

**ANNUAL REPORT OF THE
PATIENT AND FAMILY ADVISORY COUNCIL
2010–2011**

I. INTRODUCTION

Cooley Dickinson 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 and their families and loved ones in the delivery of care. The Patient and Family Advisory 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 a typical year, Cooley Dickinson Hospital

- serves 80,000 community members
- cares for more than 9,500 inpatients
- handles 200,000 outpatient visits
- records emergency room visits in excess of 36,000
- performs 5,225 operations
- delivers more than 835 babies, and
- translates medical information between English and Spanish languages

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

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

OVERVIEW

The Patient and Family Advisory 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 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.

BACKGROUND

The Council at Cooley Dickinson Hospital was formed in 2009. In May 2009, a twenty-member Task Force undertook to develop policies and procedures for a permanent council. Meeting four times from May through August of 2009, the Task Force developed a draft charter and mission statement, membership and selection criteria, and a confidentiality agreement. Additional members were then recruited through direct referral, word-of-mouth, and open applications. 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. To address the health and well-being of the diverse communities it serves, the Hospital also has a Cultural Competency Committee, established in 2009. It includes staff members, patients and families, and representatives from the community at large.

STRUCTURE AND OPERATION OF THE COUNCIL

The Council was supported through the fiscal year 2010–2011 by the Vice President, Patient Care Services and Chief Nursing Officer, who served as co-chair alongside an elected member representing the community. The Council meets ten months each year (not regularly during July or August). It has a defined charge, mission statement, charter and agenda of priority initiatives. The Council is largely self-determining in terms of setting priorities and agendas.

The Council does much of its work through committees, consisting of members of the Council who have a special interest in specific subject-matters. Currently three such committees are functioning: Emergency Department, Palliative Care and Inpatient Care. A fourth, Women's Health, is forming.

COMPOSITION

The Council is comprised of representatives of the following groups: Hospital staff and former patients and family members of patients. At the conclusion of this year (June 2011), the membership consisted of 25 people, 20 of whom were patients and family members.

Special attention is being given to the recruitment of representatives of several specific hospital constituencies, including ethnically, culturally and religiously diverse patients and community members. Members are also being recruited to enhance representation of such groups as younger adults, cognitively impaired patients, and families with young children.

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. All members annually sign a hospital confidentiality statement.

The Council's operations are guided by a charter and documents that outline its mission, purpose, membership committee, membership, membership terms, membership responsibilities and co-chair responsibilities. In addition, members of the Council serve as liaisons to the Hospital's leadership and will be invited into clinical Microsystem quality improvement units.

Outside of the Council's meetings, the group connects via electronic mail and face-to-face meetings that help to ensure accurate, timely and inclusive communication. Council members use these exchanges to engage in important dialogue, review draft materials, access video and other project-related communications, store meeting minutes (for at least five years) and locate reference materials.

IV. FISCAL YEAR 2011 ACCOMPLISHMENTS

During 2010–2011, the Council developed a policy for stabilizing our membership and for adding new members. Included in this foundational document were clauses that amounted to a set of bylaws (selection of leadership, definition of roles, structure). In 2011–2012, under the leadership of its governance committee, these elements will be separated into a set of bylaws, amended as need be and adopted by the Council.

Also this year, we have held sessions with a number of people who informed us about Hospital initiatives and sought our guidance about patient and family perspectives. For example,

- in March 2011, Eleanor Wakin made a presentation about the Hospital's Dementia Project.
- in May 2011, Jeff Harness and Sarah Bankert from Healthy Communities presented their group's report on public health in the broader Northampton community and led a discussion of their findings.
- Gary Weiss, Executive Chef, consulted the Council in June to get the voice of the patient regarding his plans to improve the presentation of meals and to describe the new, healthier menu. Members of the Council gave their advice about the options for trays and plates that Gary presented.

In addition, the Council continued to work, through committees, on three areas of special focus: the Emergency Department, Palliative Care and Inpatient Care. In addition, a fourth area, Women's Health, was identified.

Emergency Department: The Emergency Department committee met several times over the course of the year, focusing on steps to improve patient satisfaction. We also recruited several new members to this strong and committed group.

Accompanied by members of the Hospital's Emergency Department staff, we traveled to Middletown, Connecticut, and Bennington, Vermont, to examine facilities and meet with staff members at these award-winning hospitals. We were struck by the pride these hospitals take in their culture of teamwork, both within and across departments.

