

# **ANNUAL REPORT OF THE COOLEY DICKINSON PATIENT AND FAMILY ADVISORY COUNCIL 2015–2016**

## **I. INTRODUCTION**

Cooley Dickinson Hospital (the Hospital) is committed to patient-centered care based on active partnerships among patients, families, and health care providers. It also recognizes the importance of participation by patients, their families, and their loved ones in the delivery of care. The Patient and Family Advisory Council (the Council) is an important contributor in achieving this goal by helping to recognize the uniqueness of each patient.

## **II. COOLEY DICKINSON HOSPITAL — A SNAPSHOT**

Cooley Dickinson Hospital is a 140-bed community hospital located in the city of Northampton, in rural Western Massachusetts. The Hospital offers advanced diagnostic and therapeutic care in many specialty and subspecialty areas of medicine and surgery. In addition, the Hospital provides care and services in multiple health centers located within neighboring communities, such as Easthampton, Worthington, and Amherst.

In addition, the Hospital offers teaching and internship opportunities to high-quality students. The Hospital is committed to training and mentoring the next generation of area leaders in science and medicine, providing a wealth of opportunities for nurses and other health professionals. These clinicians, in turn, provide fresh and innovative perspectives on the care and treatment of patients.

## **III. THE PATIENT AND FAMILY ADVISORY COUNCIL AT COOLEY DICKINSON HOSPITAL**

### **A. OVERVIEW**

The Council is grounded in a commitment to health care that is truly patient-centered, taking into consideration patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. Patient-centered care makes patients and their loved ones an integral part of the care team, collaborating with health care professionals in making clinical decisions.

### **B. BACKGROUND**

Cooley Dickinson Hospital formed the Council in 2009, in anticipation of state regulations that required hospitals to establish Patient and Family Advisory Councils. The Council began formal operation in September 2009.

There is considerable overlap in membership between the Council and other service-based and hospital-wide committees, including the Hampshire County Continuing Care Consortium, established in 2008, and the Palliative Care Team, established in 2009.

### **C. STRUCTURE AND OPERATION OF THE COUNCIL**

The Council was supported through fiscal year 2016 by Eileen Sugrue-McElearney, Chief of Staff to the Office of the President. She served as co-chair alongside Pip Stromgren, an elected member representing the community. The Council met monthly except during July and August.

The Council does its work through participation in three types of initiatives:

- Council committees: In the 2015–2016 Council year, the Council committees consisted of the Membership Committee and the Palliative Care Committees
- As members of quality improvement and project teams: Behavioral Health Anti-Stigma Campaign, Comprehensive Breast Center Design Team, Diversity, Equity and Inclusion (DEI) Council, Health Care for People with Disabilities, Emergency Department Value Stream/Performance Improvement, No Harm, Patient Experience and Website Development Committees
- As representatives of patients and families on five (5) Board of Trustees' Committees: Development/Community Relations, Healthy Communities, Patient Care Excellence (PaCE), Finance and Organizational Culture and Patient Experience (OCPE).

Cooley Dickinson staff and leaders value the perspective Council members bring not only to the Council but to the multiple roles they serve beyond the advisory council itself.

### **D. COMPOSITION**

The Council is comprised of representatives of hospital staff, former patients, family members of patients, and health professionals outside of the hospital who work frequently with Cooley Dickinson patients. (See Appendix A.)

New Council members undergo training and orientation to the Hospital and its policies upon becoming a member. The orientation ensures that each member understands the Council's purpose, goals, and policies, as well as relevant hospital policies. In addition, new members are assigned a tenured Council member as mentor to supplement the formal orientation and answer questions the new member may have outside of the standing meetings. All members annually sign a hospital confidentiality statement.

The Council's operations are guided by Administrative Policy #2.00: Patient and Family Advisory Council effective December 2013 which was developed in collaboration with Council members. The policy outlines the Council mission, purpose, committee structure, terms, membership, and co-chair responsibilities.

Outside of the Council's meetings, members connect via electronic mail and face-to-face meetings that help ensure accurate, timely and inclusive communication. Council members use these exchanges to engage in important dialogue, review draft materials, and access project-related communications.

## **IV. FISCAL YEAR 2016 ACCOMPLISHMENTS**

### **A. ADVISORY COUNCIL MEETINGS**

Six (6) of the founding members rotated off the Council in September 2015 having reached tenured status. As a means to engage them in the transition, the departing members joined the FY16 Council in a facilitated meeting in October 2015 to engage in an open discussion regarding the future direction of the Council taking into account its history. The membership identified the following areas for improvement/goals as the Council evolves:

- Attract more diversity to the Council membership defined not only as race, ethnicity and gender but also age and residency
- Continue to identify opportunities for the Council members to influence a positive patient experience and support the FY16 Leadership Priorities
- Increase the participation of members in committee work.

The outgoing members were polled to share their advice as to the Council's focus going forward. They identified improving the overall patient experience with the Emergency Department as highest priority, advancing the Cooley Dickinson culture and developing relationships with the five (5) colleges regarding patient care and staff development.

During 2015–2016, the Council held monthly meetings and were joined by members of leadership who informed them of Hospital initiatives and sought input from the patient and family perspective. Some of the key presentations included:

- In November 2015, the newly formed Performance Improvement/Lean Team presented an overview of the Lean approach to continuous improvement and the plan to utilize the management technique in the Emergency Department. The presenters shared the importance of patient/family involvement and their intent to solicit participation from the Council.
- In January 2016, the Director of Quality & Patient Safety reported on the process for managing patient concerns/complaints and the role of the newly formed Patient Experience Committee in promoting a collaborative approach to issues raised. The Council provided input and recommendations for response to the most frequent types of complaints.
- In January 2016, Julia Sorensen, Chief Marketing and Communications Officer, came before PFAC to report on the FY16 plan to update the Cooley Dickinson website and outlined the project timeline. She spoke to the opportunity for PFAC involvement by participating in upcoming focus groups, reviewing draft materials, etc. She returned in September 2016 to present the new website and acknowledge the important role PFAC members played in the final product.
- Joanne Marqusee, President and CEO, presented the FY16 performance dashboard metrics and leadership priorities at the March 2016 PFAC meeting.
- The new Chief Development Officer, Diane Dukette was introduced to PFAC in March 2016 and discussed the role PFAC can play in referring grateful patients to the Development Office.
- In April 2016, the Behavioral Health Program leadership team provided an overview of the improvement initiatives underway on the psych inpatient and the expansion of inpatient psych consults to other inpatient units.
- The Administrative Director of the MGH Cancer Center at CDH reported out on the start-up of the Cancer Center in its new space, lessons learned, and operational improvements implemented to mitigate

On Thursday, June 23, 2016, eight (8) members of the Council attended the Health Care for All 4<sup>th</sup> Annual Patient & Family Advisory Council (PFAC) Conference which attracts Council members, hospital staff and patient advocates from across the state and beyond. The theme of the 2016 event was “Strengthening Patient and Family Engagement in Massachusetts Hospitals”. The “Gallery Walk” was introduced this year and offered thirteen (13) round table presentations during which attendees moved from one table to another for brief informational sessions. Kent Alexander represented Cooley Dickinson Hospital’s Council and led a round table discussion on “Using the PFAC to Create a More Inclusive Hospital”. His session was based on the strategies employed at Cooley Dickinson Health Care, including the creation of a Diversity Equity & Inclusion (DEI) Committee and various community outreach activities.

## **B. COMMITTEES**

### **Council Committees**

**Membership Committee:** The Membership Committee began meeting monthly in 2016 to prepare for the recruitment of two (2) new members to join the Council in October. In the Spring and early Summer, the members reached out to several Cooley Dickinson hospital departments, outpatient programs and external community agencies to raise awareness and solicit interested targeting the diversity recruitment goals of the Council. The committee received the majority of referrals from the Cooley Dickinson Diabetes Education Program and presented two (2) candidates to the Council for consideration. Both candidates were approved by a majority vote at the September 2016 meeting.

In addition, the committee identified a gifted high school student interested in pursuing a career in healthcare and with a desire to participate in the Council. During the 2015-16 school year, she volunteered at the local Korean school where she developed a library for Korean American children so they could become more familiar with Korean culture. She also served as a Cooley Dickinson junior volunteer at the hospital and in the outpatient rehabilitation program in Hadley. The committee put forth a proposal to invite her to join the Council for a one-year term as a junior member and assist the PFAC with a specific project to be determined during her membership year. The Council approved the recommendation of the committee and identified a Council member to serve as a mentor.

**Palliative Care:** The Palliative Care Committee met monthly with leadership from the Palliative Care program and the VNA & Hospice along with clinical and administrative members of their respective teams. The committee now also includes representatives from other hospital units who focus on the patient’s physical, emotional, social, and spiritual needs and are interested in community outreach. Some of the highlights of the committee activities this past year include:

- Facilitated discussions at sixteen (16) sites on Atul Gawande’s book Being Mortal, Medicine and What Matters in the End in collaboration with 27 local libraries. This initiative engaged 700 community members in meaningful discussion on end-of-life concerns and how to ensure individual preferences are met.
- Continued to conduct community outreach sessions on the basics of Palliative Care, Hospice Care, and the objective and personal uses of MOLST with community groups at senior centers, councils on aging, assisted living communities and places of worship in Northampton and surrounding towns. This outreach began four (4) years ago and has evolved to include family and patient-oriented health communications that aim to improve

their understanding of clinical choices and the use of shared decision making in setting personal end-of-life goals

- Expanded the community education programs to include ethnic minorities in cooperation with the Pioneer Valley Shambala Center, Franklin Interfaith Council and Casa Latina Northampton
- Strategized with community groups on approaches to addressing end-of-life issues specific with various faith communities so as to insure that the presentations better meet the needs of these groups
- Met with representatives from the Gunderson Respecting Choices Program to discuss how best to encourage individuals to complete advance directives and care planning and analyze data to evaluate the community education efforts
- Worked with Cooley Dickinson staff and representatives from Forbes Library to explore opportunities to bring a speaker of prominence to the Pioneer Valley as a means of providing another vehicle for educating the general public about end-of-life issues. This work will continue into the next fiscal year.

### **Microsystems and Other Hospital Teams**

**Behavioral Health Anti-Stigma Campaign:** The National Mental Health Anti-Stigma Campaign is a national campaign to eliminate the social stigma associated with mental illness. The Hospital committee membership includes a Council representative, Cooley Dickinson staff and leadership from the National Alliance of Mental Illness – Western Mass (NAMI-WM). Some of the highlights of the committee initiatives this past year included:

- Joanne Marqusee, President and CEO, participated in a PBS broadcast titled Connecting Point to talk about why she signed the CEO's Against Stigma Pledge. Related to the pledge, a special Schwartz Center Rounds was held at Cooley Dickinson Hospital to present the NAMI presentation "In Our Own Voice".
- Coordinated an "In Our Own Voice" presentation to employees
- Offered a weekly support group for families of those living with mental illness and or substance abuse led by a CDH staff member to provide support, education and resources. The Council member participated to share information regarding the NAMI including information on how to advocate for mental health reform, the Family to Family course, and how to access free educational materials on [www.nami.org](http://www.nami.org) and other resources as appropriate
- With other hospitals in the Pioneer Valley, continued to support Mental Health First Aid (MHFA) regional trainings.
- Supported a mental health awareness event in May 2016. The event was organized by the Cooley Dickinson Behavioral Health Service and the National Alliance on Mental Illness (NAMI) – Western Mass. Northampton Police Chief Jody Kasper was the lead speaker and Mayor Narkewicz provided a proclamation. The Massachusetts Department of Public Health also participated in this well attended event.
- Participated in the Northampton Senior Center Health to raise awareness about stigma
- Participated in the NAMI Western Massachusetts Walk alongside support group members to help create awareness
- Participated in the Starlight (recovery to work program) Mental Health Awareness Walk and Open House during Mental Health Awareness Week
- Continued its advocacy for Mental Health reform.

**Comprehensive Breast Center Design Team:** The Comprehensive Breast Center at Cooley Dickinson is under construction and will open in the Spring of 2017. The Center will bring together cutting edge diagnostic capabilities and dedicated, highly accomplished staff into a single, attractive, easily navigable, patient-centered environment where patients receive consistent, timely and high-quality health care across the breast care continuum.

Cooley Dickinson recognizes the importance of patient and family participation in the design plan to insure the patient perspective is captured. To that end, a Council member joined the design team which consisted of clinical and administrative leaders and staff from radiology, oncology, surgery, pathology and support departments. Facilitated by an architect, meetings were held weekly during the first half of calendar year 2016 to review construction plans and provide input to room lay-outs, equipment placement, furnishings and color schemes.

**Diversity, Equity & Inclusion Council:** The Diversity, Equity & Inclusion (DEI) Council was formed last year with a mission to identify and address issues relating to diversity, inclusion and health equity in the Cooley Dickinson Community. The committee goals include:

- Diversify the workforce and governance to reflect and leverage the diversity of the populations served.
- Enhance cultural and linguistic responsiveness/competency to enhance safety, quality and both patient and employee satisfaction.
- Eliminate disparities in healthcare and health outcomes.

Two (2) members of the Council served on this multidisciplinary and diverse committee which has advanced over this past year. Some of the key accomplishments of the Council this past year included:

- Administered a Cultural Competency Readiness Assessment to staff
- Established a Strategic Cultural Competency Action Plan for 2016-2017
- Coordinated a community presentation on Cultural Competency in Health Care
- Developed and administered a LGBT Readiness Assessment and formulated recommendations for staff training and support
- Participated in LGBT focus group(s) as part of the Community Health Assessment
- Coordinated basic training on LGBT Health Care for the Patient Access Team responsible for patient registration
- Secured a speaker and coordinated both a community presentation and Medical Grand Rounds on LGBT health care
- Coordinated volunteer re-training sessions on LGBT care
- Worked with The Fenway Institute to bring a Train-the-Trainer LGBT Workshop to Cooley Dickinson
- Coordinated a Medical Grand Rounds on Cult Comp in Health Care
- Facilitated a MLK Jr. Day luncheon presentation for staff
- Facilitated a workshop on how to properly collect Sexual Orientation Gender Identity (SOGI) data
- Coordinated a Community Resources Survey of Patients with Autism

**Health Care for People with Disabilities:** This committee is the organizational home for the ad hoc disability committee on which a Council representative serves. During the past year, the committee heard reports from medical interpreters about equipment for deaf and hard of hearing people, people with visual impairments, and the autism project.

**Emergency Department Value Stream/Performance Improvement Committee:** After several years of unsuccessful attempts to change wait times and patient satisfaction, the Cooley Dickinson Emergency Department (ED) made big strides toward change this past year. A team of ED doctors, nurses, technicians, and ancillary staff took part in an intensive LEAN initiative and spent months examining current ED procedures in minute detail, devising ways to reorganize and improve processes. A new system of standard work was created, focusing on delivering care to the patient as a team at the pace the patient needs. This new system significantly alters the way tasks are accomplished. The model was tested in small increments over the course of its development. All ED staff were trained and the new processes went live on August 22, 2016. During the roll-out, coaches provided on-site guidance to staff around the clock to assist through the implementation of the new work. There have been many challenges but the direction has been set. Early results are promising. Along with improvements in operations, the team also identified ways in which the ED staff could improve communication with patients and families to be both comforting and informative. To date, patient feedback has been positive regarding the process.

A Council representative played an important role in this performance improvement initiative as an active participant in team meetings to provide the patient and family perspective. In addition, he was able to observe the interaction with patients in several areas of the ED and shared observations and provide input to the process changes from a patient and family point of view.

**No Harm Committee:** The No Harm Committee is comprised of primarily nursing representatives from various inpatient units who met for several months twice per month to address the issue of Foley Catheter Induced Infections (CAUTI). The work of the committee involved data analysis to understand baseline performance and the development of an improvement plan to reduce the number of infections. Despite the fact that the Council representative did not have a clinical background, the committee members welcomed a patient perspective. Once the committee developed a plan to address this issue of catheter induced infections, the focus shifted to reviewing and revising clinical policies for insertion and developing an education plan for nursing staff. The Council representative provided valuable input to patient education materials.

**Patient Experience Committee:** This past year, a multidisciplinary, cross departmental committee was brought together and charged with developing and implementing strategies to improve the patient experience. The committee sought out a Council representative who provided a valued added role in the following areas:

- Included as a speaker at the monthly New Employee Orientation to bring the patient perspective to this important introduction to Cooley Dickinson. The goal is to introduce new employees to their role in “Improving the Patient Experience” which was identified as one of the FY16 Leadership Priorities. The presentation stresses the importance of listening to the voices of our patients and the role the Council brings in advocating for that voice.
- Reviewed and provided input on the implementation the ACESO system which is a new technology that brings patient education, hospital information and entertainment to the

patient's bedside through the television. The Council representative's feedback on language and content was instrumental in making this system more patient-friendly.

- Participated in the Patient Satisfaction Committee which reviews patient satisfaction survey data and develops initiatives to address areas of low satisfaction. One of the initiative implemented this past year in response to the survey results was a dedicated period of "Quiet Time" on the inpatient units.

**Website Development Committee:** Two (2) Council representatives served on the Website Development Committee while other members participated on an ad hoc basis sitting in on focus groups, reviewing draft website layout and content, etc. The patient and family perspective the Council representatives brought to this major project contributed significantly to a more robust and patient friendly site slated to launch in early October 2016.

### **Board Committees**

**Development/Community Relations Committee:** Two (2) Council members sat on the Development/Community Relations Committee this past year. During 2015–2016, the committee met every other month and followed a standard agenda with active discussion and recommendations from the membership on:

- Fund-raising achievements, goals and plans for future campaigns reported out by the Development Office
- Current and future promotional plans presented by the Marketing and Communications Department.

In addition, the President and CEO provides a system update each meeting and a member of the staff is invited to share a "Cooley Moment" which is a brief presentation on a particular new development or project.

**Healthy Communities Committee:** The committee, in collaboration with the other hospitals in Pioneer Valley, conducted a community health needs assessment this past year. The assessment is a requirement of the Affordable Care Act (ACA). The findings were shared at a community forum and priorities were developed with residents and non-profit agencies. The committee approved a three-year community health improvement plan. In addition to conducting the health assessment, the committee continued to focus on the priorities established through the previous community health assessment. The priorities are listed below in bold, with project highlights:

- **Behavioral Health:** Key initiatives this past year are summarized under the Behavioral Health Anti-Stigma Campaign.
- **Youth Substance Abuse:** The committee participated in the regional youth prevention coalitions in Hampshire County, Easthampton, and Northampton.
- **Opiate Abuse:** Opiate overdose, including several deaths from substance abuse, emerged as a regional (and statewide) crisis in fiscal year 2015. Cooley Dickinson continued its participation in the Hampshire Opiate Prevention and Education (HOPE) Coalition. Cooley Dickinson is taking a leading role by hosting and co-chairing the health care solutions work group. HOPE received a small Federal grant as well as a large multi-year state grant to



address opiate abuse and overdose. We also initiated our own system task force to address the opioid crisis and developed recommendations covering a range of issues such as prescribing, screening, treatment, education, and other topics.

- **City of Easthampton:** Cooley Dickinson, as in the previous two years, provided several small grants to the City of Easthampton and community partners to implement policies and programming to encourage people to be more physically active and to eat healthy foods. Specific projects included healthy cooking workshops by a local dietician to City employees, demonstrations by a physician targeting people with cancer in collaboration with the Community Center and the Congregational Church; school gardening at the Maple School; an intergenerational gardening project for youth in foster care at the Tree House Foundation; and a summer nutrition program at the Easthampton Community Center.
- **Transportation to Access Health Care Services:** The committee worked with the Executive Office of Health and Human Services Regional Coordinating Council to identify the unique transportation challenges of isolated rural seniors and people with disabilities. Interviews and focus groups were held and an action plan will be developed in the coming year. The committee also provided small pilot project grants to the Amherst Survival Center to help patients get to medical appointments and a small grant to the City of Northampton Office of Planning and sustainability to develop a Complete Streets planning guide.
- **Latino Health Access:** Cooley Dickinson provided a grant to support Casa Latina to continue its patient navigator project as well as support general operations and planning for this important agency.
- **Chronic Disease Prevention:** The committee continued to support and/or advocate existing programs that support patients or clients who have a chronic illness. These programs include A Positive Place.
- **Health Access and Health Equity:** The committee has actively participated in a planning project to establish a satellite of the Hilltown Community Health Center in Amherst. The Center will serve a broad segment of the population, but the primary focus will be on the homeless, veterans, immigrants, individuals with behavioral health concerns, and those for whom English is a second language. The Center will be located at the Bangs Community Center. Draft architectural plans have been completed and a fundraising is about 80% completed. The projected opening for the new site is 2017.
- **Program Evaluation:** The committee contracted with an independent agency to evaluate projects, including capacity building for project leaders.

**Patient Care Excellence Committee (PaCE):** The PaCE committee meets monthly and is comprised of Trustees, Senior Leadership, Physicians and a Council representative. The Board Committee is charged with ensuring that Cooley Dickinson Hospital maintains and improves a high level of excellence in patient care. The Council representative brings the invaluable voice of the patient and family to this important Board committee. The various report-outs on performance improvement initiatives reflect a commitment to patient-focused care.

