

Patient and Family Advisory Council Annual Report

October 1, 2014 – September 30, 2015

PLANNING

St. Elizabeth's Medical Center (SEMC) developed a Patient and Family Advisory Council (PFAC) Plan and Bylaws during the fourth quarter of 2009. The plan was reviewed and approved by the Senior Leadership Team (SLT) and shared with the Patient Care Assessment Committee, the Medical Staff Leadership, and 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 for receiving and responding to patient and community input and channel 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 twelve patients and/or family active members (at least one-third of whom should be patients) and up to eight 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.

Community representation within PFAC membership continues to be a challenge; however, we were able to recruit three new members this year. All of our new members have distinguished and long-standing relationships with the local community and with the hospital.

Participation

Members are expected to participate in quarterly meetings (approximately two 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 three terms. Individuals will be polled for their preference for continued membership at the end of each year. All active members must either be in compliance with the SEMC requirements for active volunteer status or be an employee or physician of SEMC.

Recruitment

Council members and the Medical Center's staff and physicians were utilized to recruit current members and may recommend future members. In addition, over the course of the year, the PFAC developed several marketing tools designed to recruit new PFAC members, including digital signage, flyers, and two posters. The flyers are distributed via waiting areas and the cafeteria as well as through recruitment tables at the hospital. The digital signage is posted on hospital virtual bulletin boards and on the hospital's Facebook page.

Members are provided with free parking and a dinner for each PFAC meeting. In addition, members may be reimbursed for the cost of attending Health Care For All's annual PFAC conference. Throughout the course of the year, PFAC members (along with all other hospital volunteers) are recognized through tenure recognition events, appreciation events, and inclusion in other employee award and recognition events.

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 next Council meeting to determine their interest. New members must complete, among other things, a review of immunization records and a CORI background check along with an orientation in order to establish membership. Members selected represented the community served and may include: local patients and those who travel from a distance; patients and/or patient's family; and volunteer representations.

Co-Chairs

The Council has two Chairpersons who serve 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

Chairs

The Patient and/or Family Chairperson were elected by the affirmative vote of two-thirds of the members present and voting at the December 2014 meeting. The Staff Chairperson, Sasha Corken, also serves as the hospital's Patient Advocate. The community co-chair did retire from the PFAC in the summer of 2015 and a new co-chair will be elected in October of 2015.

Term

The standard term for a Chairperson is two years. The term of office begins 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.

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 Council met four times during the period covered by this report.

Special Meetings

Special meetings may be called by the Council Co-chairs as they deem necessary. Council members will be given at least seventy-two 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 as 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.

ASSESSMENT OF ACTIVITIES

During the period covered by this report, the council met four consecutive quarters

- The PFAC engaged in a discussion and review of hospital committees and several PFAC members became members of hospital committees, including:
 - Patient Experience
 - Ethics
 - Quality
- The PFAC engaged in a wayfinding “scavenger hunt” wherein PFAC members attempted to locate various departments or units within the hospital relying only on signage and maps provided to patients and visitors rather than on personal knowledge. Based upon this exercise, recommendations were provided to Facilities for updating and improving hospital signage.
- In addition to the formal third quarter meeting, in May 2015 community and hospital staff members attended the second annual PFAC conference sponsored by Health Care For All in Worcester, Massachusetts.
- PFAC members hosted several recruitment tables designed to increase awareness of the PFAC and its mission and activities as well as to solicit feedback from patients on topics including:
 - “I feel respected by my health care provider when...”
 - “What do respect and dignity mean to you in the hospital?”
 - “The worst thing about being in a hospital is:”
 - “It makes being in the hospital easier when:”
 - “feel respected/disrespected when:”
 - “It frustrates me when my health care provider:”
- The PFAC provided feedback on a patient “comfort cart” staffed by volunteers that offers such items as books, magazines, reading glasses, toiletries, pens, and paper to patients

who are in the hospital. PFAC members offered suggestions for items to include and provided donations for the cart.

- PFAC members participated in a discussion of cultural initiatives that will take place at the hospital over the course of the year to increase cultural awareness and understanding.
- PFAC members were provided a training on MOLST, Health Care Proxies, and other documents that help in the patient decision-making process.

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. Furthermore, the leaders have enlightened the council on the direction of Steward Health Care.

Respectfully Submitted:

Sasha P. Corken
SEMC PFAC Co-Chair
Director of Community Health and Volunteer Services
Patient Advocate
September 30, 2015