



## WMC Patient Advisory Council (PAC) Job Description

### **Title: Patient Representative**

**Reports To:** PAC Chair(s), WMC Council Liaisons

**Status:** Independent Contract, 12 months

#### **PAC Mission**

We are a group of patients who advocate for the WMC Community to continuously improve the patient experience. We strive to increase the health and wellbeing for each WMC patient.

#### **PAC Vision**

We will build relationships with the WMC Community to listen, learn, and seek opportunities to promote personal, compassionate, patient-centered care.

#### **Priorities for PAC:**

- 1) Create handouts with diagnoses, treatments, medications, care team information, and important medical history. Support WMC in creating a digital version of care plans available to patients.
- 2) Learn about patient and local community health resources and services. Develop partnerships that avoid duplication of services already provided to patients or advance current services.
- 3) Continue to gather feedback from patients to inform PAC Priorities, and the overall patient experience.

#### **Summary of Responsibilities:**

- ✎ Attend Council meetings on the 4<sup>th</sup> Tuesday quarterly, at 5:30pm-7:30pm
- ✎ Attend Sub-Committee Meetings on the 2<sup>nd</sup> Tuesday monthly, time depending upon Sub-Committee choice.
- ✎ Voice ideas or strategies for clinical care and quality improvements offered at Westminster Medical Clinic.
- ✎ Assist the PAC Chair(s) and Secretary to facilitate best Council meetings through participation in person, through email, or by phone.

#### **Patient Advocate Skills:**

- ✎ Abilities, Confidence, and Willingness to:
  - Communicate with peer-Council members, Westminster Medical Clinic staff, patients, and community organizations using strong skills: listening, verbal, and written.
  - Explore and brainstorm all ideas offered by patients and community organizations in a solution-oriented way.
  - Be a team player and determine the *best* decisions as a group.
  - Be compassionate in discussing sensitive topics.

#### **Additional Requirements:**

- ✎ Maintain confidentiality with:
  - All patient information in accordance with practice, State, and Federal regulations under HIPAA.
  - Westminster Medical Clinic confidential, strategic, and proprietary information.
- ✎ Complete PAC Selection process:
  - Submit responses to both essay questions listed below to [pac@westminstermedicalclinic.com](mailto:pac@westminstermedicalclinic.com) -
    - *Why do you want to participate on the PAC?*
    - *Why should you be selected as a Member of the PAC?*
  - Submit a personal recommendation to [pac@westminstermedicalclinic.com](mailto:pac@westminstermedicalclinic.com)

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- Please request the person include why he/she believes you would be a strong Patient Representative and liaison with our local community. It is important to us to have representatives that are well-received in their local communities because the Council facilitates community outreach activities. We request spouses are not asked to write personal recommendations.
- After essay response and personal recommendation submission, the current PAC cohort will make final selections. A current PAC member will contact selected individuals. The current PAC member will call your home or cell phone listed at Westminster Medical Clinic.
- A PAC member will notify you if selected. You will be asked to please send PAC an acceptance of the position in writing to [pac@westminstermedicalclinic.com](mailto:pac@westminstermedicalclinic.com)
- Attend the next PAC monthly meeting after acceptance.
- Complete the following **before your first PAC monthly meeting** –
  - Independent Contractor Agreement form
  - Background Check form
  - HIPAA Certification regarding privacy and security of protected, personal health information (60-minute webinar and quiz)
  - Signed PAC Patient Representative Job Description

**Patient Representative Name:** \_\_\_\_\_

**Patient Representative Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**WMC Practice Administrator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_