

Patient and Family Advisory Council Annual Report

Hospital Name: Winchester Hospital

Date of Report: 10/1/2012

Year Covered by Report: October 1, 2011 – September 30, 2012

Year PFAC Established: 2010

Staff PFAC Contact (name and title): Kathy Schuler, Vice President for Patient Care, CNO

PFAC Purpose, Membership, and Structure

1. Describe the purpose and mission of the PFAC.

To create partnerships among patients, families and staff dedicated to improving hospital programs and the overall quality and safety of care provided.

PFAC Goals:

To engage patients, family members and staff in ongoing communication with a focus on:

- Patient and family centered care
- Quality and safety of care
- Patient education
- Collaboration between staff, patients and families
- Patient and family satisfaction
- Building positive relationships between the hospital and the community we serve
- Providing input on policies and programs, communications, patient satisfaction and hospital planning

2. How do you recruit PFAC members?

Potential members are nominated by the hospital staff, the medical staff and the Board of Directors. Patients and family members can also express interest in becoming a member of the PFAC through the Hospital website.

3. What is your selection process?

All nominations are reviewed by the PFAC selected to represent the populations served by the hospital. Interviews will be held with potential advisors by members of the PFAC.

4. How do you elect officers?

The co-chair of the PFAC is a patient or family member and is elected by the PFAC Council. The hospital representative co-chair is appointed by the hospital.

5. Is there a staff liaison(s) for the PFAC? In what department is the PFAC situated?

The PFAC is in the Patient Care Services Division. The Vice President for Patient Care Services serves as the executive sponsor. The executive assistant to the Vice President for Patient Care is the staff liaison.

5. What is the size of the PFAC?

The PFAC consists of 15 members. Membership is comprised of the following:

- **Nine patient/family advisors** representative of the community and population served by Winchester Hospital.
 - ▣ One patient/family advisor co-chairs the council
- **Six staff advisors** selected from diverse areas of the hospital
 - ▣ Three of the staff advisor positions are held by the following:
 - One member of the medical staff
 - One executive sponsor
 - One member of the Winchester Hospital Board of Directors, appointed by the Chairman of the Board
 - ▣ The remaining three staff advisor positions will be held by:
 - One staff registered nurse
 - One clinical staff member
 - One staff member who works in an administrative or support role
- In addition, the council will be supported by one administrative support person/ liaison.

The Maternal Child Health PFAC is comprised of six parent advisors and three hospital staff members.

6. Are at least 50% of PFAC members current or former patients or family members? How many patient and family members and how many staff members are on the PFAC?

Yes, 60% of the PFAC members are current or former patients or family members. There are nine patient/family advisors and six hospital staff members.

7. What is the term of service for PFAC members?

In 2010, six patient/family advisors were selected. Three have an initial appointment of three years, and three have an initial appointment of two years. In year two, 2011, an additional three patient family advisors were appointed who each have two-year terms. All future advisors will have a term of two years. If a patient/family advisor leaves during their term, a new advisor will be selected for the remainder of the term.

The staff advisors will serve terms as follows: the medical staff representative and Board representative will serve an initial two-year term. The remaining staff advisors will serve a three-year term with the exception of the executive sponsor who will not have a term limit but may be rotated to another executive sponsor at the discretion of the CEO.

8. What are the hospital's attendance expectations? How often does the PFAC meet?

Attendance is important. If a member is absent, their perspective is lost. Spotty attendance or lack of meaningful participation during meetings may result in the co-chairs reconsidering the advisors ability to serve.

The PFAC meets every other month, except during the summer. During the FY12 year PFAC met a total of five times.

9. Do you reimburse PFAC members for any costs associated with attending meetings and/or provide any other related assistance (e.g. free parking, babysitting, etc.).

PFAC members have access to free on-site parking and dinner is provided at each meeting.

10. Are PFAC members representative of the hospital's service community? Explain.

PFAC members are selected to represent a variety of the communities and services of the Hospital. In addition to the Hospital PFAC, there is a separate Maternal Child Health PFAC to better serve the unique needs of that patient population.

