Purpose and Goal

Patient and Family Centered Care remains at the core of the Mission, Vision and Values of UMass Memorial Medical Center (UMMMC). The Patient and Family Advisory Council (PFAC) works as a true partner with the Medical Center to bring the patient voice and perspective to improve quality and patient safety, enhance services, enrich the overall patient and family experience, and foster a culture of care and caring at UMass Memorial.

The PFAC advises UMass Memorial on matters including, but not limited to:

- Patient and provider relationships
- Policies and procedures related to care and caring
- Quality improvement initiatives
- Patient education on safety and quality matters to the extent allowed by state and federal law

This year the PFAC took a slightly different approach to goal setting; traditionally the PFAC would create/set their goals based off only the interests of the members. This year the PFAC patient, family and staff members thought it would be best to align with the hospital’s strategic goals to assist in anyway the PFAC could to help the hospital achieve what they have set out to do. Aligning PFAC patient/family members’ interest and passions with those of the hospital has proved successful thus far.

Membership

PFAC membership is comprised of current or former patients or family members who are at least 18 years of age, and UMass Memorial leaders and staff. Membership is reflective of users/providers from a variety of services (inpatient and ambulatory) and of the diverse populations served by the Medical Center.
The UMass Memorial Medical Center PFAC had its first meeting in March 2010. Over the last 4 years some members have reached the end of their term and new members are actively recruited. Our recruitments efforts include our newly designed PFAC brochure, Facebook, and internal communications. We have made additional efforts to increase our diversity through a working partnership with our Community Outreach department. The charter stipulates that 50% of PFAC members be patients or family members; we have sustained more than 50% patient/family member representation since inception. At the close of this year membership included sixteen patient or family members and seven Medical Center leaders or staff. The Medical Center membership includes: the Chief Medical Officer, Chief Nursing Officer, Associate Chief Nursing Officer, Patient Experience Officer, Vice Chair Pediatric Emergency Medicine the Director Patient Experience, and a project manager from the Department of Quality and Patient Safety and administrative support.

Procedures regarding membership are outlined in the PFAC Charter which is reviewed annually, by both patients, families and staff members. It specifies conditions of membership regarding training, orientation, confidentiality, participation, and voting. Membership types include full voting membership; voting privileges may be extended to Associate members. Member terms are 2 to 3 years staggered to balance new ideas of incoming members and gain from the experience of existing members. Honoring our alumni; patient and family advisors who have served a minimum of 3 years may request emeritus membership.

Monthly Council meetings are held on the fourth Tuesday of the month 6pm-8pm with the exception of December and sometimes August, vacations pending. Each meeting had a quorum; minutes are on file and have been shared with the Clinical Performance Council (the governing body to which of the UMMMC PFAC reports).

The Patient and Family Advisory council over the last year has also gained a lot of buy-in from the hospital’s leadership team including the President of UMass Memorial Medical Center. The hospital president attend PFAC meetings on a quarterly basis and reports out on our strategic goals around access, flow, employee wellness, patient experience and finance, and answers any questions the group may have. This buy-in has allowed the
PFAC to engage with various departments and areas throughout the Medical Center. Over the last year, the PFAC has specifically engaged with Marketing (promoting, recruiting, highlighting work, etc.), Human Resources (selection of staff, recognition, etc.), Quality and Patient Safety (focus areas such as falls), Patient Experience (HCAHPS led initiatives), UMass Medical School (incoming medical students, fellows, residents, attending – training), and various inpatient units.

Other hospital leaders that have supported and advocated for our PFAC include Senior Vice Presidents from various divisions/department. Our medical center president feels strongly that patients and families should be engaged in the work we do every day and the decisions that are made that may impact our patients and families. He has recently invited our PFAC to join in and listen in on our monthly leadership meetings, in which over a 100 hospital leaders come together to discuss our strategic goals, current and future state. Each month, one PFAC member attends and then reports out at our regular monthly PFAC meetings.

In addition to the UMass Memorial Medical Center “over arching” Patient and Family Advisory Council, there are some local Patient/Parent & Family Advisory Councils representing specialty services and/or practice sites. These include: The Children’s Medical Center Family Advisory Council, Neonatal Intensive Care Unit (NICU) Family Advisory Council, Pediatric Intensive Care Unit (PICU) Family Centered Care Committee, Barre Community Health Center Patient Advisory Council, Plumley Village Health Services Patient Advisory Council, and the newly established Psychiatric Patient Family Advisory Council.

**Council structure and membership is outlined below:**

- **Children’s Medical Center Family Advisory Council** – encompasses all Children’s Medical Center disciplines.
  - Re-established in October 2011
  - Eleven members: 7 Parent members and 4 Medical Center members
  - Meet 4th Tuesday of the month 6pm-8pm
• **NICU Family Advisory Council**  
  - Established in December 2010  
  - Eleven members: 6 Parent members and 5 Medical Center members  
  - Meet 2nd Wednesday of the month 7pm-8:30pm

• **PICU Family Centered Care Committee**  
  - Established in 2007  
  - Eighteen members: 12 Parent members and 6 Medical Center members.  
  - Meet second Wednesday of the month 9am-10am

• **Barre Community Health Center Patient Advisory Council**  
  - Established in March 2012, still going strong in 2014!  
  - Twenty-two members: 20 Patient/Family members and 2 Health Center members  
  - Meet bi-monthly; 2nd Wednesday of the month 6pm-7:30pm

• **Plumley Village Health Services Patient Advisory Council**  
  - Established in October 2011  
  - Eight members: 4 Patient members and 4 Health Center members  
  - Meet quarterly; lunch time meetings 1 ½ hours

• **Psychiatric Patient Family Advisory Council**  
  - Established in October 2013  
  - Fourteen members: 8 Patient members and 6 Medical Center members  
  - Meet 1st Tuesday of the month 6pm-8pm

Each respective Council has a defined process for selecting Council members. General, considerations include:

- Types of UMass Memorial services the candidate/family member has used  
- Specific areas of interest for improvement  
- Unique skills of the candidate  
- Perspective on key elements of patient and family-centered care  
- Interest in serving on the PFAC  
- Good listening skills and ability to listen to diverse opinions  
- Respect of other’s ideas and perspectives  
- Ability to use own experience to educate and learn and to see beyond own experience
• Realistic expectations
• Diversity, representation of patients and families served by UMass Memorial

All council members must apply for and be approved as Medical Center volunteers through the Volunteer Office, which includes a background check/CORI check. UMass Memorial Medical Center volunteers are allowed free parking while on their volunteer duty. In addition we offer our volunteers an evening meal while in attendance at our monthly PFAC meetings. Recognition and celebration of the current month’s birthdays. Volunteer onboarding includes initial and annual training related to:
  • Infection control
  • Safety and security
  • HIPAA (Health Insurance Portability and Accountability Act) & confidentiality
  • Emergency management
  • Procedures regarding parking/ID badge

Governance

Each Council has its own governance. The UMass Memorial Medical Center PFAC has co-chairs; one is a patient/family member and the second is the Director of Patient Experience. A Project Manager from the Department of Quality and Patient Safety supports the co-chairs.

PFAC Member Engagement & Accomplishments

Collectively, our various Patient/Parent and Family Advisory Councils have partnered with the Medical Center to assess, review and strategize on how to improve the patient experience in the multifaceted spectrum of services within our health care system. Our essential and valued patient/family member council members have rolled up their sleeves and worked in tandem with the Medical Center on patient centered care initiatives. Patient/Family member council roles may include but are not limited to:
  • Patient and provider relationships
  • Quality improvement initiatives
  • Quality of care initiatives
  • Ongoing Participation on committees, task forces, value streams, advisory boards;
- Review of publicly-reported quality and patient experience information;
- Ongoing Participation on committees addressing patient safety;
- Ongoing Participation on search committees and in the hiring of new hospital staff;
- Ongoing Participation in reward and recognition programs;
- Participation in regulatory and compliance issues.
- As co-trainers for clinical and non-clinical staff, in-service programs, and health professional trainees;
- Any other role in accordance with policies and procedures.

**UMMMC PFAC Engagement & Accomplishments:**
Submitted by: Dr. Mariann Manno, Leigh Casillo, Neal Schreckinger, Crystal Lehto

- **Regulatory & Compliance.** Members of our PFAC worked in collaboration with our Chief Compliance Officer to send out communication to patients, families and communities in regards to changes in our billing structure. Our PFAC patient/family members were instrumental in ensuring the communication was clear, easy to understand and soft in tone.

- **Patient-Centered Care.** One of the hospital’s strategic goals is to improve patient-physician communication. A few of our PFAC patient/family members have been involved in a few different initiatives that support this goal. One of these initiatives is called Multiple Mini Interviews (MMI) in which incoming potential medical students of UMass Medical School are interviewed by panels and presented with different scenarios; how the students respond is how they are scored.

- **Patient-Physician Communication.** PFAC patient/family members also participate in Graduate Medical Education patient Experience Modules for interns, residents, fellows and attending physicians by acting out scenarios as patients and participating in the debrief sessions around best communication practices.

- **Patient-Physician Communication.** Our PFAC patient/family members have been involved in the formation and debriefing of our newly formed partnership with UMass Medical School, in which we developed live simulated trainings focusing primarily around communication styles and techniques for our lead attending physicians. The patient/family perspective has been very value added to these sessions and to our attending physicians. One of our PFAC patient/family members was instrumental in collecting data to help us identify communication best practices and break-downs through the patient’s eyes.

- **Marketing.** UMass Memorial Medical Center’s marketing department has engaged the PFAC in a variety of ways throughout the last year. Projects included
patient/family feedback on the newly developed UMass Memorial website, patient and family testimonials of which PFAC members participated and highlighted. Marketing was also inclusive of the PFAC in creating and implementing a Wellness Blog for the Worcester community and beyond.

- **Institute of Medicine Conference: “Building the Patient and Family Advisory Leadership Network for Better Care”** Our goal as a PFAC was to devise an annual plan based off best practices and align with the hospital’s strategic goals. One of our PFAC members went to the Institute of Medicine conference in Washington D.C. and brought back an assessment tool developed by the American Hospital Association (AHA). The PFAC then invited the hospital president to a PFAC meeting to discuss the hospital’s strategic goals. Based off our assessment and the existing strategic goals, multiple PFAC members created a year-long plan with relative goals.

- **Health Care for All PFAC Conference:** The Patient and Family Advisory Council and the Children’s Medical Center Family Advisory Council both were in attendance at this year’s Health Care for All PFAC conference. Attendees participated in both the planning of the event and in various workshops. After the event all conference information was shared with all other PFAC members who were unable to attend. The posters below were showcased at the event in recognizing some recent accomplishments.

- **PFAC Idea Board Rounding.** One of the system goals this year is for the healthcare system is centered on gaining and implementing ideas from front line staff. The PFAC took it one extra step and thought it would be just as valuable to include ideas from our patients and families; PFAC bound and beyond. A subgroup of our regular council came together to plan what this would look like. PFAC patient/family
members go out with a Patient Experience team member onto inpatient units to speak with patients and their loved ones. In that conversation we ask if there was anything we could have done to improve their experience. This data is collected and triaged into three categories: 1. Just do its, 2. Bring ideas to PFAC, potentially start a project (A3s), 3. Escalate ideas/themes to our senior management team via our hospital president, whom which the PFAC reports out to quarterly on this project.

- **“Human Interaction/Communication” Component Team:** PFAC patient/family members are active participants of this team. The purpose of the committee is to promote compassionate and respectful human interaction, encourage family presence, and implement strategies to improve communications that are easily understood by patients and families. The PFAC member has done formal presentations to the PFAC and Patient Experience Steering Committee regarding team progress, such as the implementation of a service recovery model at a pilot practice site. Our PFAC patient/family member co-chair has joined on facilitating Respond with H.E.A.R.T trainings for staff at all levels to enhance the patient experience through improved human interactions and communications.

- **End of Life Planning – Palliative Care.** UMass Memorial Medical Center’s palliative care department engaged PFAC patient/family members in an initiative to increase the use of advance care plans throughout the UMass patient population. The lead physician of this department came to showcase a mocked portal to the PFAC asking them to test the site with much sensitivity. This site is intended for patients and families to use independently to create advance care plans at their own place and discretion. This work will continue throughout the end of 2014.

