



**Annual Report on Patient and Family Advisory Council  
October 2017**

**I. PURPOSE AND GOAL**

Anna Jaques Hospital (AJH) will continue to work with its Patient Family Advisory Council (PFAC) to provide a link between the hospital and the community, and to help identify the needs and priorities of patients and families from the communities we serve; Merrimack Valley Region and Southern New Hampshire. The Council will assist AJH to create an environment of patient and family centered care and improve quality and patient safety. The council will also provide the hospital feedback on potential solutions the hospital is considering implementing to solve a problem or improve care. The Patient Family Advisory Council is designed to serve as a voice of the patient and family members and to encourage the partnership between patients, families, health care providers and the hospital. The Council was created in response to legislation passed by the Commonwealth of Massachusetts Department of Public Health effective October 1, 2010.

**II. OVERVIEW**

The philosophy of the PFAC at AJH is driven by the hospital's mission to provide high quality medical care and health education to our community, in alliance with our medical staff. The partnership between AJH and the PFAC will continue to drive activities designed to enhance the quality and safety of the patient and family experience, including issues that may range from the challenges remodeling patient care areas, interpretation of public reporting for quality and patient satisfaction to the presentation of new service lines.

**III. MEMBERSHIP**

Members will include patients, family members and hospital staff to include the Chief Medical Officer, Chief Quality Officer and other members of Hospital Leadership, who attend on an ad hoc basis.

The recruitment and selection process occurs through the use of an application and telephone interview conducted by the community member co-chair or designee. Recruiting has occurred through postings on the AJH Website, flyers in the admission packets, notices posted on community blogs, referrals from committee members, department directors and physicians.

**IV. PFAC STRUCTURE**

The PFAC is supported by the AJH Quality and Patient Safety department. The committee reports through the Board Quality Committee, a sub-committee of the Board of Trustees. The Chief Medical Officer (CMO) and a community member serve as Co-Chairs, while the Chief Quality Officer serves as the staff liaison. The PFAC meets every other month and has developed and approved the Council Operations and Guidelines which are in line with the hospital and community goals. The committee will also connect via email and/or conference call if needed. To accommodate busy schedules members may attend 1 meeting per year via Go to

Meeting. The Bylaws were reviewed to discuss the number of meetings that committee members are required to attend. The current Bylaws indicate that 4 meetings must be attended out of the 6 in order to maintain membership.

- The committee voted to approve that of the 4 required meetings members must attend, 3 must be in person and one could be attended remotely. There are 6 meetings per calendar year, all of which could be attended in person, however at least 3 must be in person, with one additional using the GoToMeeting call in option.

## V. PFAC COMPOSITION

The PFAC is comprised of staff, patients and patient family members. The Chair position is held by a patient and community member. Membership currently is at seven patient/family members. Patient/family membership represents 75% or greater of the committee.

## VI. PROJECT SUMMARY

TOPICS REVIEWED/ADVISED	COMPLETED
<p>Haverhill Expansion plan and services to be offered, thoughts on what services you would want to see at this site.</p> <p>Reputation Survey results and marketing next steps.</p>	<p>November 15, 2016</p>
<p>BIDMC and Lahey Letter of Intent and what that means for AJH as an affiliate</p> <p>Communicating this to the community</p> <p>Opportunities to increase membership, advertising and current requirements</p> <p>CEO appoint to State Monitoring Committee</p>	<p>February 15, 2017</p>
<p>Advertising flyers for membership approved.</p> <p>Welcomed new member.</p> <p>Discussion of booking mammography online review of proposed tool.</p> <p>Patient and family member attended to share their experience and concerns from a recent stay.</p>	<p>April 19, 2017</p>

<p>Review of Bylaws and attendance.</p> <p>Bylaws require members to attend 4 of the 6 meetings annually. Three of the required four meetings must be in person. One of the required meetings may be attended remotely utilizing Go to Meeting.</p>	<p>June 14, 2017</p>
<p>Presentation and discussion of the Haverhill expansion and current marketing plan.</p> <p>Follow up regarding the patient experience conversation with the patient and family post meeting.</p>	<p>August 16, 2017</p>

**VII. CHALLENGES**

One of the biggest challenges this year has been finding committee members of from a variety of age brackets. Currently the committee members represent baby boomers and/or seniors. We do not currently have a good perspective on the young family. Work to recruit from this demographic continues.

A second challenge has been to provide information to committee members far enough in advance to allow for their thoughts and ideas to be explored further. The hospital representatives are reviewing this process for improvements.