

Patient Family Advisory Council (PFAC) Report

Hospital Licensure Regulation 105 CMR 130.1800; 1801

Date Completed: 10/01/2018

Purpose:

The purpose of this document is to outline the actions accomplished in order to satisfy the goals of the Patient Family Advisory Council, (PFAC).

Summary of the PFAC Process:

The mission of the PFAC has been to serve as an advisory resource to administration and staff of the 90 Bed LTAC, Vibra Hospital of Southeastern Massachusetts (VHMASS), accepts patients from all New England states, demographics and cultures.

Its main goal has been to promote improved relationships between patients, families and staff. It has also served to discuss and initiate quality improvement initiatives concerning safety and quality matters. It has been accomplished by providing a forum for communication between patients, families and staff in which these issues can be discussed and allow for plans to be developed and acted upon

Council Summary of Discussion Items:

Due to the clinical acuity, geographical area served (New England states) and LOS; the PFAC created more “real time” interactions between patients, families and VHMASS Staff. VHMASS Case Management has the role of facilitating these discussions directly in patient rooms as opposed to a conference room setting. This

resulted in more interactions. The committee has been a more effective forum for receiving and responding to patient and patient family input.

As a result we witnessed an increase effort across disciplines to develop new processes that more readily meet patient and patient family needs. This structure has served to promote effective partnerships and better relationships between patients, family members and VHMSS departments and staff.

Specifically, the Case Management driven PFAC meetings have created a forum to discuss patient care plan and patient satisfaction concerns. Some items that were discussed in 2018 included; Pain monitoring and control, Admission wait time, medication administration around shift changes, response to patient call light, nutrition preference, Internet access, off shift noise levels and a centralized area where patients can receive their family and friends. In addition, it was discussed, as per recommendation, that VHMSS develop a concierge/patient relationship representative (patient advocate), and employ someone that would be designated to meet with patients and families as needed upon admissions and during their stay. This individual would be available to address patient and family concerns, to direct patient and families to VHMSS policy and procedures, and also direct them to staff members who would have answers to their questions.

The Structure of the PFAC:

The patient family advisory committee consists of set leadership by the Case Management Department Director and nursing department, DON and managers. Patients and their families are considered co-leaders at the time of the discussions. This establishes trust and respect for their views in the setting of the family meetings. The Director of Case Management is in

attendance and serves as the liaison to facilitate the real time patient family meeting structure.

Robert Quirk MS RN Co-Chair

Operating Guidelines:

At this time, membership is inclusive and is represented by all VHMSS patients and families who have feedback to offer hospital practice. All non-employee PFAC members are expected to adhere to VHMSS organizational policies that address the confidentiality of patient information. The roles of the members include:

1. Active participation on the PFAC committee in which issues of patient safety, satisfaction and other issues affecting patient outcomes are discussed.
2. Review of publicly reported quality information
3. Review of privately reported quality information as needed.

Recruitment Criteria:

Membership is inclusive and is represented by all VHMSS patients and families who have feedback to offer hospital practice.

Interventions of note to Date as a result of Items Discussed at PFAC:

As a result of PFAC discussions, VHMSS is in the process of developing the pain (pre and post) administration and developing other creative ways to address concerns as they relate to pain control, better patient care and patient safety.

The Case Manager meets with the patient/family to discuss care, patient satisfaction and to report updates. In turn the case manager reports all patient concerns and information to the interdisciplinary team. This gives staff the opportunity to have consistent link to the patients and their families at all times.