- **Patient Partner Program:** One of our PFAC patient/family members participates in the “Patient Partner Program” that started in the fall of 2011. This program provides a patient-patient companionship and friendly visit that is a positive distraction to our inpatients. Patient partners provide comfort and conversation to help patients relax, raise their spirits and lend support during their healing process. They engage patients in conversations by listening to topics of interest, thereby providing positive distractions during the patient’s hospital stay. We are currently looking to our PFAC patient/family members to increase our patient partners.

- **Lean - Process Improvements:** PFAC patient/family members participated in a 3 day Value Stream Mapping/Lean event aimed at reducing HCAHPS pain scores and developing a pain management system for patients on an individual basis with no bias. These efforts focused on our Heart and Vascular patients on two inpatient units. This team was comprised of various Heart and Vascular staff including managers, physicians, RNs, PCAs, and administrative staff. These efforts proved valuable as both inpatients units have remained above the CMS benchmark for the last four months.

- **Patient Centered Inpatient Guide.** PFAC patient/family members were involved in designing/updating our inpatient guide. The goal of the inpatient guide is to provide information to patients in an easy-to-find format. PFAC patient/family members reviewed drafted versions of the inpatient guide and provided their input to help make our newly updated guide more patient-centered. This feedback allowed
UMass Memorial to provide an easy-to-read, easy-to-find format for our patients and families.

- **Patient Education: Patient and Family Feedback**: Several PFAC members are working to help the hospital in evaluating newly developed, revised patient education materials. All contributions for patient education are made electronically allowing PFAC members another way to get involved. As patient education materials are approved, those that have been reviewed by our PFAC members get an approval stamp stating that our PFAC patient/family members contributed.

- **Champions of Excellence.** The hospital holds an annual staff recognition event in which staff are recognized for contributions that align with the hospital’s overall strategic goals. Our PFAC was nominated by the Department of Patient Experience for their work they’ve done around innovation. To represent our PFAC, one of our patient/family members attended the event and took part of the celebration.

- **Psychiatric Patient and Family Council.** The 1st Psychiatric PFAC established in a large academic medical center in Massachusetts. This advisory council is dedicated to our psychiatric and behavioral health patients and families. The Psychiatric PFAC (PsyPFAC) seeks to promote the best possible experience of care, healing, and recovery for psychiatric patients, families and staff. With the support of Psychiatric and Behavioral Medicine, the PsyPFAC started up in October of 2013. Some of the focus and goals for the coming year included contributing to improving the experience for patients, including spirituality, exercise, and safety. Some of which can be read about later on in this report, highlighted in the sections below. Some of our PFAC patient/family members on the Medical Center council helped and continue to support the creation and development of this council.

**Children’s Medical Center Family Advisory Council (CMC-FAC) Engagement and Accomplishments:**
Submitted by: Dr. David Fish, Liz Parker-Gagne, Amanda DiBuono

- **Parent Co-Chair.** The council elected a parent co-chair to help lead the council along with the staff member co-chair.

- **Health Care for All PFAC Conference:** Attended the 2nd Annual HealthCare For All Conference in May. It was a great chance to attend informative conference session and connect with councils at other hospitals for ideas and best practices.

- **Communication.** Established an email address to open up communication with families and aid in recruitment efforts. Released a brochure to help promote the CMC FAC and recruit new members.

- **Collaboration.** Regularly communicating and collaborating with the PICU and NICU advisory councils and the PFAC for the entire medical center.
- **Organizational Change.** Participated in 3-day CMC exploratory to help determine the strategic direction of the CMC. Members regularly attend medical center leadership meetings that are hosted by Patrick Muldoon.

- **Patient Parking.** Members have been meeting with Patrick Muldoon and Dean Flotte of UMass Medical School to negotiate parking rate flexibility for families who utilize the UMass Memorial Health Care Children’s Medical Center.

- **Rennovations.** The Council is partnering with the team that is managing the renovations to the 5th floor and pediatric units of the hospital.

