



LOWELL GENERAL HOSPITAL

**PATIENT AND FAMILY
ADVISORY COUNCIL
ANNUAL REPORT**

FOR THE PERIOD SEPTEMBER 30, 2009
THROUGH SEPTEMBER 30, 2010

Submitted by Sally DeAngelis, Service Culture Manager

INTRODUCTION

The mission of Lowell General Hospital – “Patients First in Everything We Do” is the foundation for our approach to patient and family centered care. Our mission statement further illustrates the connection of the work of the Hospital to our patient and family community.

We are sensitive and responsive to the individual needs of our patients and their family members; we are committed to providing quality care to our patients through a highly trained and motivated staff, state-of-the-art equipment, progressive clinical care, and collaborative teamwork; we continuously evaluate and improve our services to meet the needs of our patients and the community we serve; we go the extra mile to serve our customers with kindness, compassion, and respect.

Our foundation stands on the strength of our Pillars of Excellence – People, Service Quality, Financial and Growth—establishing the groundwork to enable our Hospital to meet the medical needs of our community today and build a legacy of excellence that will empower the healthcare of generations to come.

Lowell General Hospital activities and operations are driven by the needs of our patients and families. We have a long history of engaging in various ways with our community to help guide Lowell General’s vision, planning, initiatives and operations that impact the delivery of care. Methods include participation on Hospital Boards and other governing councils, participation on short-term project working groups, focus groups, and patient surveys.

The addition of the newly created Lowell General Patient Family Advisory Council is a natural evolution and one of the most important additions to our partnerships and collaborations with our community. Through this powerful alliance, patient and families will be a fount of knowledge, sharing their experience and working with us to impact care.

LOWELL GENERAL HOSPITAL – OVERVIEW

Lowell General Hospital is an independent, not-for-profit hospital serving the Greater Lowell area in Massachusetts. Lowell General was organized and incorporated in 1891. The main campus is located in the Pawtucketville section of Lowell. It has 217 Beds and 28 bassinets. There are also two satellite locations:

LGH Chelmsford which consists of The Surgery Center, the Patient Service Center and the Center for Weight Management and Bariatric Surgery; and the Women's Imaging Center in Chelmsford.

Lowell General provides inpatient services include Intensive Care, Intermediate Cardiac Care, Intermediate Medical Care, Medical and Surgical Units, Surgical Services, Oncology, Pediatrics, Labor and Delivery, Maternity, Newborn Nursery, Level IIB Neonatal Care, and a Cardiac Catheterization lab performing primary and elective angioplasty. The hospital's outpatient services include 24/7 emergency care, with over 49,000 patients seen in 2009; diagnostic procedures such as x-ray, CAT scan, PET scan, ultrasound and lab services. Other important outpatient services provided include cardiac rehabilitation, EECF (enhanced electrical counter pulsation), sleep lab and neurodiagnostics, endoscopy, cancer treatment, bariatric/weight management, genetics testing and education, wound healing center, day surgery, physical/occupational and respiratory therapies, pediatric diagnostic testing and treatments, and many educational and support groups.

LGH is a member of the Voluntary Hospitals of America. Hospital programs are accredited by the Joint Commission of Hospitals, the Commonwealth of Massachusetts Department of Public Health, the American College of Surgeons, and the College of American Pathology.

LGH PATIENT FAMILY ADVISORY COUNCIL

Early in 2009, in conjunction with LGH Service Pillar goals and to meet the mission of the Hospital and the LGH Patient Care Services Division "Caring for our Community", a core team of LGH staff began meeting to plan the creation of the LGH Patient Family Advisory Council. The team followed the Massachusetts Department of Public Health Regulations Related to Patient and Family Advisory Councils (105 CMR 130.1800 and 130.1801) and utilized resources provided through the Massachusetts Coalition for the Prevention of Medical Errors and the Institute for Patient and Family Care to establish a work plan submitted to DPH on September 30, 2009.

The first meeting of the Lowell General Hospital Patient and Family Advisory Council was held on September 22, 2010 with 10 patient and family members and three LGH staff members in attendance.

This report describes the accomplishments of the LGH PFAC since our work plan submission in September 2009 through our first meeting in September 2010. They include much of the proposed LGH

PFAC policies and procedures (including structure, selection criteria, roles and more); a summary of our first meeting and a preliminary outline of topics and agenda for the PFAC through September 2011.

LGH PATIENT FAMILY ADVISORY COUNCIL POLICIES AND PROCEDURES

A core team of LGH staff drafted the LGH PFAC Council Policies and Procedures which address the PFAC purpose and goals; membership structure, qualifications, criteria, selection, retention, terms of service and duties and elections of officers; duties; confidentiality; and budget. The core team included the Vice President of Patient Care Services/Chief Nursing Officer, the Director of Quality and Risk, the Manager of Risk and Patient Safety, the Director of Marketing Operations & Community Development, and the Service Culture Manager.

The draft Policies and Procedures were presented at the first LGH PFAC meeting on September 22, 2010. The members of the LGH PFAC are reviewing the draft and will be discussing the content and language at the next scheduled meeting in December 2010.

The policies shall meet the requirements set forth by the Massachusetts DPH Regulations:

- 1) The LGH PFAC Council will meet at least quarterly
- 2) Minutes of Council meetings will be maintained for a minimum of five years
- 3) Minutes of Council meetings including Council accomplishments will be transmitted to LGH's governing body
- 4) At least 50% of the Council members shall be current or former patients or family members and should be representative of the community served by Lowell General Hospital.

LGH PATIENT FAMILY ADVISORY COUNCIL PURPOSE AND GOALS

As proposed in the LGH PFAC Policies and Procedures, the purpose and goals are as follows:

PURPOSE:

- To meet the hospital mission of “Patients First in Everything We Do” and the goal of continuous quality improvement in the area of patient and family-centered care.
- To meet the goal of our Nursing Division Mission (Patient Care Services) “Caring for our Community”.
- To establish and develop a Patient and Family Advisory Council for LGH to meet the recently issued Massachusetts Department of Public Health regulations requiring hospitals to establish

a Patient & Family Advisory Council (Proposed Amendment to 105CMR 130.000 Hospital Licensure March 30, 2009).

GOALS

The goals of the PFAC are to:

1. Strengthen decision-making by drawing upon the diverse experiences and viewpoints of the people who look to our hospital 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 mechanism for receiving and responding to patient and community input, and channeling information, needs and concerns to staff and administration;
4. Enhance relationships between our hospital and patients/families and the community.
5. Reflect the unique culture of the hospital and reflect the socio-demographics of our patient service area.

LGH PATIENT FAMILY ADVISORY COUNCIL SELECTION AND RECRUITMENT

The core team established member selection criteria and a recruitment process. Members were selected based on the following criteria:

- 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 operating principles of respect, trust, collaboration, communication and integrity;
- Speak comfortably in a group with candor;
- Interact well with many different kinds of people;
- Work in partnership with others;
- Represent experiences from key service lines; Heart & Vascular Center; The Cancer Center; The Birthplace; Surgical Services; Weight Management.
- Diversity: Represent the age range and ethnic, racial, geographic diversity reflective of the patient population served at Lowell General Hospital.

Members were solicited through a variety of communications including newspaper advertisements; flyers to community organizations; and through direct mailings to community participants in hospital events. The core team also requested the assistance of LGH staff leadership to recommend potential members who were then contacted by members of the core team. Members completed a two –page application developed by the core team. Applications were screened by the core team, with the Service Culture Manager

conducting telephone interviews. Final selection was done by the core team. A list of future potential PFAC members is kept and updated regularly by the Service Culture Manager.

LGH PATIENT FAMILY ADVISORY COUNCIL STRUCTURE, ROLES, TERM OF SERVICE, EXPECTATIONS, COMMUNICATION, BUDGET, EVALUATION

The PFAC serves in an advice-giving capacity and reports to the LGH Patient Care Assessment Committee (PCAC). The PFAC Coordinator will attend the PCAC meetings twice annually to provide an update on issues addressed and any outstanding issues needing resolution.

The role of the PFAC is solely consultative. Members help facilitate family and patient participation in hospital care and decision making, information sharing and policy and program development.

PFAC MEMBERSHIP AND STRUCTURE

The PFAC consists of 12 to 15 patients, families and community members and represents a cross-section of the families served. At least 50% of the PFAC members must be current or former patients or family members. An additional two to five LGH staff members will serve on the PFAC.

The LGH PFAC will consist of 12 to 15 patients, families and community members and represent a cross-section of the families served. At least 50% of the PFAC members must be current or former patients or family members. The first meeting of the LGH PFAC in September 2010 included 10 patient and family members who represent LGH key service lines and vary in age from 32 to 80, with pediatric patients represented by parents. All are current or former patients or family members of patients. Further recruitment will be done so that our membership represents greater diversity of our community. Members proactively offer advice, information and recommendations on planning, policies, and procedures. Information from this group will provide 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 operations, policies and/or procedures;
- Review selected communication materials to help enhance them from the patient and family perspective making them more understandable and user friendly;
- Review patient satisfaction survey results and make recommendation for addressing concerns identified;
- Identify structural and cultural barriers to patients obtaining health care services and recommend strategies to overcome these;
- Act as a sounding board for new (existing) services, policies, health related programs, communications, and business strategies;
- Identify issues and opportunities for consideration;
- Consider matters referred to them by other LGH Councils and Committees.

PFAC COUNCIL CO-CHAIR(S)

The Vice President of Patient Care Services will serve initially as chair of the PFAC. At a future meeting of the PFAC, a patient or family member will be elected to serve as co-chair of the PFAC. In this role, the Co-Chairs:

- Communicate the purpose of the Committee;
- Communicate what the Committee is empowered to do;
- Present adequate introduction of topic for discussion;
- Keep meetings focused to prevent meetings from centering on personal agendas;
- Avoid unproductive discussions of things the organization cannot do anything about;
- Provide insight into the challenges facing the health care system and hospitals; and,
- Provide education and support.

PFAC COORDINATOR

The Service Culture Manager will serve as the PFAC Coordinator. The Coordinator will:

- Recommend topics, agenda items, and programs for PFAC review;
- Schedule and co-facilitate meetings;
- Review information and recommendations generated by PFAC activities;
- Arrange for written minutes of each meeting that will be shared with members of the LGH Patient Care Assessment Committee;
- Consider each recommendation seriously;
- Implement recommendations deemed to be feasible;
- Respond to all recommendations, whether they are adopted or not;
- Inform the PFAC what has been done with each recommendation;
- Inform the Patient Care Assessment Committee of progress; and
- Monitor and annually assess the Council's process and performance
- Additional staff/administrative support will be provided as needed.

The LGH PFAC will consider additional Council roles and officers as needed.

LGH STAFF PARTICIPATION

Two to five staff members will serve on the PFAC. Other physicians and staff will attend as appropriate including (but not be limited to) the following:

- Manager, Spiritual Care Program
- Manager, Volunteers
- Manager, Patient Safety and Risk
- Director, Quality and Risk Management
- Director, Pharmacy
- Medical Director, Hospitalist Program
- Director, Hospitality & Support Services
- Vice President, Administration
- Vice President, Chief Human Resources Officer
- Chief Financial Officer
- Vice President, Medical Affairs
- Chief Operating Officer/Executive Vice President
- CEO/President
- Board of Trustees member

PFAC MEMBER TERM

The PFAC member term is two years. The maximum term is two, two-year terms. LGH may, in its sole discretion, extend the maximum term of a committee member/s to insure rotating terms.

MEETING FREQUENCY

The Committee will meet at least four times per year. Meetings will be held at LGH at convenient times. Dinner or refreshments will be provided. Accommodations (e.g. sign or other language interpreters) will be made available if needed.

ATTENDANCE

Members are expected to attend 75% of meetings or 3 out of 4 meetings.

MINUTES

Written minutes of meetings are maintained. Written and/or oral reports of activities undertaken, findings, and recommendation(s) are transmitted to the LGH Patient Care Assessment Committee. Minutes will be maintained for a minimum of five years by the PFAC Coordinator.

DECISION MAKING

Decision making by the PFAC will be made through consensus.

COMMUNICATION

The majority of communication with PFAC members and co-chairs outside of meetings is done via e-mail. The PFAC Coordinator is available by phone to answer questions, provide clarification and/or hear suggestions and ideas.

RESIGNATION

A PFAC member may resign at any time by providing written notice of resignation to the co-chairs. Any such resignation shall take effect at the time specified by the member.

REMOVAL

A PFAC member absent from four meetings in succession without notice of absence is automatically terminated. A PFAC member may be removed, with/without cause, at any time, by a Committee chair.

VACANCY

A vacancy in the PFAC caused by resignation or removal will be filled at any time, as recommended by the Council.

ANNUAL DISCLOSURE & CONFIDENTIALITY AGREEMENTS

PFAC members are required to annually disclose their involvement(s) with organizations, vendors, and/or any other associations that might produce a business conflict. Also, each PFAC member will be required to sign a LGH PFAC Volunteer agreement stipulating confidentiality.

CORI CHECK

PFAC members are required to undergo a CORI check prior to final acceptance to the Council.

BUDGET

The budget for the PFAC will fall under the Service Culture Department (9025) and consist of expenses related to food, printing, postage, interpreters, and other related expenses. The current budget is \$1,500.

