



Patient and Family Advisory Council (PFAC) Annual Report for 2014

Introduction

Patient- and family-centered care is central to North Shore Medical Center's (NSMC) institutional goals to eliminate serious safety events and deliver a perfect patient experience. The creation of the Patient Family Advisory Council (PFAC) in 2009 was an important development in NSMC's commitment to patient- and family-centered care. The work of the PFAC is promoted by leadership and garners interest from staff and the community. Combining requirements established by the Department of Public Health (DPH) and best practices from other health care organizations, NSMC's founding members formed a PFAC that reflects the unique characteristics and demands of the Medical Center rather than implementing and modifying another hospital's structure and process. This path has been successful in that over the past five years the Council has become embedded into the operations of the Medical Center.

Mission

The core elements of the NSMC's PFAC mission are:

- Commitment to partnering with patients, families and community members to integrate their perspective into how we deliver care to our patients.
- Patients, families, community and staff members use the Council as an avenue for collaboration and to have input into the design, delivery and assessment of care.
- Support sharing and promote mutual understanding among patients, families and the community regarding the status and outcomes of safety programs at NSMC.
- The ultimate goal is safe and patient- and family-centered care that is culturally respectful at all times.

Membership and Structure

The 15 member Council has a mix of patients, family and community members and staff. All are very enthusiastic and demonstrate commitment to our mission. The co-chair who represents the community brings to the Council a multitude of perspectives as a patient and family member, a professional working in the electronic health record industry and, previously, as a leader working with the developmentally challenged population. The NSMC-based co-chair is the Director of Patient Safety and brings experiences from the patient, family and nursing perspectives.

This year the Council welcomed a new member from the community and one from the Medical Center. The new community member brings a wealth of personal and professional experience, which helps contribute to our ongoing goal of having the Council's membership reflect the population served by NSMC. This member is a cancer survivor, retired military and nursing professor. The new member from the Medical Center works as a patient navigator for oncology in the Community Relations Department of the Medical Center. Additionally, this member

brings experience in working with underserved populations and personal experience with military families. These new connections have already enhanced our avenues for connecting with our diverse populations.

Two community members resigned due to schedule conflicts. Three hospital members, including one who was ad hoc, also resigned from PFAC when they left NSMC to pursue other opportunities. All expressed gratitude for participating in the Council.

The continued use of workgroups to address project-specific work outside of the monthly meetings has proven to be an effective strategy. Workgroup time is coordinated with the participants and generally occurs prior to the Council meeting in recognition of everyone's busy schedules.

The Council met 10 times between October 1, 2013 and September 30, 2014. Meetings are scheduled for one and a half hours each and held at a convenient location on the NSMC Salem Hospital campus. The members find that receiving the agenda and previous meeting's minutes electronically prior to the meeting is helpful. The agenda topics originate at the end of a meeting and are finalized by the co-chairs when planning the next meeting. All members are welcomed to add items to the agenda. Our meeting evaluation process has been very helpful in ensuring effectiveness of the meetings. The members continue to find that an early evening time for the meeting works best so a light supper is served. Parking continues to be available at no charge.

Goals for October 1, 2013 – September 30, 2014

The Council continues to build upon the improvements made in previous years, which influenced the goals for this year. The purpose of the specific goals are to enhance visibility throughout the Medical Center, serve as a forum to promote patient- and family-centered care and provide a "sounding board" for staff seeking patient and family input.

Goal Related Accomplishments Included:

Establishment of a PFAC focus group to reach out to populations we serve who are unlikely to be able to attend or participate regularly at the Medical Center location. The goal is to address patient-centered topics of mutual import. The first focus group created was with a local retirement community that has independent and assisted living facilities. The first topic for discussion was centered on experiences in the NSMC Emergency Rooms and was held on February 6, 2014. The Administrative Director of NSMC Emergency Services and Director of the Emergency Department (ED) on the Salem Hospital campus also participated in this event and were able to respond to questions and comments in the moment. Specific outcomes from the discussion included a staff member of the retirement community attending an ED staff meeting to discuss opportunities to enhance continuity and coordination of care for members of the retirement community.. [If this info. needs to be included, this section needs to be re-written. Confusing as is.]