**Psychiatric Patient Advisory Council (PsyPFAC) Engagement and Accomplishments:**
Submitted by: Dr. Alan Brown, Dr. Marie Fusaro-Davis, Thomas Landry, Crystal Lehto

- **Establishing:** The PsyPFAC is coming up on its 1 year anniversary. Established in October of 2013, this group created team cohesion by developing their own charter, mission, and vision with all founding members’ input inclusive of patients, families and staff. This PFAC showcases a particularly strong collaboration of caregivers, patients and family members.

- **Recruitment:** Over the last year recruitment efforts have been very high. The PsyPFAC started with 4 patient/family members and has increased to 8 patient/family members. Recruitment efforts continue as we look to expand and broaden the perspectives of our respective council members. One of the greater accomplishments around recruitment is the commitment made by our current patient/family members, in addition to our Psychiatric caregivers, who actively advocate for this council and seek out new members.

- **Promoting:** In addition to recruitment the PsyPFAC has focused on promoting and educating the Department of Psychiatric about its functions and benefits to the department. PsyPFAC patient/family members have been invited to divisional meetings and inpatient planning group meetings in which quality improvement initiatives are discussed and worked on.

- **Tours.** Formal tours were established for psychiatric and behavioral health areas such as Emergency Mental Health and one of the hospital’s inpatient units. This tour gave the PsyPFAC a more current view of the current state and allowed patients/families a look inside the caregivers’ world. The PsyPFAC also had the opportunity to engage with staff to learn about current improvement initiatives as well as progress made since our own patients/families experience in these specific areas.

- **Patient-Centered Safety:** In the last year the council has been able to engage in, and help create solutions for, some safety issues that arose in one of the hospital’s inpatient units. The council has also been involved in helping to rewrite policies relative to safety, ensuring that decisions made have the interests of the patients in mind. They advocated for safety in a humane, respectful approach.
• **Patient-Centered Treatment Plan:** The PsyPFAC also provided feedback in the development of an updated patient-centered treatment plan. The plan now includes questions related to one’s spiritual belief systems and needs, engagement of family, friends, clergy in patients’ inpatient treatment, and focus on patients’ personal interests and values.

• **Patient-Shadowing:** The newest venture for the PsyPFAC involves a patient shadowing project. The PsyPFAC is working, in collaboration with a group of UMass Medical School students and inpatient staff members. The focus of this project is to examine the processes involved in patients’ admission to the inpatient unit. This shadowing project has recently begun, and the PsyPFAC will be involved in reviewing the results and promoting any changes to be made, all in the service of improving patients’ care experiences. During the shadowing process, trained volunteers collect important information about the experience of receiving care at UMMC through the eyes of the patients and families. Our staff at various sites can call on the shadowing team to provide critical data and feedback about what may help improve the overall care.

**Neonatal Intensive Care Unit (NICU) Family Advisory Council Engagement and Accomplishments:**
Submitted by: Erin Lavallee

During this past year the NICU Family Advisory Committee has been busy. Looking over meeting minutes from this past year I can’t help but feel an overwhelming sense of pride in our committee and what we were able to accomplish.

• **Assumption College Study:** Dr. Kuersten-Hogen from Assumption College is conducting a study about the relationship between parents and how it is impacted by their child’s NICU experience. Our committee was asked to participate in the structuring of the study. Dr. Kuersten-Hogen met with our group to get a sense of what families face when their child is in the NICU. She appreciated the committee’s feedback as the dialogue brought up situations she had not previously thought of.

• **Second Annual Parents of Preemies Day:** This past spring we hosted our second celebration honoring the dedication and commitment it takes to be the parent of a premature baby. We had a catered lunch for the families and had a scrapbooking project that was very well received by the families and staff.

• **Parent Binders:** We were asked to look over the unit’s Parent Education Binders from a parent’s perspective. These binders contain information ranging from a NICU glossary of terms to discharge information. Overall the parents found the binder helpful; however, they proposed a few subtle changes (ex., placing the discharge info at the back of the binder instead of the front, some of them had a difficult time seeing that early on when the survival of their baby was still in question…). The families were also each invited to add a paragraph offering support to the current families, a few of our families did contribute a personal anecdote and it adds a nice touch to the binder.
• **Facebook Page:** Our group has created a Facebook Page as a resource for our Current NICU Families, graduates of our unit and the community. It contains; resources for talking with family and friends, A NICU family wish list, relevant articles, helpful tips for navigating their NICU journey, inspiring stories and much more. The Facebook page is; UMASS Memorial NICU Parent and Family Advisory.

