



*South Shore Hospital
2015 Patient Family Advisory Council
Annual Report (FY15)*

I. Introduction

South Shore Hospital is committed to fully integrating the principles of Patient and Family Centered Care (PFCC), and fully respects and values the important roles that patients and families have in enhancing the quality and safety of health care. Through our PFCC approach, members of our health care team partner with patients and families to make sure we are providing care that best meets the individual needs of our patients. Our hospital intends to continue to involve patients and families in all aspects of care, from planning, to delivery, evaluation and discharge.

The formation and continued growth of our Patient Family Advisory Council (PFAC) is the cornerstone of our commitment to Patient and Family Centered Care. Our PFAC brings together patients, their families and South Shore Hospital administrators, physicians, nurses, and allied health professionals. The Council draws upon the valuable knowledge and experience of its members to help guide our PFCC approach. Our PFAC assists in the development of new services and programs, in finding solutions to problems or challenges and in identifying ways that South Shore Hospital can improve the hospital and home care experience for our patients, their families and our colleagues.

The 2015 Patient Advisory Council Annual Report includes the accomplishments of South Shore Hospital's PFAC (fiscal year 2015).

II. Formation of the Patient Family Advisory Council at South Shore Hospital

The Patient and Family Advisory Council (PFAC) of South Shore Hospital formed in September, 2009, and its first meeting was in January 2010. Meetings are monthly. Home Care Division's Patient and Family Advisory Council was formed in September, 2011 and the Cancer Center's Patient and Family Advisory Council January 2010.

III. Patient and Family Advisory Council purpose and goals

Our PFAC works in active partnership with those who work at South Shore Hospital to promote healing, caring, and comforting that facilitates improved patient experiences, optimal clinical outcomes, and sustained wellness, post-care.

IV. Council members

Qualifications of Council members

Patients, family members and staff from South Shore Hospital are eligible to be PFAC members. Members should be committed to building a partnership of advisors and hospital colleagues, working together to understand the needs of the community members they serve and to implement programs and policies to address the health care needs that align with South Shore Hospital's mission statement:

*South Shore Hospital exists to benefit the people of our region
by promoting good health, and by healing, caring and comforting.*

Potential PFAC members come from a variety of sources, including the PFAC itself, patient advocates, hospital leaders, and our community. A list of potential PFAC members is generated and maintained by the hospital's patient relations department. South Shore Hospital patient satisfaction surveys now include a question regarding interest in becoming a council member.

Selection and retention criteria for Council members

Potential PFAC members complete an application form. An active PFAC member contacts the candidate and conducts a preliminary phone interview. After successful completion of the phone interview, PFAC candidates are invited to interview with two or three PFAC members. Following the interview, recommendations for eligibility for appointment are made to the Council. If the decision is to appoint, one of the interviewing Council members contacts the applicant to extend an offer. The potential PFAC member is given the option to attend a Council meeting before accepting the position.

Member selection criteria

A standard set of interviewing questions/discussion points are used as a guide when prospective candidates are interviewed.

Council member application form

Application forms have been created by the PFAC and are used when appropriate. In-person discussions with council members complement the application process.

Council member recruitment plan

Patient Family Advisory Council members and South Shore Hospital colleagues collaboratively recruit and recommend potential Council members. Requests are made to the hospital's Patient Relations Department. A Recruitment Subcommittee of the Council was created in 2012 to centralize recruitment efforts.

Updates to Council membership

A list of potential candidates for membership on the PFAC, or for taskforce work, is maintained in the hospital's patient relations department.

Makeup of the Council

South Shore Hospital's PFAC comprises 24 members. A total of 15 members are patients, former patients or family members; 5 are hospital colleague representatives; 3 are senior leaders; and 1 provides administrative support. PFAC is guided by three hospital executives:

John Stevenson, MD, Senior Vice President/Chief Medical Officer; Joseph Cahill, President/COO SSH and Sandra Geiger, Vice President of Performance Excellence.

The Home Care Division Council is made up of 12 members. 5 members are community council members, 6 home care council members and 1 direct clinical member.

The Cancer Center Council has 27 council members. 14 are patients and family members.

Council members represent the population served by the hospital

At the time of this report the community representatives of the PFAC consist of eight women and seven men. They represent 9 communities served by South Shore Hospital. Among the members, the Council includes a former paper company CEO, cancer survivors, a retired teacher, a retired nurse, a marketing professional and several other retired and/or active professionals.

