

Gateways Program Application

PFCCpartners presents the Gateways to Patient Family Advisory Programs Collaborative. This Collaborative will provide teams a systematic approach to establishing high impact and sustainable Advisory programs that will continue to inform the improvement efforts at your organization long after the Collaborative is over.

Meaningfully engaging patients and family members as advisors is a process that takes time, energy and purposeful leadership at all levels of the organization. This 6 month program is designed to kick off the process. The program requires active leadership support, sustained effort and the coordinated efforts of the lead team in each healthcare setting.

Please complete the application by providing the lead team members names, titles and contact information. Staff time requirements are suggested, however the actual amount of time spent will depend on the scope of the patient family engagement (PFE) integration plan.

Organization: _____

City _____ **State** _____

Date of Application _____

1. Team Lead: (10-12 hrs per month)

The team lead acts as the point person for all PFE activities during and following the Gateways Program. The team lead oversees the healthcare setting team.

Name		Title	
Email		Phone	

2. Executive Sponsor: (1-2 hrs per month)

The executive sponsor champions the cause and inspires organizational commitment; provides resources and support for the work of the Gateways and removes obstacles when necessary; is expected to attend the first learning session and make the effort to attend others.

Name		Title	
Email		Phone	

3. **Additional Team Members** (6-8 hrs per month) Consider individuals with organizational credibility and a natural passion for creating partnerships with patients and families.

Additional Team Members might include:

Clinical Staff Representative:

Physician Representative:

Case Management

Human Resources

Volunteer Coordinators

Culture or Experience Lead

Name		Title	
Email		Phone	

Name		Title	
Email		Phone	

Name		Title	
Email		Phone	

Name		Title	
Email		Phone	

4. **Patient Family Advisor** if currently participating joins at the beginning of the Gateways Program, otherwise joins the team in progress

Name		Title	
Email		Phone	

Name		Title	
Email		Phone	

Please answer the following questions.

1. What are your organization's current strategies, resources, activities and challenges around engaging Patient Family Advisors?

2. What do you hope to achieve through the Gateways Collaborative?

3. What is the level of commitment to engaging Patient Family Advisors from the Leadership of your organization?

4. What strengths or resources are currently available in your organization to build on in this area?

Each team should expect to commit the necessary time, energy and resources to successfully complete the Gateways Collaborative, recognizing the Gateways Collaborative is the start of your efforts to engage your patients and families into your organization.

The materials constituting the Gateways Collaborative are the proprietary and legally-protected intellectual property of PFCCpartners. All Program Materials provided pursuant to their Agreement, shall remain the sole and exclusive property of PFCCpartners, except that the Program Participants may retain the original copy of the Program Materials provided during the Program. PFCCpartners shall retain exclusive ownership of all rights in and to the Program Materials, and Client expressly disclaims any rights to use such Program Materials, or any part thereof, for any purposes except as intended during the program. Client expressly agrees that it shall not reproduce any of the Program Materials or use such Program Materials for the creation of any derivative work. Client agrees that the violation of this Section by Client or by any of the Program Participants will cause immediate and irreparable harm to PFCCpartners.

Organization Signature

Title

Libby Hoy, Founder/CEO PFCCpartners

Date:

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For Office Use:

Cohort:

Application Received: