



**NICU Family Advisory Care Team (FACT)  
 Terms of Reference  
 June 2011  
 (revised May 22, 2013)**

**INTRODUCTION**

**Purpose**

The Neonatal Intensive Care Unit Family Advisory Care Team (NICU FACT) supports the NICU Care Team in promoting:

- ▶the values, perspective, and practices of family centered care
- ▶quality communication
- ▶facilitated learning among all of the members of the Care Team

**Background**

The NICU FACT had its first meeting on January 20, 2010. The idea for an NICU FACT was initiated by neonatologists, and families of the NICU. This was the first unit based group of the newly formed Stollery FCC Network, and was implemented shortly after the Stollery FCC Council. The formation of the FACT was a collaborative effort of families, staff, physicians and senior management.

**Scope of authority**

The scope of the NICU FACT is focused on the Stollery NICU sites: at the RAH and David Schiff, with an interest to collaborate with prenatal care, postnatal care, and with the NICU sites at Grey Nuns, Misericordia, and Sturgeon hospitals. The FACT members bring the family and staff perspective in making collaborative decisions and influencing outcomes, based on clearly defined strategies that are identified by NICU FACT each year.

**COMPOSITION**

**Membership**

The representation of the NICU FACT membership is broken down as:

- Senior Management 2 representatives  
(Including one Senior Director, and Patient Care/Unit Manager)
- Clinical Staff 6
- Physicians 3
- Family 12 (note: 1 position may represent 2 members of the same family)



Staff and Physicians will represent both sites and a range of professional roles (e.g. neonatal fellow, nursing, social work, nurse educator, clinical nurse specialist, nurse practitioner, respiratory therapist, lactation consultant). Every attempt will be made to achieve family representation that includes diversity of geography within service region, skill set, experience, language, culture, gestational and current age of child.

These members are voting members. The three staff liaisons, who are non-voting, but who provide staff support to the FCC Network, of which NICU FACT is a part, are the Family Centred Care Manager, Coordinator, and Secretary.

Guests can be invited to share information and further the work around specific FACT projects.

### **Term of Membership**

New members will have an initial commitment of two years, and the option of signing on for an additional 2 years. Members who wish to continue beyond a 4 year term are requested to submit their interest to continuing on FACT for an additional 2 years to the co-chairs. Co-chairs will review membership interest to ensure ongoing diverse representation on FACT and confirm decision with individual members.

Each year in May, the co-chairs will contact each member to confirm if they plan to continue their commitment to the FACT for another year.

FACT members who are leaving FACT are encouraged to continue their participation as members of the Stollery Family Centred Care Network.

FACT members can request a six month personal leave from the Co-Chairs if they require a leave of absence from the meetings.

### **FACT Member Recruitment Process**

Recruitment may be either general or directed. General recruitment is when an email notice will be sent to the Network when new positions on FACT become available throughout the year. Directed recruitment is when recruitment is targeted to ensure diverse representation on the FACT. Prospective members will be invited to attend a FACT meeting as a guest observer.

An interview panel, consisting of a co-chair, staff support and FACT representative will interview prospective candidates.



## **Co-Chair Selection and Terms**

The two Co-Chairs must be current FACT members: a staff and a family representative. Members interested in the co-chair position should contact the Manager of Family Centred Care to put their name forward for consideration.

Prospective co-chairs will be contacted by the current co-chairs, to discuss the role, and ask questions related to their intentions.

The Co-Chair election will occur by secret ballot at a FACT meeting in the fall. A summary of the prospective co-chair's intentions will be shared with the membership before the election.

The elected Co-Chair will be in training from September to December. New co-chairs will shadow the two current co-chairs over that time, with the formal succession happening in January.

The Co-Chair terms are staggered. The two original co-chairs will take either a two or three year term.

## **Accountability**

The NICU FACT is accountable to Stollery senior management, the FCC Council (a reporting relationship), the Stollery Family Centred Care Network membership, and the families and children who use services at the Stollery Children's Hospital.

## **Reporting Relationship:**

Minutes of the FACT meeting will be posted on the Network's public website and / or an online NICU communication forum.

An annual event for the Network membership will occur to share the annual report.

Co-Chairs will meet with Stollery Senior Management, and the Northern Alberta NICU Regional Director annually to discuss key issues and present the annual report.



## **GOALS**

The FACT, as a unit specific group of the Stollery Family Centred Care Network, is committed to the same goals of:

1. **Leadership**  
-nurture leadership in families, staff, physicians, and management to be full participants in family centred care at the Stollery
2. **Collaborate – Partnership**  
-to promote opportunities for collaboration and partnerships between families, staff, physicians and management
3. **Voice**  
-to provide a consistent vehicle for the family voice to be respected and engaged in the operation of the Stollery Children’s Hospital and the delivery of care

## **MEETINGS:**

Meetings are held once a month, on every fourth Wednesday, from September to June. Members should not miss more than three consecutive meetings.

If members are unable to attend a meeting, they should give notice to the Co-chairs as soon as possible.

The agenda is prepared by the Co-Chairs in conjunction with the Manager of Family Centred Care. Any member can add an agenda item preferably before the meeting or at the FACT meeting.