Their experiences with patient care at South Shore Hospital include joint replacement, chronic pain, inpatient medical and inpatient surgical stays, visits to the emergency department, pediatric and mother/infant care, cardiac care, cancer care, outpatient diagnostics and testing, and a family member as a care partner.

Election of officers and structure of Council

South Shore Hospital's PFAC officers include three Advisors from hospital senior leadership to the Council and two Chairpersons, known as the Chair and Vice Chair. The Chair and Vice Chair are responsible for setting PFAC meeting agendas, chairing and conducting meetings, coordinating between Council members and staff, providing leadership for Council members, and serving on committees and projects. The hospital Advisors are a resource for the Chair and Vice Chair.

Candidates for the Chair and Vice Chair positions are 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 also are accepted from the floor prior to election.

The Chair and Vice Chair are elected by an affirmative vote of two-thirds of the members present and voting.

The standard term is two years; even if this means the Chair or Vice Chair will serve four, one-year active membership terms. The term of office begins January 1 after the election, unless otherwise specified. The election will be held in November.

A Chair or Vice Chair may resign from office at any time. The Council may choose to elect a replacement to complete the term of the office or to leave the position open until the next scheduled election.

V. Organizing the Council(s)

Using information from the Institute for Patient and Family Centered Care, South Shore Hospital continues to embrace the motto, "Nothing About Us, Without Us" -- a reminder that decisions about patient care must fully involve patients and families. The council's work is guided by the Institute for Patient and Family Centered Care's core principles: Dignity and Respect, Information Sharing, Collaboration and Participation.

Council members' terms of service

A term will be for a minimum of 2 years with the option to renew for a second 2 year term. Maximum term limits will not exceed 4 years. Upon completion of maximum, 4 year term, option to transition to Associate Advisor position for an additional 2 years is available. All Active Members must be in compliance with the participation requirements for active status. Associate Advisors may continue in an advisor without voting privileges.

Attendance expectations

Members are expected to participate in monthly meetings consisting of two to three hours, and on various committees or projects that will require a varied number of hours. Members are expected to participate on a minimum of one committee or project at all times.

Council members' duties

PFAC member duties are to propose and/or participate on hospital teams and committees to assure that certain patient and family perspectives and principles are represented during the creation of improvement processes and policies, as well as during the development of new facilities and services.

Council members may resign or request a leave of absence (LOA) from the Council at any time during their terms. A member may request a LOA when unusual or unavoidable circumstances require the member be absent from meetings for an extended period of time – up to one year. The member must submit his/her request in writing to the co-chairs, stating the reason for the request and the length of time requested. The Chair and/or Vice Chair determine if the request is approved.

If a member cannot return at the end of the requested time period, he/she resigns from the Council. After any resignation, the Council may choose to replace the position or leave it open until the next rotation of members.

VI. Council activities

The Patient and Family Advisory Council at South Shore Hospital had a productive year. In 2015 the council continued to work together to solidify a collaborative patient experience improvement approach throughout South Shore Hospital. To ensure continuity of the Council, PFCC principles/behavior were implemented into the South Shore Hospital culture and PFCC educational offerings were incorporated into GHO and through PFCC week.

In May 2015 the following PFAC goals for 2014 - 2015 were approved by the council:

1. INCORPORATE CONTINUOUS IMPROVEMENT THROUGH LEAN THINKING TO PATIENT FAMILY ADVISEMENT. ENSURE THAT CONTINUOUS IMPROVEMENT ACTIVITIES INCLUDES PATIENT ADVISEMENT AND REDESIGN DECISIONS ARE ROOTED IN THE PFCC PRINCIPLES.

2. EXPAND PFCC EFFORTS TO INCLUDE ELEMENTS ACROSS OUR SYSTEM OF CARE

3. ENSURE PFAC LEGACY THROUGH EXCELLENCE IN RECRUITMENT, ONBOARDING, AND GOVERNING PRACTICES BY BENCHMARKING WITH COUNCILS IN OUR REGION.

2015 was a productive year for the PFAC members and South Shore Hospital. PFAC members collaborated with Senior Leaders and South Shore Hospital Colleagues on many different projects throughout the hospital.