11. Who sets agendas for PFAC meetings?

At each meeting the PFAC is asked to suggest agenda topics for the next meeting. In addition hospital leaders periodically request to present various issues to the PFAC. The co-chairs then formalize the agenda.

12. Does the PFAC have subcommittees? If yes, please describe them.

No, currently the PFAC does not have sub-committees. However, as stated above there is a separate PFAC for Maternal/Child Health.

13. To what extent does the PFAC have access to the hospital Board of Directors?

A Board representative is a member of the PFAC. In addition the PFAC co-chairs provide an annual report to the Board of Directors.

14. Are PFAC meeting minutes submitted to the hospital board?

An annual report of PFAC activities is provided to the Board. Meeting minutes are not submitted to the Board.

15. Is there a PFAC section on the hospital website? What is the URL?

Yes, there is a PFAC section on the Hospital website. The URL is www.winchesterhospital.org

16. To what extent did the PFAC communicate with PFACs at other hospitals?

The report from HealthCare for All that provided a synopsis of what other PFACs were working on was distributed to other PFACs.

Orientation and Continuing Education

17. Describe the PFAC orientation for new members. Include in description how often it is given, by whom, and the content covered.

All members of the PFAC who are not currently employed by or on the medical staff of the Hospital will attend an orientation. The orientation will be provided by the Director of Volunteers and will mirror the same orientation given to volunteers, including information on patient privacy and HIPAA. Orientation will be available on an annual basis as new members join the council however, should a council term need to be filled during a year the new member could attend a volunteer orientation.

18. What continuing education was provided to PFAC members this reporting year?

The co-chairs are responsible to create a plan to meet the ongoing education needs identified by the PFAC. During this past year the following education was provided:

- Patient satisfaction survey methodology
- Readmissions
- Role of the oncology nurse navigator
- Market share analysis
- Patient portal

PFAC Impact and Accomplishments

19. On what hospital committees or boards have you placed PFAC members?

A member of PFAC is a sitting member of the Patient Safety Committee and the Service Excellence Response team.

20. In what ways did the PFAC influence quality of care at this hospital? Describe the PFAC's accomplishments over the past year. Also note for each initiative undertaken, did the idea arise directly from the PFAC or did a department, committee or unit request PFAC input on the initiatives? (Questions 23-26 below can inform your responses.)

In its second year the PFAC provided the Hospital with insight on a number of different topics and had an impact on the quality of care at the Hospital.

One of the strategic Initiatives for the Hospital this year was a LEAN initiative on the flow of patients who are seen and discharged from the ED. We were fortunate to have a patient participate in the five day Value Stream project providing insight from his perspective on what in a process added value to an ED visit. The Lean Team working on this project invited this patient to participate on the team, knowing that his ideas would be valuable.

At each meeting of the PFAC the group was informed of the Hospital's plans to explore affiliations. This was done by Kevin Smith, CEO at the October 2011 meeting and at each future meeting by Kathy Schuler, Vice President for Patient Care. The PFAC spoke freely and provided their thoughts on any potential affiliation, both advantages and what they would like to see retained at Winchester Hospital.

The PFAC asked to have a presentation on the market share data for the hospital. This was presented by the Director of Business Development, Deb Fiumedora, at the January 2012 meeting. Following the presentation Ms. Fiumedora engaged the PFAC in discussion regarding market share. Valuable insight from the PFAC was the importance of patients being aware of the capabilities of physicians on our staff. Ms. Fiumedora intended to bring feedback from the group to the marketing and communications group.

The PFAC asked to have a presentation on the marketing plan for the hospital. This was presented by the Director of Communications, John Looney, at the May 2012 meeting. Following the presentation Mr. Looney engaged the PFAC in discussion regarding both their perceptions of the strength of our current marketing and elicited suggestions from the group.