## **VOTING:**

Decisions are made by member consensus. Quorum for voting for elections is 50% plus 1, and voting for elections will be done by secret ballot.

## **RELATIONSHIPS TO OTHER GROUPS:**

FACT will have a representative on the Stollery Family Centred Care Council to facilitate a strong linkage between the two groups.

Two FACT representatives will be members of the NICU Executive Operations Committee.



Relationships between the FACT and other groups will be continuously nurtured – with Glenrose Neonatal Follow-up clinic, and other local, provincial, national and international NICU specific groups.

**RELATED POLICIES:**

The policies governing the FACT are contained in the NICU FACT Orientation Binder.

**RESOURCES AND BUDGET**

The NICU program provides administrative support to the FACT. An annual budget is developed in conjunction with the Manager of Family Centred Care, in accordance with the Funding Guidelines.

**REVIEW OF TERMS OF REFERENCE**

A review of the Terms of Reference will occur once a year, in July.



## **KEY DEFINITIONS**

### **Stollery Family Centred Care Network**

Membership to the Network is open to any families or staff interested in family centred care at the Stollery Children's Hospital. Interested people should contact the Family Room Coordinator for an application form. Membership in the Network includes:

1. Regular communications about family centred care at the Stollery, through a monthly Primer that will be emailed to you.
2. Notices of workshops that may be of interest to families, staff and physicians.
3. Opportunities to participate in other ways, such as:
  - Membership in smaller, unit-specific family groups
  - Reviewing patient and family pamphlets
  - Participating in meetings about specific issues or on ongoing committees
  - Completing family surveys

### **Stollery Family Centred Care Council**

All members of the Council are also members of the Network. The Council is a formal group of 21 members that meets once a month and is a partnership between families, physician and staff at the Stollery. The Council's membership is drawn from 11 parents, 3 senior management, 3 staff members, 4 physicians, and 3 staff support resources.

The purpose of the FCC Council is to provide leadership for family centred care at the Stollery Children's Hospital by partnering family, staff, physicians and senior management to deliver health care to our children.

### **NICU Family Advisory Care Team (FACT)**

This is a unit-specific family centred care group, composed of family, staff and physicians members from the two Stollery Children's Hospital's NICU sites: the David Schiff NICU, and the Royal Alexandra Hospital NICU.

The purpose of the Family Advisory Care Team (NICU FACT) is to support the NICU Care Team in promoting: the values, perspective, and practices of family centered care, quality communication and facilitated learning among all of the members of the Care Team

### **Stollery Operations Committee**

The Stollery Children's Hospital Operations Committee is a working committee of the hospital to plan, implement, and evaluate programs/services of the hospital. Because the Stollery is a "hospital within a hospital", this committee includes representation from site and regional programs involved in operations



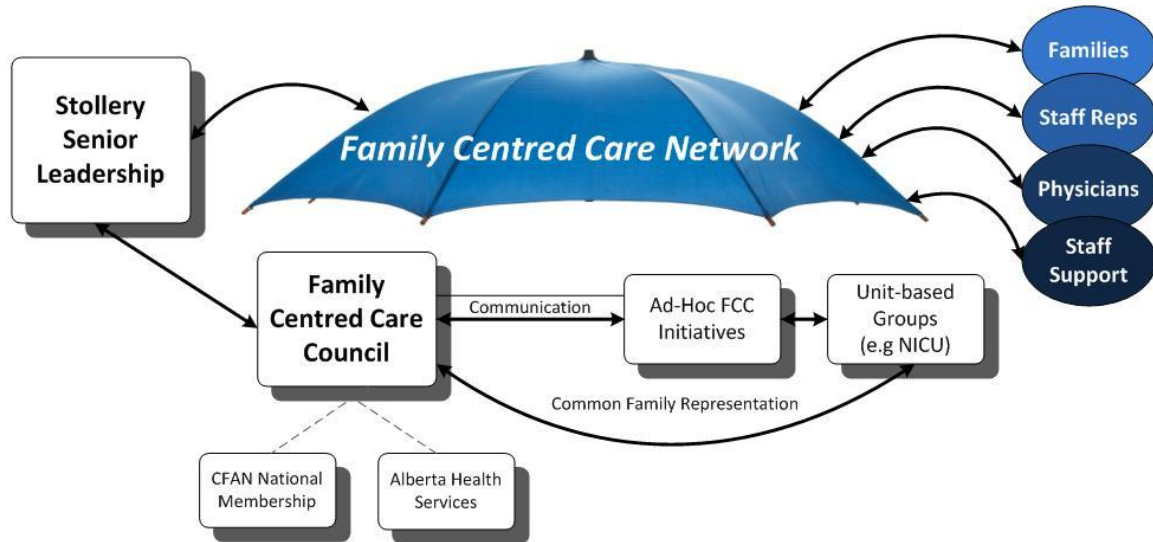
and reports within the UAH/Stollery administrative and medical structures.

## NICU Operations Committee

### ORGANIZATION

#### Stollery Family Centred Care Model

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### AUTHORS

The original version of this terms of reference was written by a Working Group (Laurina Panas, Sharon Willey, Denise Clarke, Ann Dixon, Sue Robins, and Heather McCrady) and was presented to the NICU FACT in June 2011.

Revised May 23, 2013 following review at NICU FACT meeting.

