

Patient and Family Advisory Council (PFAC)
Hallmark Health System
Annual Report: Fiscal Year 2012

Charter Statement: The Patient and Family Advisory Council (PFAC) was chartered in May 2007 with the goal to partner with community members and hospital leaders in order to provide a forum to improve the quality of patient care, safety of the facilities, and identify opportunities to assess community needs in the ***Hallmark Health Service Area.***

Mission: The PFAC is committed to helping the hospitals improve the care that is given by communicating the findings and experiences of patients and families that get their care at the hospitals and the community to the hospital administration.

Purpose: The purpose of the PFAC is to:

- Serve as an advisory resource to Hallmark Health System.
- Increase and improve communication between patient/families, community residents, and staff
- Provide opportunities for staff to listen to and better understand the perspectives of patients, families and community members
- Provides a venue for patients, families, and community residents to provide input into policy and program development both within Hallmark Health System and in community-based programs.
- Assure that improvement efforts and strategic planning meet the needs of Hallmark Health System and the community
- Promotes optimized relationships between patients, families, staff, and the community
- Provides a vehicle for communication between patients, families, community residents, and staff
- Actively helps implement identified changes
- Provides a safe venue for patients and families to provide input in a setting where they are receiving care
- Provide feedback and input around the pertinent issues and activities of the PFAC to the Board Quality Committee of the Hallmark Health System
- Provide input to the Hallmark Health System Community Benefit planning process

Guiding Principles and Scope of Activity:

- Share observations/perceptions of Hallmark Health System: your own, and those of your family, neighbors, friends, etc.
- Identify key opportunities for improvement and specific recommendations to achieve improvement.
- Serve as a “sounding board” for staff seeking patient/family input when evaluating options for change or improvements
- Participate in quality improvement projects as appropriate
- Assist in the development, review and evaluation of patient education materials as needed.
- Recommend strategies for sharing information with the local community regarding services available through Hallmark Health System
- Participate in the planning of improvements for families/visitors of LMH, MWH and ambulatory centers. (What it is like to visit a relative or friend here? What is it like to accompany a relative to an appointment here?)
- Increase community awareness of available services at Hallmark Health System.
- Assist in renovation planning as appropriate
- Participate in the identification of community health care needs to assist in the development of new services/programs and provide input regarding existing programs and services. This input will be provided to the HHS Community Benefits Advisory Council.

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1. Membership established that included:

➤ **Community Members MWH**

- Joanne Lambert
- Karen McGarrahan
- Jim and Ellie Stace
- Gloria Lias
- Dorothy Angelo
- Virginia Caruso Bove

➤ **Hospital Members MWH**

- Judith Thorpe Co-chair
- Deb Cronin-Waelde – ad hoc
- Anthony Alley – ad hoc
- Kellie Smith – ad hoc
- Donna Harvey – ad hoc
- Diana Richardson – ad hoc
- Carol Downes – ad hoc
- Sean Hand – ad hoc
- Susan Morley- Corbett
- Nancy Gaden, CNO Executive Sponsor

➤ **Community Members LMH**

- Marshina Mitchell
- Caroline Resendes
- Noberto Veras
- Robin Watson
- Eleanor Risman
- Phyllis Notaro

➤ **Hospital Members LMH**

- Lori Stevens Co-chair
- Johnna Wasdyke
- Laurie McCadden – ad hoc
- Dauren Nowell – ad hoc
- Eileen Dern – ad hoc
- Nancy Gaden Executive Sponsor

2. Regular meetings have been held since 2007.

3. PFAC 2012 meetings

- Meetings were held monthly on each campus.
- LMH meeting held: May 9, 2012 and September 12, 2012 (combined). MWH meetings held: 2nd Wednesday of each month (excluding summer months).

4. Support for PFAC

- a. Administrative support for the PFAC was through nursing administration

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- b. A copy of this annual report will be available on the Hallmark Health System website.
5. **Membership**
- a. Additional members were recruited from both ambulatory and in-patient settings.
6. **Recruitment Criteria of new PFAC members**
- a. Recruitment was accomplished via discussion with membership and the Co-chairs of the PFAC.
 - b. System leaders identified potential community members that were able to see and articulate the big picture of the system's needs.
7. **Orientation, Training, and Continuing Education for PFAC members**
- a. Orientation of new PFAC members included the purpose, membership guidelines and mission of the PFAC.
8. **Strategies for Maintaining Success with PFAC**
- a. Representative from the Community Benefits Advisory Council attended a meeting to discuss process for meeting community needs.
 - b. A summary of issues was provided to the Senior Executive Team
9. **Council Activities/Accomplishments for 2012 as recorded in the meeting minutes:**
- a. The PFAC membership continued to identify and recruit new members from the community and the Hallmark Health patient population.
 - b. The PFAC membership toured several areas and departments of the hospitals and offered feedback on their impression of the physical and psychological environments as well as suggestions for improvements.
 - 1. On the MWH campus, these areas included renovation of the medical/surgical units and the hospice room, as well as proposed renovations to the Porter Street entrance.
 - 2. On the LMH campus, the areas included the renovation of the inpatient medical surgical units on W2 and W3. In addition, the PFAC members toured the complete updated lobby. (Committee members had recommended finishes for the project.)
 - c. The PFAC membership served as secret shoppers and offered verbal feedback to the departments. At LMH, this feedback was positively focused on the access and facility upgrades and the new presence of valet parking, which all together make negotiating the campus much easier.
 - d. Members were kept up to date on service excellence projects and asked to give feedback from their experiences and those of their neighbors. Members were informed of emergency department process improvements to decrease length of stay and improve quality of care, including the newly implemented process of bedside handoff in the ED which includes the patient, provider, inpatient RN and ED RN.

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- e. The MWH PFAC membership reviewed potential changes to the Discharge Instructions given to all patients discharged home. Feedback was incorporated in the use and development of discharge instructions.
- f. The LMH PFAC membership reviewed the plans to open an Urgent Care Center at the hospital. The group gave feedback as to the hours of operation, the mode of advertising and suggestions for naming the center.
- g. PFAC members at LMH were updated on the Hallmark Health System Community Benefits Plan and asked to give their feedback either verbally or in a survey format.