

Patient and Family Advisory Council

Annual Report: October 1, 2012 – September 30, 2013

PLANNING

St. Elizabeth's Medical Center (SEMC) developed a Patient and Family Advisory Council (PFAC) Plan and Bylaws during Quarter 4, 2009. The plan was reviewed and approved by the Senior Leadership Team (SLT); the plan was shared with the Patient Care Assessment Committee, the Medical Staff Leadership, operations and frontline managers.

The goals of the PFAC are as follows:

- Strengthen decision-making by drawing upon the diverse experiences and viewpoints of the people who look to SEMC for care;
- Offer insight and recommendations for improving quality, service, safety, access, education, and patient and family satisfaction and loyalty;
- Serve as a coordinating mechanism receiving and responding to patient and community input, and channeling information, needs and concerns to staff and administration;
- Enhance relationships between our hospitals and patients/families and the community; and
- Reflect the unique culture of the hospital and reflect the socio-demographics of the hospital's patient service area.

MEMBERSHIP

Qualifications and Eligibility

Patients, family members, and staff of St. Elizabeth's Medical Center are eligible to be members of the Council. Members should be committed to working together with SEMC staff and physicians to understand the needs of the constituents they represent, and to implement programs and policies to address health care challenges within the Medical Center and the community it serves.

Council Makeup

The Council's voting membership will be made up of a broad base of up to 12 patients and/or family active members (at least one-third patients) and up to 8 staff members from St. Elizabeth's Medical Center. Staff members are defined as either employed by SEMC or, if a physician, on staff at SEMC.

Membership of community representation continues to be a challenge; however we were able to add two new members this year. Both members have distinguished long standing relationships with the local community.

Participation

Members are expected to participate in quarterly meetings (2-3 hours in duration) and serve on various committees or project teams requiring a varied number of hours.

Active Membership

A term of Active Membership consists of one year, renewable each year for a maximum of 3 terms. Individuals will be polled for their preference for continued membership at the end of each year. All active members must be in compliance with the SEMC requirements for active volunteer status, or be an employee or physician at SEMC.

Recruitment

Council members and the Medical Center's staff and physicians were utilized to recruit current members and may recommend future members.

Selection

Patient and family members completed a PFAC Application Form. The Council's program manager conducts telephone interviews with the candidates. After successful completion of the telephone interview, the candidates are invited to attend the upcoming Council meeting to determine their interest. Members selected represented the community served including: local patients and a patient who travel from a distance; patients and/or patient's family; volunteer representations; and secondary to the academic institutions in the community, a student representative.

Co-Chairs

The Council has two Chairpersons, known as co-chairs. One co-chair is a staff member of SEMC and one is a patient and/or family member.

The co-chairs are responsible for setting Council meeting agendas, chairing and conducting meetings, coordinating between Council members and staff, providing leadership for Council members, and serving on SEMC's committees where the Chairpersons are specifically requested.

Election Procedure

The first three year term of the co-chairs had come to a close and it was time to hold new elections. The Patient and/or Family Chairperson was elected by the affirmative vote of two-thirds of the members present and voting at the December 2013 meeting. The Staff Chairperson was appointed by the SEMC Senior Leadership Team (SLT). The community co-chair was re-elected for another term. He is a community business person who is and has been served by the organization and whose family also receives care at SEMC; the staff co-chair is the current Director of Quality and Patient Safety.

Term

The standard term for a Chairperson will be two years. The term of office will begin the January 1st after the office is elected, unless otherwise specified.

The co-chairs will interview any new or potential members to the quarterly meeting. The co-chairs, with consideration of comments from the Council and staff, will determine the candidate's eligibility for membership. The co-chairs will notify the potential member of the decision. Staff members will be appointed by the SEMC co-chair and/or the Senior Leadership Team.

Going forward, candidates for the patient and/or family member co-chair position will be nominated from Council members having at least one year of experience as a Council member. A nominating committee may be selected by the Council. Nominations will also be accepted from the floor prior to election.

MEETINGS

Regular Meetings

Regular meetings of the Patient and Family Advisory Council will be held quarterly at the convenience of the Council unless otherwise ordered, presuming the presence of a quorum. The PFAC meets quarterly. The Council met four times during the past 12 month period.

Special Meetings

Special meetings may be called by the Council Co-chairs as they deem necessary. Council members will be given at least 72 hours notice of the meeting schedule and agenda.

Quorum

An official meeting will require the presence of a minimum of one-half of the members to be called to order and at least half of the members present must be a patient or family member.

ROLES AND RESPONSIBILITIES OF THE PFAC

The role of the PFAC is consultative. Members will be expected to serve as the “voice of the customer – our patients and families.” In this role, members will help to facilitate patient and family participation in hospital care and decision making, information sharing, policy, and program development.

POTENTIAL PFAC ACTIVITIES

The PFAC, as a group or individual members may be involved in the following activities:

- New program development
- Patient and family education
- Development of new education materials
- Review of new or existing materials
- Orientation and training
- Participation in committees
- Patient satisfaction strategies and/or activities.

October 1, 2012 – September 30, 2013 ASSESSMENT OF ACTIVITIES

During the above timeframe; the council met four consecutive quarters

- The membership heard a presentation from the Oncology Patient Navigator for the new Hematology/Oncology clinic. Later that evening the committee toured the SEMC and Dana Farber Cancer Institute (DFCI) new Hematology/Oncology Unit
- Two PFAC community members presented at Swartz Rounds. The presentation was given to residents and medical staff for the purpose of family members sharing firsthand experience and stressing the importance of compassionate care.
- In place of a formal third quarter meeting, in May 2013 community and hospital staff members attended the first annual PFAC conference sponsored by Health Care For All,
- A presentation and discussion was held to inform the committee about the “MOLST” (Massachusetts Medical Order for Life Sustaining Treatment) form. MOLST are written instructions on a *medical order form* about life-sustaining medical treatments from a clinician (physician, nurse practitioner or physician assistant) to other health professionals (e.g. nurses, EMTs), based on the patient's own preferences.
- The Steward System Vice President of Quality shared several patient teaching tools that were being trialed with other Steward PFAC's. The tools are visual guides for the patient's to use while in the hospital as well as when they go home.

As is our practice, at each meeting at least one of SEMC's Senior Leaders updates the council on many of the current Quality initiatives at SEMC. As well, the leaders have enlightened the council on the direction of Steward Health Care.

Respectfully Submitted:

Thomas M Dooley, SEMC PFAC Co-Chair September 30, 2013
Director, Quality and Patient Safety