Sharing of the PFAC's work to enhance the visibility of the Council's work via presentations to different forums and individuals and publications viewed within the Medical Center and the community. Specific presentations and participation in conferences included the following:

- "NSMC PFAC" was presented to the Brigham & Women's Hospital PFAC Symposium on 10/4/2013. This symposium included several of the PFACs within the Partners system, including Massachusetts General Hospital (MGH), MGH's Ambulatory PFAC, BWH, S.

Huntington PC (part of BWH); Nantucket Cottage Hospital and Newton Wellesley Hospital.

- “PFAC – Introduction, Requirements, Goals & Progress” was presented to the NSMC Patient Safety Risk Management Committee (10/4/2013)
- “NSMC’s PFAC – Updates” was presented to the Extended Leadership in December, 2013.
- “Successes, Challenges & the Future of the NSMC PFAC” was presented via a webinar sponsored by Health Care For All broadcast on February 12, 2014. The Council’s strategy to enhance the input from community members by creating a “virtual membership” by partnering with a local retirement community was highlighted.
- “Development and Growth of NSMC’s PFAC” to Moza A Latif Al Ishaq, PhD, Assistant Executive Director of Risk Management, Hamad Medical Corporation, Doha, Qatar.
- Attendance at the 1st statewide conference on PFACs sponsored by Healthcare for All by the community based co-chair and another PFAC member.

Publications included the following:

- *NSMC Now*, December 2013 – cover story
- *Healthy Life*, Spring 2014 – solicitation for new members
- *NSMC Giving* (fundraising publication) Spring 2014 – solicitation for new members

Further enhancement of the PFAC webpage was accomplished by regular collaboration with the Marketing Department to build and modify content. The webpage is designed to serve as another resource that can be used by the community, patients, families and staff in the Medical Center. This year’s work included addition of hyperlinks and formatting that enhances readability. The webpage can be accessed via the following hyperlink:
[http://nsmc.partners.org/patients and visitors/patient family advisory council.](http://nsmc.partners.org/patients_and_visitors/patient_family_advisory_council)

Creation of a PFAC Recognition Award was accepted by NSMC senior leadership with the recommendation to partner with the North Shore Physicians Group PFAC, which readily expressed interest. The purpose of this award is to recognize extraordinary patient-centered and safety behavior; specifically, actions of individuals and/or teams that go above and beyond NSMC and NSPG’s already high level of expectations to promote safety and the perfect patient/family experience. The PFAC Award stands apart from the other outstanding NSMC and NSPG programs that recognize staff in that it reflects our understanding that these exceptionally unselfish contributions may also be in collaboration with the greater NSMC community, including first responders, clergy, the legal system and others. Next steps are to operationalize the nomination and selection process and establish the forum for presenting the award.

Ongoing Goals

Continuing education of council members is part of the standard offerings orchestrated by the PFAC chairs. The Council members reported that these offerings are helpful in broadening their understanding of the complexities of the health care system and to provide contextual background for the work of the PFAC. Such information has included presentations, articles and conferences that have covered the following:

- NSMC’s Strategic Plans for Enhancing Patient and Family Care – M. J. Gagnon, Senior VP of Operations at NSMC, shared plans to advance the care of patients in

the psychiatric programs and the delivery of care for patients in the Emergency Department and inpatient medical-surgical settings. She emphasized that PFAC input will be integral in the design when the plans move forward.

- End of Life Care – C. Reid, MD, Director of Palliative Care at NSMC, presented an overview of this topic along with challenges and successes in other communities across the country to promote “the conversation” and ensuring Advance Care Plan documents are in place and available to care providers.
- “Joy and Meaning at Work” – M.B. Page, MSN, RN, CPHQ, co-chair of PFAC and Director of Patient Safety at NSMC, shared the ongoing work by the Lucian Leape Institute supported by the National Patient Safety Foundation.
- Report out of the Lucian Leape Institute Forum and Gala.

