PFAC ORGANIZATION

New England Sinai Hospital developed a Patient and Family Advisory Council (PFAC) in September 2010.

Purpose
Members of the PFAC have convened with the purpose of creating an environment of collaboration between New England Sinai Hospital staff and patients and their families. Soliciting feedback and suggestions, based on patient experience, facilitates the improvement of patient care and safety.

The Hospital tracks PFAC accomplishments and publishes them in:

Quarterly and Annually,
- The Council reports its accomplishments and Annual Report to the Quality and Safety Committee, PCAC and Board of Trustees.
- The Council’s quarterly meeting minutes are also shared with the Board of Trustees and the Quality and Safety Committee after each quarterly PFAC meeting.

Patient and Family Advisory Council Chapter: Provision of Care Policy is attached.

Budget
The Hospital maintains a budget within the Quality Management cost center for PFAC expenses, including but not limited to:
- Food
- Printing
- Postage
- Interpreters (if needed)
- PFAC Annual Conference
- Free parking is available

Co-Chairs
The PFAC Chairperson holds the hospital position of Patient Advocate. The staff Chairperson was appointed by Senior Leadership in December 2012.
At this time, none of the eligible members are able to take on the commitment of Co-Chair. Candidates for the patient and/or family member co-chair position will be nominated by Council members and will have at least one year of experience as a Council member. Nominations will be accepted from the floor. Co-Chair nominations were discussed, again, during the Council’s September 2014 meeting.

PFAC Members

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dave Baskin</td>
<td>Patient/Family Member, Holbrook, MA</td>
</tr>
<tr>
<td>2.</td>
<td>Susan Dowling</td>
<td>Patient Advocate</td>
</tr>
<tr>
<td>3.</td>
<td>Barry Gold</td>
<td>Patient/Family Member, Sharon, MA</td>
</tr>
<tr>
<td>4.</td>
<td>Amy Kopchell</td>
<td>Interpreter Services Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Good Samaritan Medical Center/New England Sinai Hospital</td>
</tr>
<tr>
<td>5.</td>
<td>Kathy McCarthy</td>
<td>Patient/Family Member, Stoughton, MA</td>
</tr>
<tr>
<td>6.</td>
<td>Arlene O’Connor</td>
<td>Patient/Family Member, Randolph, MA</td>
</tr>
<tr>
<td>7.</td>
<td>Mary Beth Urquhart</td>
<td>Vice President of Patient Care Services / CNO</td>
</tr>
<tr>
<td></td>
<td>RN, BSN, MBA, CPHQ</td>
<td>Director of Quality / Risk</td>
</tr>
<tr>
<td>8.</td>
<td>Patricia Wilkinson</td>
<td>Patient/Family Member, Randolph, MA</td>
</tr>
<tr>
<td></td>
<td>LICSW</td>
<td></td>
</tr>
</tbody>
</table>

63% (5 out of 8) of PFAC members are patient/family members.

The PFAC serves in an advice-giving capacity and reports to the hospital Quality and Safety Committee and PCAC.

Membership Qualifications and Eligibility
Patient/family PFAC members represent the population served by the hospital. Members live and/or work in New England Sinai Hospital’s primary and secondary service areas. They, or members of their families, have received care at New England Sinai within the past few years. The Council is comprised of men and women with diverse religious, ethnic and age backgrounds along with current patient representation.

Recruitment
Recruitment of patient/family members is a continuing goal and pursued via many venues:

- Patient Advocate has direct discussions with current patients and family members regarding PFAC membership opportunities
- Member personal recruitment
- Referrals from social work and other hospital providers
- PFAC applications are disbursed throughout the hospital in magazine racks
- Invitational letters are mailed to prior patients and/or family members
- PFAC application is included within the patient’s Admission book

Orientation / Participation
The PFAC facilitator/member and other hospital staff orient patient/family members as they join the council. Continuing education occurs during PFAC meetings. Orientation topics include:

- New England Sinai Hospital’s history mission, vision, values, and partnerships
- PFAC Policy
The roles and responsibilities of patient/family members are described in the PFAC Policy. All PFAC members sign the same confidentiality agreement as hospital staff.

- A member must be either an employee or current or former patient or family member of New England Sinai Hospital
- Meetings are held quarterly and membership is requested for a minimum of 1 year
- Term of Appointment for the Council is two years

Terms of Membership
The PFAC member term is two years. The maximum term is two two-year terms. The hospital may, in its sole discretion, extend the maximum term of a member to ensure rotating terms.

PFAC MEETINGS
The PFAC facilitator:
- Organizes and facilitates PFAC meetings
- Provides agenda items, topics and programs for PFAC review
- Arranges written minutes that are shared with the Quality and Safety Committee and PCAC
- Prepares and submits Annual Report
- Supports members
- Keeps a secure list of PFAC members and their contact information

Regular Meetings
PFAC met quarterly at 5:00 p.m. in a hospital conference room on:
- December 12, 2013
- March 20, 2014
- June 19, 2014
- September 18, 2014

PFAC Minutes are kept for a minimum of 5 years. Minutes are transmitted to the Quality and Safety Committee and Hospital Board of Directors following each PFAC meeting. PFAC agendas are available for review.

