



Annual Report 2010

Annual Report 2010

Berkshire Medical Center

Patient and Family Advisory Council

Berkshire Medical Center has been meeting with Patients and Family members for many years. The new regulations through the Department of Health afforded us the opportunity to formalize this process and will incorporate the patient and family perspectives throughout the work of the hospital. This report reflects the work to standardize our Patient and Family and Advisory Council through 2010.

Purpose of Patient and Family Advisory Council

To provide a forum that enables patients and families to have direct input and influence on policies, programs, and practices at Berkshire Medical Center.

Goals

1. To ensure that care at Berkshire Medical Center is patient and family centered.
2. To improve patient safety
3. To improve collaboration between caregivers, patients and families such that their concerns regarding quality of care are addressed promptly and effectively.
4. To be active consultants to improve patient and family satisfaction.
5. To provide input from a patient's perspective towards the hospital's priorities and planning.
6. To further build a positive relationship between the hospital and members of the community.
7. An annual report will be developed and presented to Senior Leadership of the goals and accomplishments of the PFAC

Membership

10 -12 Current or past patients or family members
Service Administrator
Director of Patient Safety
Patient Relations Supervisor
Performance Improvement Specialist
Other staff as appropriate

Recruiting

Potential members shall fill out an application and complete an interview with a staff member and current PFAC member. (See Appendix 1 Application)

Characteristics of Council members should include:

- Confidence and the ability to express opinions and own point of view
- Considerate of other people's backgrounds and experiences
- A good communicator
- Work in coordination with the mission, vision, and values of Berkshire Medical Center

Currently, there are recruitment flyers throughout the hospital waiting areas informing patients and families of the PFAC opportunity. Most members have been recruited through rounding by leaders and word of mouth of other Council members.

Makeup of Council

The Council has seven current members. Our goal is to have 10-12 members who are patients or family members.

Current members include:

Ralph Lichtenstein, Chari
Donna Toomey
Holly Denault
Deborah Bruneau
Meryl Thomson
Dolores Eckert
Judy Shorey

Staff members include:

Sean Jennings, VP of Patient Services
Erin Sullivan, Service Administrator
Hannah Simon-Girard, Supervisor of Patient Relations
Vacant, Director of Patient Safety

The current Council is reflective of the current patient population in gender, age, and ethnicity. We are planning outreach to our diverse communities to better reflect the patient population. A list of current members is kept by the Service Administrator and will be part of the Berkshire Health Systems PFAC Web page.

Election of Officers

The PFAC will have a chairperson supported by the staff liaison which will be the Service Administrator. Additionally, the chair will be responsible for facilitating each meeting and gathering feedback on services, policies, and programs involving the hospital. The chair will serve as a liaison between the hospital and the Council. Election of the Chair by a simple majority will occur in January for a one year term. A Chair may serve up to three years.

Council Structure

The Council is facilitated by the Chair with support from staff. In the absence of the chair the staff liaison will reside. The Service Administrator and Service Department are responsible for organizing and supporting the Council. The Chair and the Service Administrator will set the agenda with Council input for each meeting. The Service Administrator will ensure that minutes are kept and distributed to all council members.

Membership Term

A one year commitment is required and is renewable each year for a maximum of three years. Two years following the initial activation of the committee, one third of the members will rotate from the group and be replaced by new members. This rotation will continue with at least one third of group rotating off annually. Members who are terming off will be offered volunteer opportunities in other areas of the hospital. Special attention will be given to the recruitment of representatives of ethnically, culturally, and religiously diverse patients and community members.

Council Members' Duties

The Council's primary duty is to act as a liaison between their patient experiences or those in the community and health care providers. Council Members listen to and speak of their work with the hospital in the community to garner ideas and initiatives.

During 2010, Council Members toured the Ambulatory Surgical Center in mid-construction to offer patient insight to this new project. The Council's meeting in July of 2010 included a presentation by our Pharmacy Directors and a tour. Input was also provided by the Council for changes on the Patient Medication List that is under development for discharge planning.

Orientation and Training

Each member will receive Volunteer Orientation including mandatory HIPPA training. (See attachment for areas included in Orientation). This will be provided by the Service Administrator to new members as they join the Council.

Council members will be invited to participate in the BHS "Be Proud" series and will be encouraged to suggest topics for continuing education that will assist in their duties as Council Members.

Role of Council

The Council will serve as consultants and advisors to a variety of projects, initiatives and processes within the hospital. The Council has previewed the Patient Education Book, the Visitors' Guide, and Condition Help.

Topics of each meeting going forward will be the review of patient satisfaction data and the Transitions Team. The Council will coordinate its work with the Board of Directors Community Benefits committee.

Confidentiality

The Council provides training in accordance to HIPPA laws and will sign a confidentiality statement annually.

