

Baystate Mary Lane Hospital

Patient and Family Advisory Council 2010 Annual Report

Bringing the perspectives of patients and families directly into the planning, delivery, and evaluation of health care is key to quality and safety. The Baystate Health Patient and Family Advisory Council provides a forum for patients and families to participate in decision making, information sharing and policy, and program development.

Supporting continuous quality improvement, communication and planning, the Council consists of a unique and diverse group of community members who can represent Baystate Health's patients and families. PFAC councils at Baystate Health are supported by BC -4.6 HOSPITAL PATIENT & FAMILY ADVISORY COUNCILS (PFAC) POLICY.

Building on the foundation set forth as the adult PFAC was launched last year, goals for the upcoming year include developing a process to select/nominate a member as co-facilitator. Consistent with our vision of providing integrated, coordinated care that is both high quality and efficient, the PFAC council plans to regularly seek input from members aimed at improving transition of care across the continuum.

The goals of the PFAC are to:

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

OBJECTIVE

The objective of the PFAC is to support continuous quality improvement, communication and planning by:

6. Helping BH senior leadership to identify issues and opportunities which have the potential to improve health care and service in relation to one or more of the BH stated goals and strategic plan;
7. Recommending solutions (or refinements to existing) services, programs, policies, communications, and/or business strategies that are more effective in meeting the needs of patients and families;
8. Developing creative, cost-effective solutions to problems and challenges faced by the organization;
9. Promoting respectful, effective partnerships between patients and families and health care providers and administrators;
10. Considering matters referred to them by the Hospital Quality Councils/Senior Management Teams.

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

Members proactively offer advice, information and recommendations on planning, policies, and procedures for Baystate Health. Information from this group will provide BH leadership with an enhanced understanding of how to improve quality, program development, service excellence, communications, patient safety, facility design, patient and family education, staff orientation and education and patient/family satisfaction and loyalty.

Members may:

- Present how patients and families might feel and think about issues concerning quality, program development, service excellence, communications, patient safety, facility design, patient and family education, staff orientation and education and patient/family satisfaction and loyalty;
- Assist in developing a better understanding of patient and family needs and expectations;
- Recommend refinements to BH operations, policies and/or procedures;
- Review selected communication materials to help rewrite them from the patient and family perspective making them more understandable and user friendly;

- Review patient satisfaction survey results and makes recommendations for addressing concerns identified;
- Identify structural and cultural barriers to patients obtaining health care services and recommends strategies to overcome these;
- Act as a sounding board for new (existing) services, policies, health related programs, communications, and business strategies; and
- Identify issues and opportunities for BH consideration;
- Consider matters referred to them by the Hospital Quality Council.

MEMBERSHIP OF THE PFAC

Members will be solicited through regular communications to BH patients, families and the community. Potential members will complete a one –page application. Materials will be available in English and other languages spoken by a majority of patients. Members will be screened, interviewed and selected by each Hospital’s PFAC Co-chairs. The PFAC consists of up to fifteen patients, families and community members and represents a cross-section of the families served by each BH hospital. At least 50% of the PFAC members must be current or former patients or family members (Proposed Amendment to 105CMR 130.000 Hospital Licensure: March 30, 2009).

<p>SELECTION CRITERIA</p> <p>Members will be selected based on the following criteria:</p> <ul style="list-style-type: none"> • Able to listen to differing opinions and share different points of view; • Positive and supportive of the mission of the hospital; • Share insights and information about their experiences in ways that others can learn from them; • See beyond their personal experiences; • Show concern for more than one issue or agenda; • Respect diversity and the perspectives of others; • Adhere to the BH operating principles of respect, trust, collaboration, communication and integrity; 	<p><u>Membership</u></p> <ul style="list-style-type: none"> • Group established and held first meeting in May 2009 with 12 members • Currently 9 members with recruitment under way • Demographics: 11% male 88% female • 1 chair and 1 facilitator <p>The BMLH Patient and Family Advisory Council is chaired by Dr. Khanbabai retired OB/GYN and facilitated by Jessica Hurt, Staff Assistant Diagnostic Services.</p>
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<ul style="list-style-type: none"> • Speak comfortably in a group with candor; • Interact well with many different kinds of people; • Work in partnership with others; • Diagnosis: Represent experiences from key BH service lines; Heart & Vascular Services, Baystate Regional Cancer Program, Women’s Health, Obstetrics, Medicine, Surgery. • Diversity: Represent the ethnic, racial, geographic diversity reflective of the patient population served at each BH hospital. 	
<p>Meeting Requirements</p> <ul style="list-style-type: none"> • The Council shall meet at least quarterly. • Minutes of Council meetings shall be maintained for a minimum of five years. • Minutes of Council meetings including council accomplishments shall be transmitted to the hospital’s governing body. • At least 50% of the Council members shall be current or former patients or family members and should • Members should be representative of the community served by the hospital. 	<p>Meeting Dates & Agenda items</p> <p><u>October 23, 2009</u></p> <ul style="list-style-type: none"> • Signage presentation by the BMLH Interdepartmental Operations Committee • Follow up on Laboratory concerns • Hospital updates provided by senior manager <p><u>November 20, 2009</u></p> <ul style="list-style-type: none"> • Introduction to Quality presentation by the BMLH Quality Department • Hospital updates provided by senior manager <p><u>December 18, 2009</u></p> <ul style="list-style-type: none"> • Orientation and education on BMLH Rehab Services • Hospital updates provided by senior manager • Diagnostic Services update <p><u>February 26, 2010</u></p> <ul style="list-style-type: none"> • Hospital updates provided by senior manager • Discussion and Q&A on East Market Plan • Discussion on cultural diversity at BMLH • Member recruitment discussion <p><u>March 26, 2010</u></p> <ul style="list-style-type: none"> • Hospital updates provided by senior manager