Promotion of safe patient-centered care is an area we aim to embed more regularly. Examples of work achieved this year include the following:

- The PFAC pamphlet, “Your Medication Cabinet” on safe storage and disposal of medications that was created in 2011 is now supplied to the Family Resource Center, High Risk Case Managers and the three inpatient psychiatric units to share with patients and families. The purpose of providing the pamphlet to the latter population is to proactively serve as a guide to remove medication from the environment to which the patient will be returning and eliminate opportunity for unsafe use of medication that could result in self-harm.
- Design of a new Emergency Department and Medical-Surgical Pavilion was the topic of a five-day Rapid Process Improvement Workshop (RPIW) held in January 2014 with a multidisciplinary group of NSMC staff to working to design an environment, processes and work flows to promote patient and family centric care. The community co-chair of the PFAC provided the patient and family perspective.

Ensuring PFAC membership that represents the interests and needs of populations served by NSMC is an ongoing goal. Examples of work to meet this goal include the following:

- Establishment of “virtual membership” by partnering with a local retirement community.
- Two PFAC members met with the Director of the Veterans Affairs Office at Salem State University to promote an opportunity to learn about the needs of veterans and their families in the surrounding communities and make a connection with the NSMC PFAC.
- Establishment of a relationship with the North Shore Physicians Group PFAC and held the first joint meeting in December of 2013.

Serve as sounding board for staff seeking feedback from patients, families and community members. Opportunities to use the sounding board are regularly offered at NSMC’s improvement team meetings. Last year’s goal of providing regular input into construction projects at NSMC will be embedded into the sounding board service of the Council and/or PFAC member participation in the Center’s improvement work orchestrated by the Kaizen Promotion Office. Specific topics that came to the Sounding Board included:

- Preventing C. difficile;
- End of Life Care literature and videos to offer to patients and families;
- “White Boards” designed to serve as a dialogue medium between patients, family members and caregivers;

- Redesign of Partners eCare patient portal.

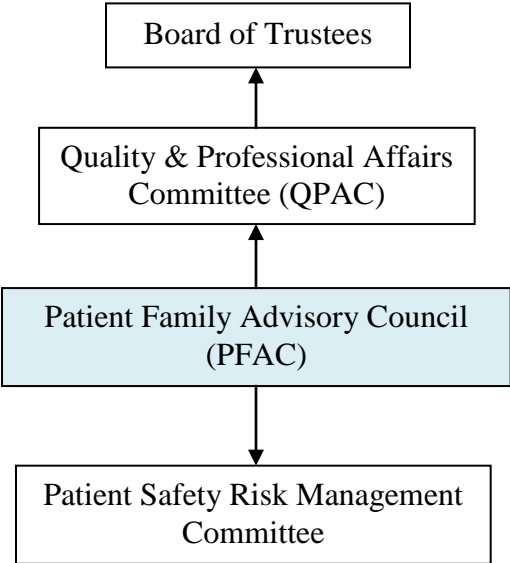
Summary and Next Steps

The Patient Family Advisory Council continues to expand its influence and identity as a resource for patients, families, staff and the NSMC community. NSMC's leadership commitment to patient- and family- centered care as a core strategy to eliminating serious safety events and providing the perfect patient experience sets the stage for the PFAC to meaningfully contribute to this mission.

2014 - 2015 goals include:

1. PFAC Focus Groups –
 - a. Continue work with local retirement community: Hold one or more discussion topics per year and share lessons learned with NSMC staff and provide feedback to retirement community participants.
 - b. Explore options for creating a relationship with a second type of population that is underserved and/or of risk for patient safety and quality concerns and hold a series of discussions.
2. Enhance patient/family participation in NSMC's improvement work, specifically
 - a. The newly established Kaizen Promotion Office
 - b. Addition of PFAC members to one or more patient safety/quality committees
3. End of Life Care – Create an informational tool to promote patient, family, community and NSMC staff's understanding of the importance and benefit of advanced care planning.
4. Ongoing –
 - a. Continuing education of PFAC membership.
 - b. Share PFAC's work internally, within the community and other organizations or individuals.
 - c. Web page enhancement to promote our mission to the community and facilitate community recruitment.
 - d. PFAC Recognition Award presentation.
 - e. Regular offering of "sounding board" services.
 - f. Continue growth and development of PFAC membership