South Shore Hospital continues on the Lean Journey and believes that our customer defines the value of our services. PFAC members have been involved with the Surgical Value Stream, Emergency Department to Inpatient Flow Value Stream and COPD Value Stream to help us identify value add and non-value added to our processes. PFAC members play an important role providing the view of the patient but also helping make sure the four principles are present as we make changes to create exceptional experiences for our patients and families.

PFAC members have been invited to be a part of the planning for the new Intensive Care Units that are to be built in the coming year. Members of the council have been trained by Human Resources to interview managers and above candidates to ensure that potential candidates are knowledgeable about PFCC.

July 2015 South Shore Hospital PFAC, Home Care PFAC and Cancer Center PFAC submitted abstracts from each council for the Institute of Patient and Family Centered Care's International Conference in July 2016. This has been a long time ambition for all councils to have the opportunity to share with other organizations the great work that our councils are doing.

The Human Resources Subcommittee has had a productive year for interviews. PFAC members had the opportunity to interview candidates for several leader positions such as Nurse Manager for several inpatient floors, Directors for Health Information Management and Patient Access, and Executive Director for the Cancer Center. Questions include applicant's knowledge of Patient and Family Centered Care principles. Members submit a written report to HR and this input is considered in the hiring decision. Members of our PFAC also participated in the General Hospital Orientation video for new hires.

The Facility Planning/Interior Design Committee PFAC has been able to expand PFCC efforts across our system of care. Members from PFAC have been working with Building and Facilities Department to help create the Patient and Family Centered Care wall in the Emerson main hallway. There are four pictures of the principles in action on displayed for patients, families, visitors and colleagues to see.

Home Care Division The patient experience committee developed a PFCC training program using best practices and lessons learned. Training is mandatory and will be delivered by staff members. Training can be done live in a classroom or on line. PFAC members had the opportunity of presenting at the Home Care Skills day. The Home Care council has had their first home bound patient request to be involved in the council. Next focus is on patients' complaints and concerns. A group meeting has occurred to talk about current state of current situation and the group has started discussions on a new process.

The Home Care Transition Task Force was created to improve the transition of patients from VNA to Hospices services. Meetings are occurring among colleagues to expedite the exchange of information and coordinate services to improve patient care and address anxiety of patients and family members.

Cancer Center Council has successfully implemented A Patient Rounding program and has been praised by staff and patients. They are now in the process of implementing rounding on Emerson 6, the inpatient oncology unit.

Bereavement committee: is working on a number of projects including bereavement hotline calls are coming from members of the community requesting information on resources, piloting a new process for comfort tray offered to families and bereavement bags for families. A new program has been started called No one dies alone (NODA). They had a successful meeting with 23 volunteers.

The Home Care Division Quality Council has increased its meeting schedule from quarterly to bi-monthly and ultimately to monthly. A Quality Committee dashboard has been created to measure results in key areas of operations. Recent detailed reports have included the scheduling committee, missing transfers OASIS documentation, growth metrics, customer satisfaction, acute hospitalization process and insurance authorization.

Patient Centered Medical Home goal is to help guide the Physician Ambulatory Enterprise in the coordination of care. They are currently working on a design process.

Council member orientation, training and continuing education

The PFCC committee determined the objectives and components of the PFAC member orientation. PFAC members were oriented to South Shore Hospital by members of the human resources department. New members of PFAC are oriented before they attend their first meeting. PFAC members were also encouraged to attend the Introduction to Culture of Service Excellence class and part of their orientation to South Shore Hospital.

The objectives of orientation are to assure that Council members are aware of their PFAC roles and responsibilities, personal and facility safety roles, and responsibilities including their responsibility to safeguard patient and other confidential information.

Orientation includes an overview of the hospital's mission and the PFAC mission. Members of the human resources department along with the hospital's compliance officer review personal and hospital safety topics as well as how to safeguard confidential information. An orientation booklet was created by the human resources department and includes: general information about South Shore Hospital; South Shore Hospital's mission, vision, and values statements; overview of the hospital's ASPECTS of Caring service excellence standards; the role of the patient advisor; patient rights and responsibilities; confidentiality, emergency and safety notification procedures; fire safety; and personal safety. In addition there is collaboration with the Patient and Family Centered Care Subcommittee to develop a plan for recruiting, orienting and on-boarding new associate advisors. PFAC members are encouraged to attend educational programs available to hospital staff and volunteers.

