

Patient and Family Advisory Councils PAC Annual Self-Assessment

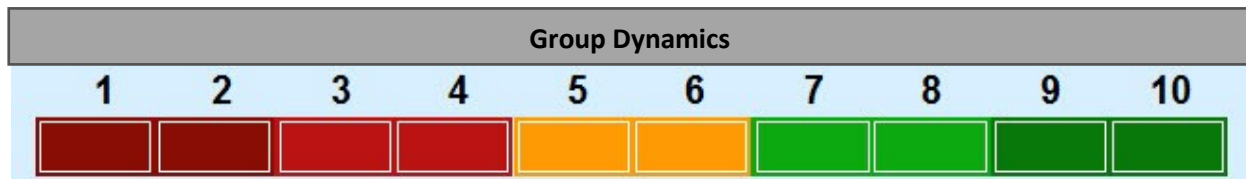


Rate your PAC individually on a scale from 1-10 (circle one number) in the following categories.



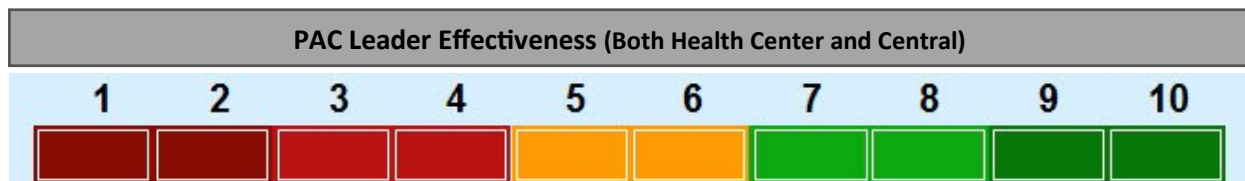
- Inconsistent participation and attendance
- No opportunity for patient advisor input
- No clear goals of objective for meeting
- Starts late or ends late

- 100% attendance and excellent participation
- All advisors participating in discussion
- Clear goals and objectives for the meeting
- Start on time and end on time



- Member hesitate to encourage change
- PAC does not represent community we serve
- Unable to move beyond their personal view to represent others/ focus areas of service

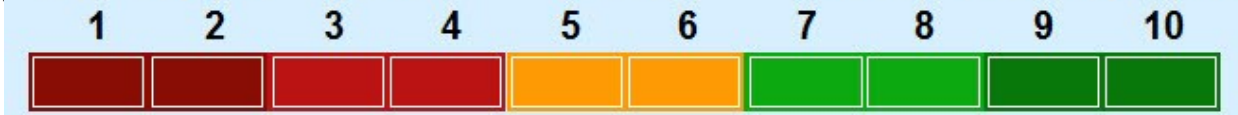
- All members consistently provide honest and candid conversation on ways to improve
- All member share the perspective of the patient beyond their own personal experience
- PAC members represent community we serve



- Does not seek new ideas and has own agenda
- Not prepared for meeting
- Lack of circle back and follow up on previous discussions
- Guests are unprepared and unable to engage council
- Dominates conversation and does not engage

- Fosters environment for input from PAC
- Engages PAC early in development stage for a new project or initiative
- Always follows up and communicates updates
- Always prepares guest/presenters to seek input
- Uses clear visible notes during meeting
- Uses excellent facilitation skills to hear all view points

PAC goal alignment with PAC, Health Center, and Primary Care strategies



- No alignment with PAC, health center or primary care goals.
- PAC is unaware of health center goals and True North
- PAC is not engaged in setting goals for health center and primary care
- PAC does not address needs of patients

- PAC goals and meeting topics are 100% aligned with health center or SFHN primary care goals.
- PAC is aware of health center goals and True North.
- PAC helps shape the development of goals and strategies.
- PAC supports expressed needs of patients

Health Center: _____

What is your role? (Please Circle one): Patient or Family Advisor Health Center PAC Leader (staff)

Name (optional): _____ **Date:** _____

Additional Notes
Meeting Effectiveness:
Group Dynamics:
Leader Effectiveness:
Key Strategies Alignment: