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# ANNA JAQUES HOSPITAL

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## Annual Report on Patient and Family Advisory Council October 2018

### 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. DEMOGRAPHICS

Anna Jaques serves CHNA 12, also known as the Greater Haverhill Area. The cities and towns that make up this geographical area include: Newburyport, Newbury, West Newbury, Amesbury, Salisbury, Rowley, Georgetown, Merrimac, Groveland and Haverhill.

#### **Race/Ethnicity**

92% non-Hispanic white  
5% Hispanic  
1% non-Hispanic Black  
1% Asian

### IV. 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.

**V. 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.
- Members help to set the agenda for the upcoming meetings during meeting time, via email or telephone call as well.

**VI. 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 five patient/family members.

**VII. PROJECT SUMMARY**

TOPICS REVIEWED/ADVISED	COMPLETED
Planning for future topics	October 18, 2017
Patient Centric Model Introduction/Education Update on merger. Town meetings	December 20, 2017
Patient Centric Model follow up and ideas	February 21, 2018
Meeting Cancelled	April 18, 2018
Shields MRI new vendor One Year Later How Are We Doing?	June 20, 2018
Completion of annual report Beth Israel Lahey Health update	August 15, 2018

**VIII. CHALLENGES**

One of the biggest challenges this year has been finding committee members from a variety of age brackets. It is difficult to find interested parties who are available on a consistent basis. This

is especially true for parents with young children and working families. Currently the committee members represent baby boomers and/or seniors and one member representing young families.

**IX. GOALS/TOPICS FOR NEXT YEAR**

1. Substance use/abuse program for pregnant women
2. Patient Experience diving into the data
3. Sensitive Care-LGBT Community
4. Care Transitions