ANNUAL EVALUATION

An annual report of Committee work that includes the tangible measures of success will be prepared and included in the Patient Family Advisory Council (PFAC) Report to the Patient Care Assessment Committee. The PFAC Report is distributed via web, to LGH staff and the community. The PFAC Report will serve as the annual report for the PFAC, and will be filed with DPH as required.

LGH PATIENT FAMILY ADVISORY COUNCIL ORIENTATION

Orientation and training for the LGH PFAC is considered ongoing. Each PFAC member is presented with a binder which provides an overview of Lowell General and relevant material such as an Annual Report and Organizational Charts. Material will be added to the binder as we go forward. As issues and topics are introduced and/or arise, we will provide “just in time” training. The PFAC Coordinator is available to the members any time to assist with any questions or concerns. As the LGH PFAC develops, we will evaluate orientation methods and make changes as needed.

LGH PATIENT FAMILY ADVISORY COUNCIL MEETING SUMMARY

The first meeting of the LGH PFAC was held September 22, 2010. In attendance were 10 patient and family members who represent LGH key service lines and vary in age from 32 to 80, with pediatric patients represented by parents. All are current or former patients or family members of patients. Also in attendance were the Vice President of Patient Care Services, the Service Culture Manager and the Director of Quality and Risk Management.

The members were warmly welcomed by the LGH staff in attendance. Dinner was provided to members. Members introduced themselves, described their relationship with the hospital and shared their motivation for joining the PFAC.

The Vice President of Patient Care Services introduced The LGH Legacy Project – an ongoing topic for PFAC input. The Legacy Project is a two year, \$95 million initiative that will create a new six-story building on the LGH main campus with 72 private rooms; a new hospital entrance; a new Emergency and Trauma Center; expanded and redesigned outpatient service areas; expanded patient parking and new retail space. A

presentation including images of the new campus and samples of flooring, wall and upholstery coverings were shared with the PFAC. PFAC members expressed initial positive impressions.

The PFAC Coordinator reviewed the PFAC binder and materials with the members. These included a review of the proposed PFAC Policy and Procedures. Members agreed to review them in more detail and will be emailed before the next meeting for their questions, comments and feedback. The PFAC Coordinator will organize the feedback so that at the next PFAC meeting the Policies and Procedures can be discussed in more detail with the intent to finalize them.

LGH PATIENT FAMILY ADVISORY COUNCIL PROPOSED TOPICS THROUGH SEPTEMBER 2011

The next LGH PFAC meetings will take place in December 2010; March 2011; June 2011 and September 2011. Members will work with the PFAC Coordinator to determine the best day/time so that the majority of members may attend.

Proposed topics for the PFAC include regular updates on the Legacy Project and review of Patient Satisfaction survey data (education on the survey process and on data will be provided). We will also ask for input from the PFAC on our Skylight Access system – an interactive television system providing patient education in inpatient rooms. In September 2011, the PFAC will be asked to evaluate the activities, strengths and opportunities of the Council in its first full year.

LGH PATIENT FAMILY ADVISORY COUNCIL ADDENDUMS

- **PFAC flyer**
- **PFAC Application**
- **PFAC Volunteer Agreement**



**You can help shape
Lowell General Hospital
for you, your family and your
community.**

Apply to the new LGH Patient & Family Advisory Council.

The PFAC is a dynamic group of caring volunteer patient and family advisors, LGH clinicians & administrators coming together to strengthen our ability to deliver the highest standard of safe, comprehensive and compassionate patient and family-centered health care.

As a member of the PFAC, you may:

- Recommend refinements to operations, policies or procedures;
- Review selected communication materials to help enhance them from the patient and family perspective to make them more understandable and user friendly;
- Review patient satisfaction survey results and make recommendations for addressing concerns identified;
- Identify structural and cultural barriers to patients obtaining health care services and recommend strategies to overcome these;
- Act as a sounding board for new or existing services, policies, health related programs, communications, and business strategies; and
- Consider matters referred to them by other LGH Councils and Committees

You may apply at any time. The group will meet for 1 1/2 hours four times per year, starting in September 2010. We consider diversity in culture, gender, parenting, and hospital experiences when choosing members. Council members must:

- Come with an open mind and a positive approach.
- Share positive and negative experiences in a constructive way.
- Respect, communicate and cooperate with individuals whose backgrounds, experiences, opinions, and styles may be different from yours
- Be discrete and respect confidentiality.
- Be supportive of Lowell General's mission and goals in providing excellent healthcare services.
- Have a desire to impact our community.