The PFAC asked for information on the hospital's development of a patient portal. This was provided at the May 2012 meeting by the Director of Information Systems, Gerald Greeley. Again Mr. Greeley had the opportunity to speak about this initiative and engage the group in discussion on their thoughts on the project. The group provided valuable feedback, for example they were able to point out the complexity from a patient's perspective should the hospital and each of their physicians have independent portals that don't integrate across the continuum. The group also identified items they would most like to be able to view on a patient portal.

Patient Satisfaction was identified as an area that both the hospital and the PFAC wished to discuss. At the May 2012 meeting Lauren Reardon, Director of Guest Services, met with the PFAC to discuss priorities for improving satisfaction in FY13. The group identified several areas and then identified noise on the inpatient units as the number 1 priority for FY13. This suggestion from PFAC has been incorporated into the hospitals FY13 Strategic Plan.

Feedback from parent advisors of the Maternal Child Health PFAC led to implementation of the following:

- The Cuddler Program, a program where volunteers are trained to rock infants.
- Hanging a Teddy Bear sign on the door of a room to signify that the baby is not with parents but has been transferred to Boston. The sign increases all staff sensitivity to the issue.
- Quiet time for parents. A sign is placed on the door on the request of the mother to signify no visitors while mom rests.
- New infant bassinet placards were made for the isolates.

21. The law allows a hospital to engage its PFAC in a broad consulting role. Did the PFAC advise the hospital on any of the following (please circle):

- a. **patient and provider relationships** - No
- b. **institutional review boards** - Yes
- c. **quality improvement initiatives**- Yes
- d. **patient education on safety and quality matters** - Yes

22. Did the PFAC engage in any of the following (please circle):

- a. **reviewers of publicly reported quality information (see #25 for more specifics)**
No
- b. **members of task forces** - Yes
- c. **members of hospital standing committees that address quality (list committees and how many PFAC members serve on each)**

Yes, a PFAC member sits on the Patient Safety Committee and on the Service Excellence Response Team.

- d. **members of awards committees** - No
- e. **members of advisory boards** - No
- f. **participants on search committees and in the hiring of new staff** - No
- g. **co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees or as participants in reward and recognition programs**-
No

23. Was any of the following information on hospital performance shared with the PFAC? (please circle):

- a. **Serious Reportable Events** - No

- b. Healthcare-Associated Infections - Yes
- c. DPH information on complaints and investigations - No
- d. staff influenza immunization rate- Yes
- e. other

24. Did PFAC quality of care initiatives relate to any of the following state and/or national quality of care initiatives, (please circle):

- a. Healthcare acquired infections - No
- b. Public reporting of hospital performance- No
- c. Rapid response teams- No
- d. Hand-washing initiatives- No
- e. Checklists for surgical procedures- No
- f. Checklist for nonsurgical procedures- No
- g. Disclosure of harm and Apology- 0
- h. Fall prevention- No
- i. Informed decision making/informed consent- No
- j. Improving information for patients and families- Yes
- k. Health care proxies/substituted decision making- No
- l. End of life planning (e.g., hospice, palliative, advanced directives)- No
- m. Care transitions (e.g., discharge planning, passports, care coordination & follow up between care settings) - Yes

PFAC Annual Report

25. Do PFAC members participate in the development of the PFAC annual report? - No

26. Does the hospital share the PFAC annual reports with PFAC members? - Yes

27. Did the hospital share the PFAC annual report with the Board of Directors/Trustees?

How? Yes, the co-chairs of the PFAC presented to the Hospital Board during a Board meeting.

28. Do you make the PFAC report accessible to the public? How? Yes, it is available upon request.

29. Is the annual PFAC report posted to the hospital's website for public access? When was it posted? Yes

Goals

30. What goals or quality improvement strategies, if any, has the PFAC set for the coming year? (Please list.)

The PFAC has expressed an interest in learning about LEAN projects going on at the hospital. In addition, they have set reducing noise on the inpatient units as one of their goals for the year ahead.