	<ul style="list-style-type: none"> • Mammography education presented by the department • Discussion on Interior Signage Project follow-up. <p><u>May 28, 2010</u></p> <ul style="list-style-type: none"> • New member introduced to the group • Hospital updates provided by senior manager • Discussion on space planning at BMLH <p><u>June 25, 2010</u></p> <ul style="list-style-type: none"> • Hospital updates provided by senior manager • “Patient Satisfaction Results” presented by Terry Kuta Reske • The next meeting held will be an Annual Review Meeting on 9/24/10
<p>Achieving and Maintaining Success with Council</p> <ul style="list-style-type: none"> • Orientation to BH mission, values & structure, PFAC policy • Confidentiality policy reviewed & agreements on file • Special group email to facilitate communication • Group photo by BMC Media Services • Strong attendance • On-site parking during meetings • Chair and facilitator responsible for tracking activities, celebrating successes & maintaining recruitment activities • Early groups synergy, commitment & excitement 	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> • The group recommended hiring a lab assistant to enter orders into the computer to help decrease wait times. The position was posted and filled based on the group’s recommendations. • The group provided senior leadership with regular updates on council activity. • The hospital is actively developing and introducing exterior/interior signage based on recommendations from the group. • Additional handicap parking spaces have been added at the suggestion of the Committee • The need for a Coumadin Clinic at BMLH was expressed to senior leadership and is now in the program development stages.



PATIENT AND FAMILY ADVISORY COUNCIL APPLICATION

If you are interested in joining the Baystate Medical Center Patient and Family Advisory Council please complete the application and return it in the envelope provided.

APPLICATION FOR BAYSTATE MEDICAL CENTER (BMC) PATIENT AND FAMILY ADVISORY COUNCIL

Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Place of Employment _____ Work Phone _____
E-mail Address _____

Please answer these questions as completely as possible. Circle "yes" or "no" where applicable.

1. Why are you interested in joining the Baystate Medical Center Patient and Family Advisory Council?

2. Do you participate on other committees or boards of directors? Yes No If yes, which ones? _____

3. Are you able to make the time commitment to attend three or four meetings a year? Yes No

4. Dinner meetings will be held at Baystate Medical Center, 759 Chestnut Street, Springfield, MA. Does transportation pose any issues for you?
Yes No

5. Do you require any special accommodations in order to participate at the meeting (e.g., sign or other language interpreter, handicap access)? Yes No If yes, which one(s)? _____

6. Are there any other specific concerns you would like to see this group discuss? _____

Thank you,

If you would like more information on becoming a member of the BMC Patient and Family Advisory Council, please call Diane Thomas, RN 413-794-5456 or Maripat Toye, RN 413-794-5399.

If you are interested in joining the Baystate Franklin Medical Center Patient and Family Advisory Council please complete the application and return it in the envelope provided.

**APPLICATION FOR BAYSTATE FRANKLIN MEDICAL CENTER (BFMC)
PATIENT AND FAMILY ADVISORY COUNCIL**

Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Place of Employment _____ Work Phone _____
E-mail Address _____

Please answer these questions as completely as possible. Circle "yes" or "no" where applicable.

1. Why are you interested in joining the Baystate Franklin Medical Center Patient and Family Advisory Council?

2. Do you participate on other committees or boards of directors? Yes No If yes, which ones? _____

3. Are you able to make the time commitment to attend three of four meetings a year? Yes No

4. Dinner meetings will be held at Baystate Franklin Medical Center. Does transportation pose any issues for you? Yes No

5. Do you require any special accommodations in order to participate at the meeting (e.g., sign or other language interpreter, handicap access)? Yes No If yes, which one(s)? _____

6. Are there any other specific concerns you would like to see this group discuss? _____

Thank you,

If you would like more information on becoming a member of the BFMC Patient and Family Advisory Council, please call _____(name)_____, Patient and Family Advisory Council Coordinator, at _____(phone #)_____, or e-mail her at _____(e-mail Address)_____.



**Baystate
Mary Lane Hospital**
Ware, MA 01082

**PATIENT AND FAMILY ADVISORY
COUNCIL APPLICATION**

If you are interested in joining the Baystate Mary Lane Hospital Patient and Family Advisory Council please complete the application and return it in the envelope provided.

APPLICATION FOR BAYSTATE MARY LANE HOSPITAL (BMLH) PATIENT AND FAMILY ADVISORY COUNCIL

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 Place of Employment _____ Work Phone _____
 E-mail Address _____

Please answer these questions as completely as possible. Circle "yes" or "no" where applicable.

1. Why are you interested in joining the Baystate Mary Lane Hospital Patient and Family Advisory Council?

2. Do you participate on other committees or boards of directors? Yes No If yes, which ones? _____

3. Are you able to make the time commitment to attend three of four meetings a year? Yes No
4. Dinner meetings will be held at Baystate Mary Lane Hospital. Does transportation pose any issues for you?
 Yes No
5. Do you require any special accommodations in order to participate at the meeting (e.g., sign or other language interpreter, handicap access)? Yes No If yes, which one(s)? _____

6. Are there any other specific concerns you would like to see this group discuss? _____

Thank you,

If you would like more information on becoming a member of the BMLH Patient and Family Advisory Council, please call _____(name)_____, Patient and Family Advisory Council Coordinator, at _____(phone #)_____, or e-mail her at _____(e-mail Address)_____.