• **Bereavement Resources:** It was brought to the group’s attention that though the NICU staff is extremely kind, compassionate and competent when it comes to bereavement situations, the families were going home empty handed. Many other departments offer a memory box to their families. Our group decided this was something important to offer our bereaved families. We did some research and found a vendor that offered a quality product that would meet our NICU’s needs. The nursing staff has used these memory boxes on several occasions and they have reported back to our committee they appreciated having this tool available to them and to have something tangible to offer their families during this incredibly difficult time. The NICU FAC also applied to and was accepted as a recipient site for Angel Gowns (bereavement gowns made from donated wedding gowns).

• **By-Law Amendments:** While evaluating reasons behind our committee’s high turnover rate, parents voiced concerns over the required two year commitment. With young children at home it can be difficult to sign on for two years. Families in our group felt that a one year commitment was more reasonable. We made a motion to, and, accepted several amendments to our by-laws. In addition to the time commitment, we also scaled back the amount of time a family needs to be post their NICU experience and increased the number of terms a member can sit on the committee. We have found these changes to be beneficial in terms of recruitment and retention of our members.

• **Monthly Events:** Due to the success of last year’s Parents of Preemies luncheon we have been hosting monthly events on the unit. A current theme brought up by NICU families is the sense of isolation they feel while going through their NICU journey. After our first luncheon the feedback from families was overwhelming positive. It gave families a chance to come together in a safe, casual environment, share a meal together, create a scrapbook and just support each other. We have hosted Mother’s and Father’s Day events, a cook-“in” and highlighted other days throughout the year. During the lengthy NICU stay for one of our families they looked forward to a couple of fun giveaways held on the unit. They commented it was nice to have something non-medical and fun to think about, even just for a few minutes. With this in mind, they generously provide prizes for monthly drawings on the unit. It is nice to see the excitement build among our families on the day of the drawing each month.

• **Resources:** The group has been hard at work gathering and putting together resources to help alleviate some of the stressors that come with having a hospitalized newborn. They include;

  o A letter for extended family and friends of our NICU families outlining what their loved one may be experiencing while their baby is hospitalized. It also
includes a list of practical ways they can be helpful and supportive to their loved one during this stressful time.

- A ‘Post NICU Survival Guide’ for families that are getting ready to be discharged. It includes tips and suggestions to help allay some of their fears and concerns of taking their NICU baby home.

- A letter for our families to share with family and friends after discharge. It explains in a gentle way why they may do things differently or have a different approach than parents or caregivers taking home a non-NICU baby.

As you can see, we have accomplished many of our goals this year. The NICU FAC is an active, engaged and energized group that is looking forward to continuing our work in the coming year.

**Pediatric Intensive Care Unit (PICU) Family Centered Care Engagement and Accomplishments:**
Submitted by: Dr. Scot Bateman, Patricia Vanasse

- **Parent/Guardian Access:** Wrist Bands for Parents. This allows for parents to not have to check-in and fill out questionnaire every time they enter the Pediatric Intensive Care Unit (PICU).

- **“Children’s Medical Center of the Future”** shared information about the Exploratory. Participated in 3-day Children’s Medical Center exploratory to help determine the strategic direction of the CMC

- **PICU Renovations:** Over the last year the parents on the PICU FAC provided their input on major renovations to the PICU. This year that work was completed and very happy with results

- **Sharing Our Story:** Two parents shared their experience in the PICU with new medical residents.

- **PICU Rounds:** Parents and guardians welcome to join caregiver medical rounds daily.