We spent a morning in June at the Emergency Department of Cooley Dickinson Hospital. Cathy Neumann, recently appointed director of the Department, led us on a tour of the facility. Later in the morning, we met with Cathy and Dr. Ray Conway, the Department's medical director, for a thorough discussion of the strengths of our Hospital's department, plans for improvement of the facility and areas where our group might be supportive of efforts to improve patient satisfaction.

We have been encouraged, during the past year, by a willingness on the part of the senior administration at the Hospital to support our work, particularly by encouraging staff members to use work time to join our field trips. Our good visit in June also augurs well. We hope that the groundwork has now been laid for us to make a positive contribution to this critical area. It is clear that our group is good at things the Hospital staff values: listening, and accepting varying points of view without criticism and with mutual respect.

Palliative Care: The Palliative Care committee got off to a slow start as a result of uncertainty about the membership of our committee and miscommunication with the Hospital's clinical staff. These frustrations were remedied in the spring by the recruitment of three new members (Ray Ducharme, Christine Forgey and Don Reutener) and the establishment of regularly scheduled monthly meetings of the committee with the clinical staff, led by Dr. Jeff Zesiger. Three meetings were held during the spring. At the first of these meetings, the hospital staff on the committee detailed the goals of palliative care at the Hospital and answered many questions from new members.

At subsequent meetings the committee initiated plans for community education on palliative care through forums at the Hospital and in the community, articles in local publications, outreach to various institutions, conversations with local colleges and pursuing possible avenues to include underrepresented groups in these efforts. The clinical staff, with the assistance of the committee, intends to pursue some of these initiatives over the summer.

Inpatient Care: Efforts have focused on needs in the intensive care unit. One member, Eileen Sullivan, resigned from the committee in the spring but said she would be available to the group on an as-needed basis. We look forward to continued efforts with her, especially because of her pastoral-care background. Monthly meetings, sometimes with invited guests, focused on the Hospital's intensive-care and telemetry units and on the Development Office.

Other projects included the following:

- finalized and implemented the one-page “ICU Patient and Family Brochure” (which had been started during the previous year).
- review of a brief video made by the intensive care unit staff and a deceased patient’s family member in the fall of 2010. The video focused on a recently developed option for patient room changes (de-medicalizing the space) made in conjunction with willing patients and families for ICU-based, end-of-life services.
- development of a 2-page grant proposal to be sent to the Schwartz Center for Compassionate Healthcare in Boston. The intent was to request up to \$5,000 for added equipment in support of end-of-life patient and family needs in the less traditional ICU setting. Additional materials for use in conjunction with the video for staff education purposes were requested. The Development office at the Hospital tabled the proposal and has identified available funds for this effort. Development is currently assisting ICU staff to purchase laptops with wireless capability, which will be available for families to access e-mail for sharing patient updates with extended family members, as well as an internet subscription music service.

Planning took place for discussion and interviews over the summer of 1) family members who have lost a loved one in the altered atmosphere of the ICU room and 2) staff who have worked in the new format. This effort is different from the more traditional, end-of-life palliative care efforts in that here the focus is on patients who die unexpectedly. While very sensitive in nature, the guidelines and open-ended questions are now published in a special booklet with the hope that initial feedback from family and staff over the summer will lead to refinement of this model for care.

Women’s Care: In progress. New leadership will take over in the sub-committee soon.

Membership Committee: The Membership Committee was formed at the April 12, 2011, meeting in accordance with the “Membership Policies and Procedures” document passed by the Council on March 7, 2011. Members are Mittie Hinz, Jennifer Jalbert, Laurel Milberg and Don Reutener. We were charged with 1. recruiting new community members for the Council to achieve more diversity and 2. reviewing existing membership policy and informational documents to suggest amendments. At our first meeting, we:

- arranged for one of our members to attend the Northampton Area Young Professionals Board Fair on June 9 to meet prospective new Council members;
- crafted a statement to go onto the Hospital website and in the local newspapers in late August, soliciting interest in applying to join the Hospital’s Council;
- decided to contact the health services/health educators at each of the 5 local colleges to solicit their interest in joining the Council; and
- suggested some wording changes on the Membership Policies and Procedures information sheet and Patient and Family Advisory Council Informational Sheet

for the Council's approval before they are used to help inform prospective new PFAC members
We will meet again in September when there are applications to review.

V. FUTURE PLANS

The current subgroups will continue their work in the upcoming year. The Council will also continue to review initiatives and create additional subgroups as needed. Its groups will provide reports at Council meetings as a means of tracking their progress throughout the year.

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 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 reports of the Patient and Family Advisory Council are delivered to the hospital's Board of Trustees by the Senior Director of Public Affairs, along with a designated patient/family member. The Council's annual reports are available for download via the hospital's website (www.cooley-dickinson.org).