To assure that Council members are comfortable with interviewing prospective leadership candidates, PFAC members may participate in a behavioral interviewing educational program presented by the hospital's human resources department. PFAC members were also invited to attend the Institute of Patient Family Centered Care Seminar in April 2014 and November 2014. In August 2014 two PFAC members attended the 6th International Conference on Patient and Family Centered Care in Vancouver, Canada. In April PFAC members attended the second HealthCare For All Seminar in Worcester, MA.

Council members' engagement across various South Shore Hospital initiatives

PFAC members are actively participating on high impact task forces and committees. Notably this year, the PFAC was asked to participate in the strategic planning process of the hospital. Additionally, the PFAC Chair and Vice Chair presented the work of the PFAC to the hospital's Board of Directors. Currently, there are patient advisors on the Inpatient, Emergency Department and Outpatient Value Streams. This model will grow throughout the upcoming year. There are many other patient advisement activities and evidence of engagement of the SSH PFAC throughout the organization. A complete listing of Patient Advisement activities is attached. PFAC members were also asked to testify at the Department of Public Health hearing for the proposed merger with Partners Healthcare.

Responsibilities of members of the Council in following South Shore Hospital policies

PFAC members are expected to uphold the same standards and requirements as South Shore Hospital employees with regard to safeguarding confidential information. Included in the PFAC orientation materials is information about the applicability of HIPAA.

After completing the HIPAA education and reading the information, it is expected that the PFAC member would:

- Understand and follow South Shore Hospital's confidentiality standards.
- Report any violations of South Shore Hospital's confidentiality standards by calling the hospital's director of compliance.

VII. Council policies and procedures

PFAC meets monthly. Regular meetings are on the third Wednesday of each month from 5:30-8:00 p.m., unless otherwise decided, presuming the presence of a quorum.

Special meetings may be called by the Chair and/or Vice Chair as necessary. Council members receive a minimum of 24 hour notice prior to a special meeting and are provided with an agenda.

Minutes of Council meetings

PFAC meeting minutes are electronic and emailed to PFAC members after each meeting. The Chair and Vice Chair of the PFAC communicate accomplishments to South Shore Hospital's Board of Directors at least annually. In 2015, a presentation was delivered to the Board of Directors in August.

VIII. Support for the Council

The PFAC received clerical support by the coordinator of the patient relations department.

Members of the PFAC are instructed to park in the hospital's Cancer Center garage. Parking is free of charge.

Council budget

PFAC expenses are paid by South Shore Hospital, as part of the Patient Relations Department's budget.

IX. Achieving and maintaining Council success

The PFAC continues to operate utilizing the approved by-laws.

Reporting accomplishments of the Council

Accomplishments are tracked through meeting minutes and reported at least annually to South Shore Hospital's Board of Directors. Accomplishments are tracked by the PFAC itself.

A self-assessment of the Council is completed during the months of November and December. The results of this assessment assist with the ongoing growth and development of the council and its members.

X. Council agenda's

Council agendas are jointly created by the Chair and Vice Chair in collaboration with the hospital's President / COO, Chief Medical Officer, and Vice President of Performance Excellence. Agenda's begin with an open discussion of recent community experiences of South Shore Hospital's services of council member or friends/families of the council members. Agenda's then follow a series of educational, information, and collaboration efforts to advance the improvement of patient/family experiences within the different areas of the organization. Patient Advisement activities of the previous months are then shared with the groups. Council development issues are also discussed as necessary. Updates to recruitment, membership, bylaws, etc. rotate through the agenda as appropriate. There are often guest speakers from areas of the hospital who attend for collaborative discussions with the PFAC. Some guests for 2015 included discussions of Continuous Improvement through Lean Thinking, Palliative Care, Observation Status, and HPSO Clinical Integration. As an example, the agenda from the June 25, 2014 council meeting can be found below:



**South Shore Hospital
Patient and Family Advisory Council
Wednesday, June 25, 2014
Board Room
5:30 p.m. – 8:00 p.m.**

- 5:30 p.m. **Welcome & Shared Experiences**
- Community & Hospital Experiences – All
 - Shared Experiences Follow-Up – Joe Cahill & John Stevenson
- 5:45 p.m. **Advancing the Principles of Patient & Family Centered Care** – Rosemary Phalen & Susan Scavongelli
- Wayfinding and Facilities Update – Robert Rodak, Director, Facilities Planning
 - Advisement Updates – All
- 7:00 p.m. **Organizational Updates – Joe Cahill**
- Progress with our Developing Health System – Joe Cahill
- 7:20 p.m. **Council Governance** – Sandra Geiger
- Strategy Development & Planning (2015 & 2016)
 - Recruitment & Onboarding of New Advisors
 - Council Sub-committees
- 7:45 p.m. Adjourn