Council Guidelines

The Council will meet every other month or six times per year. Minutes and agendas will be kept by the Service Administrator and posted to the BHS Web site (coming in 2011). Minutes will also be forwarded to the Clerk of the Board of Directors for their review. Since our recruiting efforts are based in the hospital and its entities we are assured that all members, except possibly staff members, are current or former patients or family members of such.

Support and Resources

The primary staff liaison, the Service Administrator, will devote 4 hours per month to the PFAC, this will include time for minutes, agenda setting, follow-up action items, recruiting, training, and administrative duties as needed. Costs for meals and publications have been budgeted for the 2011 year. There is no reimbursement or stipend made to members of the Council.

Accomplishments of 2010

Most of the work accomplished through the Council has been formalizing our processes of purpose, goals, and membership. (Appendix 2 Purpose).

Additionally the Council did the following:

- Review of Patient Education Booklet
- Establishing support meetings for families – Balancing Act – after 3 months no attendance
- Feedback on Medication Discharge list
- Review of Condition HELP
- Tours of pharmacy and ambulatory surgical center

See attached agenda for September 21, 2010 meeting. (Appendix 3)

Berkshire Medical Center shall make the reports required in 105 CMR 130.1800 and 130.1801 publicly available through electronic or other means, and to the Department upon request.



Name: _____

Address: _____

Email Address: _____

Home phone: _____

Work/cell phone: _____

Preferred language: _____

What services have you or your family member used: (Please circle all)

Inpatient

Emergency Room

Outpatient Services:

LAB

Radiology/XRay

Cardiac Rehab

Wound Care

Physicians Practice

Why would you like to be on the Patient Family Advisory Council?

Please turn over.

What areas of concern do you have that you would like to see the Council address?

Any further information or experiences that you think would be helpful to the Council?

Best times to meet:

Monday Tuesday Wednesday Thursday Friday

Mornings: Time preferred: _____

Afternoon: Time preferred: _____

Evenings: Time preferred: _____



Purpose

To provide a forum that enables patients and families to have direct input and influence on policies, programs, and practices at Berkshire Medical Center.

Responsibilities

1. To ensure that care at Berkshire Medical Center is patient and family centered.
2. To improve patient safety
3. To improve collaboration between caregivers, patients and families such that their concerns regarding quality of care are addressed promptly and effectively.
4. To be active consultants to improve patient and family satisfaction.
5. To provide input from a patient's perspective towards the hospital's priorities and planning.
6. To further build a positive relationship between the hospital and members of the community.
7. An annual report will be developed and presented to Senior Leadership of the goals and accomplishments of the PFAC

Recommended Membership of Patient Family Advisory Council (PFAC)

10-12 Current or past patients or family members
Service Administrator
Director of Patient Safety
Patient Relations Supervisor
Performance Improvement Specialist
Other staff as appropriate

Membership Term

A one year commitment is required and is renewable each year for a maximum of three years. Two years following the initial activation of the committee, one third of the members will rotate from the group and be replaced by new members. This rotation will continue with at least one third of group rotating off annually. Members who are terming off will be offered volunteer opportunities in

other areas of the hospital. Special attention will be given to the recruitment of representatives of ethnically, culturally, and religiously diverse patients and community members.

Recruiting

Potential members shall fill out an application and complete an interview with a staff member and current PFAC member.

Orientation

Members will be required to attend Orientation, and mandatory OSHA/HIPPA training.

Meeting Frequency

The Council shall meet every other month

Expected Outcomes

1. Patients/family members will sit as full members on committees that discuss and design patient care, including, but not limited to:
 - IRB
 - Patient Education
 - Others as determined i.e. Programs and projects that will impact patient care delivery
2. Hospital leaders will seek input and advice from PFAC prior to revising or implementing new processes that impact patient and family experiences (i.e. change to parking).
3. The PFAC shall provide direct input and recommendations for improvement to the Senior Leadership of the hospital.
4. The PFAC will present a report to the Board of Director (through Senior Leadership) identifying opportunities, recommendations and accomplishments at established intervals.

Guidelines of Authority

The Patient and Family Advisory Council is endorsed by the Administration of Berkshire Medical Center. Events organized by the PFAC and statements issued by the PFAC on behalf of Berkshire Medical Center are done so with prior approval of BMC administration. The training, support and administrative oversight of this program will come through the BMC Patient Support Services Department.

Confidentiality

Out of respect to fellow Council members and Berkshire Medical Center's privacy practices and HIPPA, discussing any information deemed personal or confidential cannot be done outside of the Council.

Service at the Discretion of the Organization

Berkshire Medical Center accepts the service of all Council members with the understanding that such service is at the sole discretion of the Berkshire Medical Center. Members agree that the organization may at any time, for whatever reason, decide to terminate the relationship with Berkshire Medical Center or to make changes in the nature of their volunteer assignment.



Agenda September 21, 2010

1. Welcome, Introductions, Updates
2. Election of Chairperson
3. Patient Satisfaction
4. Transitions/Discharge update
5. Review of Cardiology instructions
6. Annual report review
7. Items for future meetings