ATTACHMENT 1: PFAC Organization and Reporting Structure

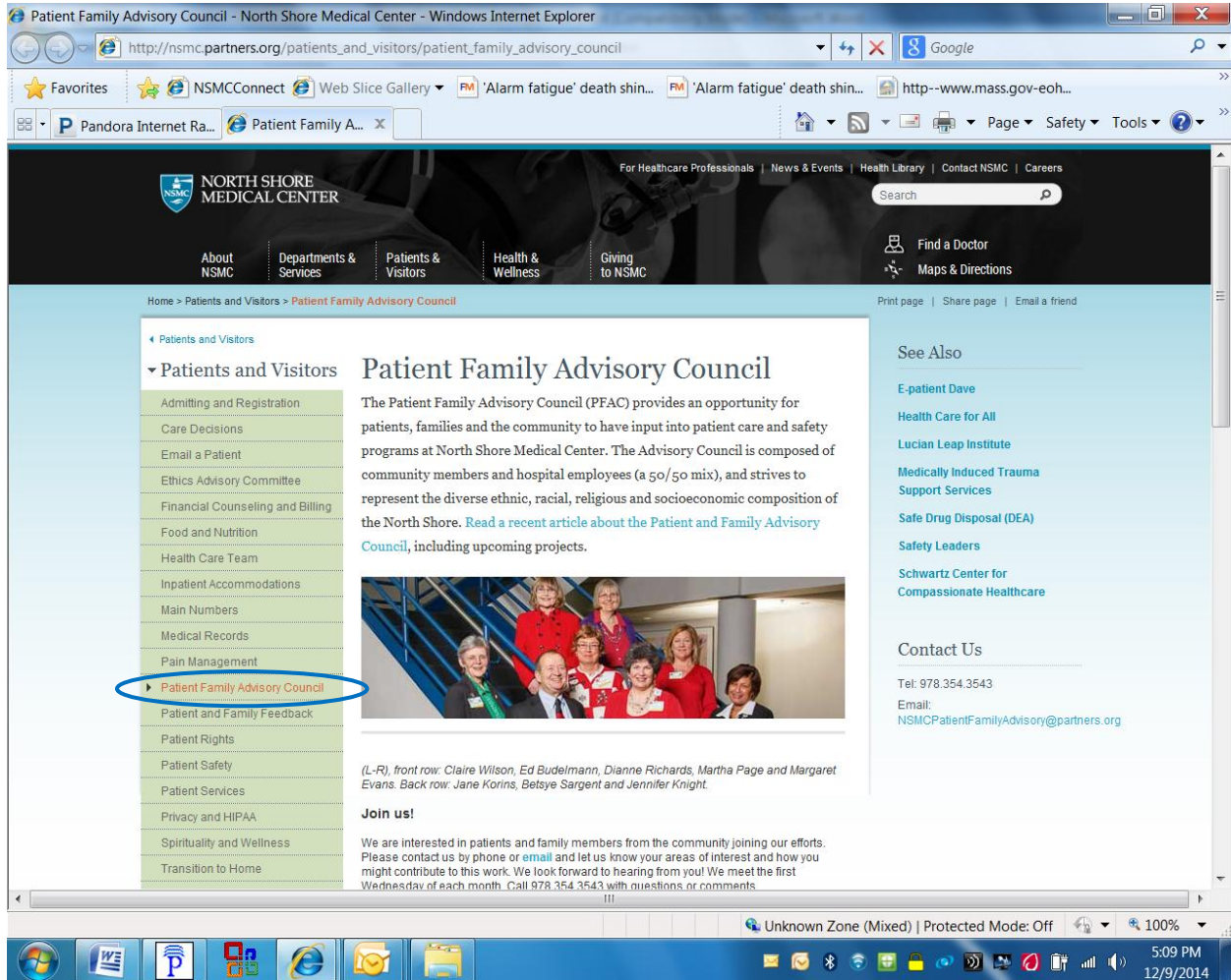


ATTACHMENT 2: Hyperlink and Screen shot to PFAC webpage

Hyperlink:

http://nsmc.partners.org/patients_and_visitors/patient_family_advisory_council

Screenshot:



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