Topics for future meetings:

- Involvement in Strategy Development Process – June

Next Meeting: May 20, 2015, 5:30 p.m., Board Room

Advisement Activity	SSH&EC PFAC Representatives	Meeting Dates/Times/Location	SSH&EC Contact Person
Sub- Councils			
Home Care PFAC	Dick Elliott, Chair, Julie Kembel, Bill Curtis, Fran Corbett	1 st Tues, 4:30 p.m. - 6 p.m., HCD	Jann Ahearn
Patient Council of the Cancer Center	Julie Kembel	4 th Mon, 6 p.m. – 7:30 p.m., CC	Lynn Mullarkey
SSH&EC Committees/Teams/Work Groups			
SSH-Outpatient Lean Team	Stephanie Peters	Every other Fri, 8:30 a.m. – 10:30 a.m. Private dining room	Jackie Kilrain Cheryl Coveney
SSH -ED Operating Review Committee (ORC)	John Emler, Susan Scavongelli	2 nd & 4 th Wed, 10 a.m. – 11 a.m. location varies	Jason Tracy, MD
SSH -Quality Council	John Emler, Joanne Tully	E.O. Mon, 7:30 a.m. – 9:30 a.m. Board room	Ben Asfaw
SSH -Care Continuum/H.E.N.	Dick Elliott		Sue Medici
SSH -Ethics Committee	Rosemary Phalen, Frank Daly	1 st Wed, 7:30 a.m. - 9 a.m. OB classroom	Peggy O’Neil Files
SSH -Buildings & Facilities, CC & P6 Project	Sarah Reed, Bill Curtis, Julie Kembel	Monthly, varies (Thurs or Fri) 8 a.m.- 9 a.m.	Bob Rodak Lisa Nisbet
SSH -Bereavement	Julie Kembel, Jill Duffy	4 th Tues, 12 p.m. - 1:30 p.m. Private dining room	Emily Lazar Peggy O’Neil Files
SSH – Front Line Falls Committee	Dick Elliott, Julie Kembel		Jay Michuad
HPSO - Clinical Programs Committee	Fran Corbett, Joanne Tully	April 28, 6 p.m. – 8 p.m. July 20, 6 p.m. – 8 p.m.	Karen McLoughlin Vincent Mangili M.D
Kaizen Event Participation Updates	Varies	Varies	Varies
Written Materials/Communications Review	All	As Needed/Ongoing	Varies

2010 / 2011 COMPLETED ADVISEMENT (sub –committees & one-time opportunities)

Team Elevate

OB/Maternal/ Fetal Renovation

Rehab Services

STARR Initiative

Physician Network Expansion: Community / Hospital Assessment - Consultant Session

Physician Manpower Study

2012 COMPLETED ADVISEMENT (sub-committees & one-time opportunities)

Patient & Family Centered Care Committee

Family Presence Committee

Website Redesign Review

Noise Reduction Task Force

Dining Room / Patient Menu Task Force

Bereavement Committee

Nutrition Clinic

Linen Usage

Mock Codes

2013 COMPLETED ADVISEMENT (sub-committees& one-time and short term Advisement opportunities)

Team Elevate

Physician Network Expansion: Community/Hospital Needs Assessment Consultant Session

Physician Manpower Study

OB/Maternal/Fetal – single renovation project of patient rooms

Rehab Services

STAAR Initiative- converted into the Care of Continuum Steering Committee focusing on hospital readmissions

Strategic Planning

Inpatient Rehab “Walker Markers”

Med/Surg LEAN Linen Project

2014 COMPLETED ADVISEMENT (sub-committees & one-time and short term Advisement opportunities)

Patient Portal

Rounding Program at the Cancer Center

Incoming phone calls into the VNA

Way Finding and Signage

Avasys Virtual Sitter Project

2015 COMPLETED ADVISEMENT (sub-committees & one-time and short term Advisement opportunities)

DOCUMENT REVIEWS

Disclosure of PHI to Family

Guideline for Working with Families of Patients with Mental Health Complaints Requiring

Psychiatric Hospitalization

South Shore Finance Brochure