



ANNUAL REPORT

FOR THE PERIOD SEPTEMBER 30, 2012
THROUGH SEPTEMBER 30, 2013

SUMMARY

The 2012-2013 year was a year of integration for Lowell General Hospital in many aspects. As of July 1, 2012, Lowell General Hospital became a new organization, with one strengthened hospital serving the Greater Lowell community. In addition to the merger of Lowell General Hospital with Saints Medical Center in July, we opened a six-story, state of the art building, and in August 2012, a dedication ceremony was held for the six-story state-of-the-art building on the main campus and introduced Circle Health, our new parent organization.

Our focus has been on bringing together our Board, staff and volunteers – including our Patient Family Advisory Council - as well as processes, policies and systems. We are united and committed to delivering on our mission “Patients First in Everything We Do” and our promise of *Complete connected care*SM.

Current members of the Lowell General Patient Family Advisory Council are:

- Rasy An
- Joseph Blanco
- Paula Chea
- Carol Daly
- Ina Francis
- Robert Logan
- Dan Mansur
- Alan Marsh
- Paul Murray, Sr.
- Fru Nkimbeng
- Diane Pappas
- Lincoln Pinsky, MD
- Connie Richards
- Jan Stecchi
- Celeste Tremblay, RN
- George Tsapatsaris
- Kathy Walsh

Staff members:

- Amy Hoey, RN, Chief Operating Officer and Acting Chief Nursing Officer, PFAC Current Chair
- Sally DeAngelis, Service Culture Manager and PFAC Coordinator
- Erin Donovan, Director of Regulatory Compliance

The PFAC Annual Report includes the tangible measures of our accomplishments and is presented in the Patient Family Advisory Council (PFAC) Report to the Patient Care Assessment Committee. The PFAC Report is distributed via web, to LGH staff and the community.

LOWELL GENERAL HOSPITAL MAIN ACTIVITIES SEPTEMBER 30, 2012 THROUGH SEPTEMBER 30, 2013

The Hospital was very active during this period. Patient volume was high across both campuses. Service Line Directors oversee units across both campuses facilitating the same standard of care. Many services were consolidated to one campus location and there were several openings of new units. This included the Cancer Center integration to the Main Campus; the opening of a new Medical Daycare unit at the Saints Campus; the consolidation of Cardiac Rehab services and the Pain Center to the Saints Campus, and the openings of the newly renovated and expanded Surgical Daycare, Labor and Delivery and Emergency Departments in the Dahod building. In June 2013, the Hospital electronic medical record systems were united across all campuses, an important step in providing more seamless care and communication for patients and caregivers.

Lowell General Hospital is an independent, not-for-profit, community hospital serving the Greater Lowell area and surrounding communities. Lowell General Hospital is the ninth largest hospital in the state; the second largest community hospital in the state; and the largest employer in the region with approximately 4000 staff. Further information about LGH may be found on our website at www.lowellgeneral.org.

PFAC ACTIVITIES SEPTEMBER 30, 2012 THROUGH SEPTEMBER 30, 2013

We held five official meetings in the reporting period: October 10, 2012; December 5, 2012; February 13, 2013; April 10, 2013; June 5, 2013; and August 7, 2013.

- ❖ This year was primarily focused on building our new Patient Family Advisory Council, with members getting to know each other and to develop new processes and directions, discussing past initiatives and member interests. Our first meeting together was on December 5, 2012. As space permitted, we held meetings at our Main campus and our Saints campus.
- ❖ We spent time at each of our meetings on developing new by-laws for the PFAC. The process and discussion reflected our growth and the enthusiasm of our members. The new by-laws were accepted at the June 5th meeting. A copy is available upon request. New elements of the by-laws include:

- The Council structure is now to include at least 12 non-staff members and will not exceed 30 active members, unless there are membership rotation issues appropriate to a greater number for a temporary period agreed upon by the membership;
 - Expansion on the role of the PFAC Co-chair including nomination and election procedures;
 - Definition and distinction of the types of PFAC meetings – General, Annual and Special;
 - Further clarification of Active Membership role including the term to consist of one year, renewable each year for a maximum of three terms; and the
 - Addition and definition of membership categories – Emeritus, Associate and Alumni/ae.
- ❖ At the June 5th meeting, members agreed to create a Membership/Nominating Committee. The Committee will focus on recruitment of new members, membership rotation issues, and on the Co-Chair nomination process.
 - ❖ Members reviewed the Lowell General Experience model of *Complete connected care* and the six dimensions used to help organize and think about the patient and family experience. They are: First Encounter; Touchpoint/Meaningful Encounters; Transitions; Healing Environment; Quality/Outcomes; and Lasting Impressions. Staff use the same model to support improvement initiatives. Ongoing PFAC discussion and focus will better coordinate initiatives and priorities hospital-wide, strengthening the relationship and efforts of the PFAC and staff. PFAC members input emphasized the need for the use of simple language in explaining processes and procedures in making the unknown known.
 - ❖ This year included several opportunities for the PFAC to participate in activities in the community that relate to PFAC interest areas as well as to the group’s further growth.
 - PFAC Member Paul Murray and PFAC Coordinator Sally DeAngelis attended the first Massachusetts state-wide PFAC Conference on May 17th. Paul Murray presented highlights from the conference to the PFAC, including two workshops “The PFAC Role in Improving Care in the Emergency Department” and “Running a PFAC – Best Practices”. He also presented ideas for future directions for our PFAC such as deeper involvement in specific service lines and areas.
 - PFAC Member Connie Richards represented the PFAC at the Massachusetts SMP 4th Annual Statewide Conference *Empowering Seniors to Prevent Healthcare Fraud*. She participated in a panel discussion about PFACs and reported back to our PFAC about the topics addressed, in particular the need for continued education to the elder population.

- At the June 5th meeting, PFAC members participated in a focus group as part of a community health needs assessment being conducted by Lowell General and the Greater Lowell Health Alliance, with facilitation through UMASS Lowell. We will review the report and recommendations when it is made available later in 2013.

CURRENT MEMBERSHIP AND STRUCTURE

At the writing of this report, the Lowell General Hospital PFAC totals 20 members.

- ❖ Seventeen are patient and family members who represent LGH key service lines and vary in age. All are current or former patients or family members of patients. One of the members is also a representative from the Lowell General Patient Care Assessment Committee (PCAC). One PFAC member also serves as a Volunteer in our Volunteer and Concierge Department.
- ❖ Three members are Lowell General staff: the Vice President of Patient Care Services, the Service Culture Manager; and the Director of Quality and Risk Management.

This year, we welcomed new members Phala Chea, Diane Pappas, Lincoln Pinsky, MD and Connie Richards as new Active Members to the Patient Family Advisory Council. During the year, several members resigned their roles. Resignations were received in writing as required by the Lowell General PFAC Policies and Procedures.

STRUCTURE

Amy Hoey, the Chief Operating Officer and Acting Vice President of Patient Care Services serves as current Chair of the PFAC. At the June 5th meeting, members came to consensus to nominate and elect a Co-Chair and a Membership/Co-Chair Committee was formed to support this process.

MEMBERSHIP/CO-CHAIR COMMITTEE

As we integrated our PFAC this year and revisited and redid our by-laws, we recognized the need for a committee to focus specifically on our continued growth and development. PFAC members Joseph Blanco, Robert Logan, Paul Murray, Sr., and Fru Nkimbeng volunteered to serve as the first Membership/Co-Chair Committee. The group first met on August 7th prior to the General PFAC meeting and began a plan and process for increased recruitment efforts and communications about the PFAC as well as the nomination of the Co-Chair. The PFAC Coordinator provides support to the Committee. The Committee will begin

contributing to the hospital's Facebook page with information after each PFAC meeting to help recruit new members. All current recruiting materials and the application process are also under review, and the Committee will continue to identify opportunities going forward.

MINUTES

Written minutes of meetings are maintained. Written and/or oral reports of activities undertaken, findings, and recommendation(s) are transmitted to the LGH Patient Care Assessment Committee. Minutes will be maintained for a minimum of five years by the PFAC Coordinator.

BUDGET

The budget for the PFAC falls under the Service Culture Department and consist of expenses related to food, printing, postage, interpreters, and other related expenses. The current budget is \$1,500.

LGH PATIENT FAMILY ADVISORY COUNCIL AND LGH PATIENT CARE ASSESSMENT COMMITTEE (PCAC)

As detailed in the PFAC Policies and Procedures, the PFAC Coordinator attended the Patient Care Assessment Committee (PCAC) to update this group on the activities of the PFAC. The PCAC Chair attended the December 12th PFAC meeting and receives all meeting summaries.

PROPOSED SCHEDULE OF MEETINGS THROUGH SEPTEMBER 2014

The PFAC schedule will be set for six meetings from September 30, 2013 through September 30, 2014. Our next scheduled meetings are Wednesday, October 16, 2013 and our first Annual Meeting on Wednesday, December 11, 2013. The 2014 meeting schedule is tentatively set to occur on the second Wednesday of the month in February, April, June, August, October and December, from 6pm to 8pm, rotating between the Main and Saints campuses.