**Barre Community Health Center Patient Advisory Council Engagement and Accomplishments:**
Submitted by: Susan Begley

- **National Committee for Quality Assurance, Patient Centered Medical Home:** As part of our PCMH/NCQA Level 3 certification, we have developed a very dynamic and engaged group of patients, staff and providers, which make up the Patient Advisory Council (PAC), lead by Cynthia Jeremiah, M.D. and Susan Begley, our Ambulatory Manager at the Barre Family Health Center.
  - Several improvements with our processes and workflow initiatives that centered on our telephones and registration areas.
- Better communication in the health center and throughout the local community has led us to several projects.
- Group is writing an informational column in the Barre Gazette, which will help inform the community about work being done by the group.
- Diverse guest speakers featured at meetings from the health center faculty and local community services

- **Volunteers:** Our volunteers that work at the information desk have been a wonderful addition to the “hometown” feeling we have here in Barre! Their smiling faces provide the greeting we want our patients and guests to receive when they arrive at our facility!

- Presentation at a national conference in Washington, D.C. about **Fostering Consumer Engagement:** The Process and Results of Engaging Customer in Primary Care Practice Design which featured our Patient Advisory Council successes. (pictured Linda Cragin, Susan Begley and Cynthia Jeremiah, MD)

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**Plumley Village Health Services Patient Advisory Council Engagement and Accomplishments:**
Submitted by: Ellen Ruell

- **PVHS Newsletter Health up to date:** In September of 2012 the Plumley PFAC decided that a newsletter should be developed as a communication tool for the clinic to both improve patients’ health knowledge and increase attendance at wellness and educational events. Since that time one member, who had prior experience in publishing and graphics, has volunteered to do all the layout and graphics. Other members suggest topics to staff for each issue such as seasonal health and safety information, recipes, introduction of clinic staff, and explanations of clinic procedures.
The quarterly newsletter is printed in English and Spanish and includes a calendar of events and wellness programs.

- **Outreach and Wellness Programs:** Patient members worked with staff to identify needed program/materials/services. Programs included: one Cooking Matters courses (6 week series of classes focused on cooking healthy at a low cost.); 2 six week sessions of EFNEP Nutrition program by UMass Extension, 5210 Lets Go! Program (childhood obesity prevention program integrated into well visits); PV Community Garden; PV Women’s Group; and Group Lifestyle Balance (diabetes prevention weight loss and exercise program). Girl Talk was offered in response to parent’s request for health education for teenage girls by our CHW and a nursing doctoral candidate working with our clinic. In addition we discussed the Annual Literacy Fair held each fall with the PV Boys and Girls Club to promote reading by children.

- **Plumley Village Health Fair:** Four patient members helped plan and participated in the Plumley Village Health Fair on June 18, 2014. Over 50 agencies and several hundred people attended.

- **Preventative Screening and Well Visit compliance:** PFAC members provided feedback about the best ways to engage people in getting recommended screenings and annual well visits.

**Evaluation**
Formally and informally, PFAC members are periodically asked to evaluate the effectiveness of meetings and appropriateness of agenda items.

In addition, PFAC patient/family members are also asked to review, approve, and add to the PFAC annual report before it is published. The final report is then shared via email and discussed at a later PFAC meeting.

Over the last year all UMass Memorial Medical Center PFACs noted in this report have become more cohesive in nature. For example, the PICU and NICU FACs visit and align with the Children’s Medical Center Family Advisory Council. Whereas Barre, Plumley, and Psych PFACs visit and align with our so-called adult (multi-disciplinary) PFAC also known as the Medical Center PFAC. We are also looking to hold an event that brings all PFACs together to celebrate, acknowledge, and network. This event would also host UMass Memorial Medical Center leadership.

**PFAC Annual Report Contributors**
Leigh Casillo (PFAC), Neal Schreckinger (PFAC), Crystal Lehto (PFAC), Erin Lavallee (NICU FAC), Ellen Ruell (Barre PFAC), Patricia Vanasse (PICU FAC), Liz Parker-Gagne(CMC FAC), Dr. David Fish (CMC FAC), Amanda DiBuono (CMC FAC), Dr. Marie Fusaro-Davis (PsyPFAC), Thomas Landry (PsyPFAC), Dr. Alan Brown (PsyPFAC), and other respected members of our PFACs.
To view the Patient and Family Advisory Council charter, click below to be redirected to the UMass Memorial Medical Center’s Patient and Family Advisory Council website.