**If you have questions or would like an application, please contact:
Sally DeAngelis, Service Culture Manager, at 978.937.6173**



PATIENT FAMILY ADVISORY COUNCIL MEMBER APPLICATION

Applicant Last Name First Name Middle Initial

Home Address/Street City Zip Code

Home Telephone Work Telephone Cell Phone

Email address Date of birth (18 or over)

How do you identify your race/ethnicity? (choose all that apply)

- American Indian or Alaska Native Asian Black or African American Spanish/Hispanic/Latino White

What language do you speak primarily at home?

Employment Information: Employer Name and Address (if applicable)

Current occupation (if applicable)

Have you ever worked or volunteered at Lowell General Hospital? (check all that apply)

- YES, I worked at LGH. Please indicate dates & position
YES, I volunteered at LGH. Please indicate dates
NO, I have never worked or volunteered at LGH.

Have you or a family member ever used Lowell General Hospital services? (check all that apply)

- YES, I have. I have been an Inpatient Outpatient (i.e. Surgical Services, Cancer Center, Endoscopy) Emergency Room Patient Diagnostic services patient (i.e. Lab, X-ray, MRI, Sleep Lab)
YES, a family member(s) has been as an Inpatient Outpatient (i.e. Surgical Services, Cancer Center, Endoscopy) Emergency Room Patient Diagnostic services patient (i.e. Lab, X-ray, MRI, Sleep Lab)

If YES, have you or a family member used LGH services in the last 12 months? YES No

NO, neither I nor a family member has ever used Lowell General Hospital.



PATIENT FAMILY ADVISORY COUNCIL MEMBER APPLICATION

Please share with us why you would like to be a member of the LGH Patient Family Advisory Council:

Three horizontal lines for writing the response to the previous question.

Is there anything else about yourself you would like to share with us? (For instance, your other volunteer experience, community involvement, family information, professional or personal accomplishments or experiences.)

Two horizontal lines for writing the response to the previous question.

Please provide two personal or professional references: (please exclude relatives):

1) _____
Name Address Phone Relationship to Applicant

2) _____
Name Address Phone Relationship to Applicant

A Criminal Offender Record Information (CORI) check will be completed on all PFAC applicants to Lowell General Hospital. A successful completion of a CORI check is required to serve on the PFAC.

It is the intent of Lowell General Hospital to conform to Federal and State Laws pertaining to non-discrimination.

I declare the above information is accurate and correct to the best of my knowledge. I authorize Lowell General Hospital to make any inquiries to determine my suitability for volunteering membership on the LGH Patient Family Advisory Council.

Signature _____ Date _____

Please complete application and send/fax/email to:
Sally DeAngelis, Service Culture Manager
Lowell General Hospital, 295 Varnum Avenue, Lowell, MA 01852
Email: sdeangelis@lowellgeneral.org Fax (978) 453-1831
Questions? Please call (978)937-6173 or email sdeangelis@lowellgeneral.org.



LGH -Patient Family Advisory Council Volunteer Agreement

This agreement is intended to convey to our PFAC volunteers how important your work is to our organization and to the people we serve. We will do the very best we can to make your experience with us both productive and rewarding. To this end, all new volunteers are required to complete this **Volunteer-Agency Agreement** in which both parties spell out the mutual commitments being made whenever a PFAC volunteer is accepted.

HOSPITAL:

We, Lowell General Hospital, agree to accept the services of _____ beginning _____, and we commit to the following:

1. To provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To respect the skills, dignity and individual needs of the volunteer and to do our best to adjust to these individual requirements.
3. To be receptive to any comments from the volunteer regarding ways in which we might better accomplish our respective tasks.
4. To accept the volunteer's wishes not to fulfill any volunteer assignments that he or she believes to be inappropriate, unsafe or unacceptable.
5. To follow the policies and procedures of the LGH Patient Family Advisory Council.
6. To treat the volunteer as a partner with the hospital staff, jointly responsible for accomplishment of the hospital mission, "Patients First in Everything We Do".

VOLUNTEER:

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made.
3. To accept that becoming a volunteer at Lowell General Hospital is not automatic and that the hospital has the right to release me from my volunteer duties at any time if the hospital believes that doing so is in the best interests of the hospital, its patients or its mission.
4. To attend whatever hospital supplied-training Lowell General Hospital deems necessary for me to perform my duties well.
5. To follow the policies and procedures of the LGH Patient Family Advisory Council.
6. To act at all times as a conscientious member of the hospital team responsible for accomplishing the mission of the hospital.

Agreed to:

PFAC Volunteer: _____ **Date:** _____

PFAC Co-Chair: _____ **Date:** _____

Vice President, Patient Care Services