

# Patient and Family Advisory Council

## Patient and Family Advisory Council

### Annual Report: September 1, 2011 – September 30, 2012

#### **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.

The SEMC in affiliation with Dana Farber Cancer Institute (DFCI) is opening a new Hematology/Oncology Unit later this year.

#### **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.

During 2012, SEMC's PFAC received resignations from both patient/family for personal reasons and staff due to change in employment. . Keeping with our desired goal for this year we are very pleased to have added a strong representation from our Oncology Program. A retired nurse and her husband who is a SEMC oncology patient have joined the council as well as the Nurse Manager of the Hematology/Oncology Clinic. We also added a new patient/family member during the summer of 2012.

## **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. During this evaluation period all members met the participation requirements.

## **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 Patient and/or Family Chairperson was elected by the affirmative vote of two-thirds of the members present and voting at the March 2010 meeting. The Staff Chairperson appointed by the SEMC Senior Leadership Team (SLT). New elections will be held for the 2013 -2015 term.

The current co-chairs are a community business person who is and has been served by the organization and whose family also receives care at SEMC; and staff co-chair is the 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 REPSONSIBILITIES 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, 2011 – September 30, 2012 ASSESSMENT OF ACTIVITIES**

To date, the SEMC PFAC has:

- Met four consecutive quarters
- Interviewed and selected patient/family members.
- Selected SEMC Oncology/Hematology staff council member
- At the request of the council, a guest SEMC Senior Leader has been added to this year’s agenda. At each meeting 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.
- Patient Satisfaction is a driving force behind the councils desire to help shape the patient and family member’s experience. Council members shared both positive

feedback and areas perceived to require improvement. One particular area identified for improvement was communication with the resident physicians. Following the June, 2012 meeting this identified area for improvement was introduced at the New Resident Orientation to Quality and Safety.

- Patient Satisfaction Data was reviewed in detail at the June meeting inclusive of Oncology Patient Satisfaction.
- One meeting was devoted to Culture of Safety Education for the council members.
- The council has provide valuable feed back to the Senior Leaders of the importance of the “Hourly Rounding” program conducted by Nursing, and the expectation of the patient and his/her family.
- Our members openly share with the council their experiences as patient’s and family members. Both positive and negative.

In November some of our members will present their personal experiences at the “Swartz Rounds” to an audience of Physicians, Nurses and Leaders. One of goals for the 2012-2013 year is to increase the community membership.

Respectfully Submitted:

Denise J. Mehegan, SEMC PFAC Co-Chair    September 29, 2012  
Director, Quality and Patient Safety