**Finance Committee:** The Council representative to the Finance Committee attended the monthly meeting and participated in discussions offering the perspective of patients and families. While the focus of the committee is financial performance, the Council representative was impressed by the committee members' regard for how financial decisions could impact

patient care. Participation on this committee provided the Council representative an opportunity to observe the Trustee and Senior Management's commitment to service quality as evidenced by the presentations on initiatives/strategies to improve the patient experience. Some of the thought discussions/recommendations the Council representative was able to bring forward because of his participation on this committee included inviting Dr. Rob Schreiber to present on the Stanford University Patient Self-Management Programs at Medical Grand Rounds, process improvement opportunities for ordering an MRI with contrast media and strategies for patients receiving narcotic prescriptions when there is a transition in primary care providers.

**Organizational Culture and Patient Experience:** The Organizational Culture and Patient Experience Advisory Committee (OCPE) is a Board advisory committee introduced this year and dedicated to the people aspect of the organization. The committee is charged with providing guidance to the Board for advancing the Cooley Dickinson culture and improving the patient experience. In addition, the committee focuses on our large and critically important volunteer team and Auxiliary relationships. The committee is comprised of Trustees, a Council representative and volunteers and has offered valuable feedback on employee engagement and patient satisfaction initiatives.

A challenge undertaken by the committee this year has been the total reorganization of the hospital Auxiliary. The Council representative has played an important role in this undertaking, providing feedback and interviewing candidates for new leadership positions.

## **V. FUTURE PLANS**

The current Council committees will continue their work in the 2015-2016 year and anticipate identifying some additional initiatives that support the fiscal year 2017 Organizational Priorities. Council members have also agreed to continue to serve on Board Committees and other Hospital teams to represent the voice of patients and family members in the management of quality and satisfaction improvement work of the hospital.

## **VI. SUMMARY**

Moving forward, Cooley Dickinson Hospital will continue to cultivate the participation of patients and family members, incorporating their vision and voice into its work and various hospital initiatives. The Council will serve as the primary vehicle for doing so.

Cooley Dickinson Hospital staff has long been committed to creating a patient- and family-centered environment of care. This value comes to life every day through the actions of our broad and various staffs. But it is the perspective — the voices and the vision — of our patients and families that provides our moral and operational compass.

The annual report of the Patient and Family Advisory Council is delivered to the hospital's Board of Trustees and its Patient Care Excellence Committee by the Chief of Staff to the Office of the President along with a designated patient/family member. The Council's annual reports are available for download via the hospital's website ([www.cooleydickinson.org](http://www.cooleydickinson.org)).

<b>Appendix A: October 2015 – September 2016 Council Members/Assignments</b>			
<b>Name</b>	<b>Position</b>	<b>Committee/Team(s)</b>	<b>Comments</b>
Kent Alexander	Member	Diversity, Equity & Inclusion Council Website Development Committee	Appointed October 2014
Patsy Kauffman Barber	Member	Organizational Culture & Patient Experience	Appointed October 2015
Jeff Caplan	Member	PaCE Committee; Medication Safety Committee	Appointed November 2011; Elected Co-Chair, June 2014
David Cohen	Member	ED Value Stream/ Performance Improvement Team	Appointed March 2011
Nancy Egan	Member	Emergency Department Behavioral Health Committee; Improving the Patient Experience	Appointed October 2014
Don Freeman	Member	Membership Committee; Finance Committee; No Harm Committee	Appointed October 2015
Howard Scott	Member		Appointed October 2015
Robin Kline	Staff Member	Membership Committee	Appointed March 2012
Donna O’Meally	Member	Membership Committee Chair; Healthy Communities Committee	Appointed January 2012
Gail Orzechowski	Member	Health Care for People with Disabilities	Appointed October 2015
Jenny Papageorge	Member	Development/Community Relations Committee	Appointed October 2015
Kishore Parmar	Member	Website Development Committee	Appointed October 2014
Don Reutener	Member	Palliative Care Committee	Appointed January 2011
Priscilla Ross	Staff Member	N/A	Appointed May 2015
Therese Ross	Member	Palliative Care Committee	Appointed October 2015
Adriana Sarsynski	Member	Diversity, Equity & Inclusion Council	Appointed October 2014
Ella Smolenski	Member	Behavioral Health Anti-Stigma Campaign	Appointed October 2014
Pip Stromgren	Member	Comprehensive Breast Program Design Team; Development/Community Relations Committee	Appointed November 2011, Elected Co-Chair, June 2015
Eileen Sugrue	Staff Member; Co-Chair	N/A	Appointed October 2014