended at any regular meeting of the Council by the affirmative vote of two-thirds of the quorum present and voting, provided that the amendment has been submitted in writing at the previous regular meeting.

Confidentiality

Central Peninsula Hospital is committed to treating our patients/residents and clients with respect for their personal dignity and right to privacy, and to protect the confidentiality of all information concerning their care. CPH staff and all Council members will maintain patient confidentiality in accordance with the requirements of state and federal law. Further information can be found in CPH Operations Policy 174.

G. Termination

The organization in conference with the Chair reserve the right to dismiss any PPC member who is not compliant with the above rules and bylaws.

Drafted by Bonnie Nichols 4/16/18; Revised: 1/2/24

Reference: South Carolina Hospital Association Patient and family Advisory Council Handbook.