Committee Placement
- Three PFAC members sit on the hospital’s Ethics Committee
- A PFAC member attends the Board Meeting and presents quarterly minutes following each PFAC meeting
- Two PFAC members are part of the Quality and Safety Committee
Goal Suggestions for 2014/2015

- PFAC Recruitment
- Add Patient/Family to at least one additional hospital committee or task force
- Develop and present a poster for 3rd Annual PFAC Conference
- PFAC promotion at new employee orientation

PFAC Impact and Accomplishments (October 2, 2013 – September 30, 2014)

To date, the New England Sinai PFAC has provided their advice, recommendations and approval for:

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Initiative Undertaken</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family Initiated Code Blue / Rapid Response</td>
<td>Code Blue/Rapid Response Committee</td>
<td>1) A hospital committee convened to review all Code Blue and Rapid Response events. The results of these events lead the committee to empower families and patients to place Rapid Response calls. The PFAC Council provided input for signage to be placed in patient’s rooms.</td>
<td>Completed 2014</td>
</tr>
<tr>
<td>2. Rapid Response - 444</td>
<td></td>
<td>2) The Code Blue/Rapid Response Committee presented their work to the PFAC requesting input and advice in assisting family members (visitors) with placing a Rapid Response call and necessary signage. In the past, Sinai had two extensions, one for Rapid Response and one for Code Blue. Now there is one extension number (4-4-4) to streamline calling for either Code Blue or Rapid Response, eliminating two separate extension numbers. Signs were visibly placed underneath each patient’s room clock. The Rapid Response 4-4-4 extension and patient’s room number is prominently displayed. A script was developed for the Operator to assist the caller by prompting the family member in providing the necessary information, i.e. wing and room number.</td>
<td></td>
</tr>
</tbody>
</table>
All hospital phones have stickers with the 4-4-4 number on them, including the interpreter dual handsets.

Code Blue/Rapid Response Policy was updated and approved.

<table>
<thead>
<tr>
<th>3. Experience of Care – Action Plan</th>
<th>Quality Management Department</th>
<th>Press Ganey survey satisfaction scores were used as a base for each department head to establish an action plan to improve patient satisfaction within their respective areas.</th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Patient Experience Initiative – Thank You Cards</td>
<td>Quality Management Department</td>
<td>Upon a patient’s discharge notice, the wing secretary obtains signatures on a thank you card from the patient’s care team. The card is sent to the patient on the day of discharge so that it is received at home within a day or two after discharge. The cards will be sent to all patients discharged to home or a Skilled Nursing Facility.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5. Alarm Fatigue</td>
<td>Clinical Alarm Team</td>
<td>A Clinical Alarm Team was formed to investigate noise reduction options in relation to clinical alarms. New Oximetry probes were identified and alarm parameters were adjusted to eliminate noise.</td>
<td>In Progress</td>
</tr>
<tr>
<td>6. Speak Up Video: Ask Your Advocate to Speak Up</td>
<td>PFAC Council Members</td>
<td>The PFAC Council agreed upon the importance of family members advocating for their loved ones. It was agreed that this important message be visible within the patient’s Admission book. The Council is working to update this section of the Admission book to include things to consider as a support person and the importance of “speaking up”.</td>
<td>In Progress</td>
</tr>
<tr>
<td></td>
<td>Nutritional Services Programs: Banana Bread &amp; Meals for Home Program</td>
<td>Nutritional Services Department</td>
<td>Two programs provided through the Nutritional Services Department were highlighted. The first is a gift bag including homemade banana bread wrapped with a blue ribbon. It is presented to patients that are being discharged home. The gift is used as an opportunity for the Dietitian to remind the patient that they are on a special diet and to provide them with a phone number should they have any questions when they get home. The second program is a Meals for Home program. An order form with a list of meal options is included in the above gift bag. This program provides the patient the opportunity and convenience to receive healthy prepared meals at home. All meals are packaged in microwavable containers along with heating instructions. The meals are available in regular, low sodium and low fat options and can be modified for consistency issues. The orders can be picked up on Friday for a minimal cost and it provides a healthy alternative to “TV Dinners”.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Press Ganey Surveys – Foreign Languages</td>
<td>Corporate / Hospital Initiative</td>
<td>Press Ganey Surveys are now available in eight languages. The surveys will be mailed in the patient’s preferred language.</td>
</tr>
<tr>
<td></td>
<td>PFAC Recruitment - Application Form</td>
<td>PFAC Council Members</td>
<td>The Council’s application form will be revamped to include testimonials from current members stating why they participate on the Council.</td>
</tr>
<tr>
<td></td>
<td>Interpreters</td>
<td>Corporate Guest Speaker</td>
<td>Steward’s Systems Director, Interpreter Services and Diversity Initiatives presented “Innovating the Future of Language Access: Using Technology to Maximize Human Capital”. She highlighted Steward’s focus to increase the percentage of patients receiving language access through qualified interpreters. She shared equipment that is currently available to meet these needs, including a computer application for mechanical ventilator patients that expand upon the cue card theory.</td>
</tr>
</tbody>
</table>
11. 2014 PFAC Conference
Council Chair
Council Chairperson attended the 2nd Annual PFAC Conference hosted by Health Care for All.
Completed 2014

12. Patient Satisfaction Trending Data
Quality Management Department
Press Ganey Dashboards reflecting patient satisfaction were presented at each meeting.
Informational

13. PFAC Recruitment
PFAC Council
Discussions continue in finding new members. It was suggested that we pursue our outpatient population as a possible source of membership.
Ongoing

Reviewed and approved by the New England Sinai Hospital’s Patient and Family Advisory Council on September 18, 2014.

Submitted by: Susan Dowling, Patient Advocate and PFAC Chairperson
Susan.Dowling@Steward.org
781.297.1153

Date: September 30, 2014