



Lowell General Hospital

A **CIRCLE HEALTH** MEMBER

Complete connected careSM

ANNUAL REPORT

FOR THE PERIOD SEPTEMBER 30, 2011
THROUGH SEPTEMBER 30, 2012

SUMMARY

The support, commitment and participation of the Lowell General Hospital Patient Family Advisory Council (PFAC) were paramount in this historic year for the Greater Lowell community and Lowell General Hospital. In July 2012, Lowell General Hospital merged with Saints Medical Center in Lowell, and in August 2012, a dedication ceremony was held for the six-story state-of-the-art Dahod building on the Main Campus. With these two major events happening in the same time, a challenge for any organization, the consistent input and dedication of the PFAC members proved invaluable.

This was the second year of the Lowell General Patient Family Advisory Council. Members are asked to commit for two years, and may serve two two-year terms consecutively, according to our current by-laws. Most current members have been members since the start and expressed they will continue for another two years. Current members of the LGH PFAC include current or former patients or family members of patients, and three LGH staff members. They are:

Sally DeAngelis, LGH Service Culture Manager and PFAC Coordinator
Erin Donovan, LGH Director of Regulatory Compliance
Ina Francis
Amy Hoey, RN, LGH CNO, PFAC Current Chair
Susan Lenzi
Robert Logan
Jennifer Lynch
Dan Mansur
Alan Marsh
Paul Murray, Sr.
Fru Nkimheng
Celeste Tremblay, RN
George Tsapatsaris

The 2012-2013 year will be one of integration for Lowell General Hospital in many aspects – and for the PFAC as well. We will be focusing on integrating with the Patient Family Advisory Council members from the former Saints Medical Center to create an even stronger PFAC structure and process. We look forward to coming together.

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, 2011 THROUGH SEPTEMBER 30, 2012

Lowell General Hospital and Saints Medical Center finalized their merger agreement and the two hospitals formally combined as Lowell General Hospital effective July 1, 2012. At the same time, Lowell General established Circle Health, Inc. Circle Health is the parent company of Lowell General and the umbrella organization that will align primary and specialty physician practices along with other local and regional health providers in a system-based approach to deliver an experience of Complete connected careSM to the communities it serves.

In August 2012, Lowell General Hospital held a dedication ceremony of its new six-story 200,000 square foot Dahod Building on the Main Campus. Construction began in May 2010. The ground floor opened to patients and visitors on August 13. The ground floor includes a spacious new main entrance and lobby, patient reception and information desk, gift shop, Dunkin' Donuts coffee shop, expanded imaging services, and the new Patient Service Center. On September 17, the first inpatient floor of the Dahod Building, D3, was opened to patient care. D3 is a medical-surgical unit with 30 private rooms.

In June 2012, Lowell General Hospital celebrated the opening of its new facility at 14 Research Place in North Chelmsford, a 31,258 square foot medical office building located between 10 and 20 Research Place occupied by 120 staff and physicians including Merrimack Valley Cardiology, Orthopedic Surgical Associates and Merrimack Valley Spine Center. The new building brings greater access to healthcare specialists and services, with close proximity to care and support services such as outpatient testing, imaging, day surgery, therapy, and other supportive care at the Lowell General 10 and 20 Research Place campuses.

Lowell General Hospital is an independent, not-for-profit, community hospital serving the Greater Lowell area and surrounding communities. As of July 2012, 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 3500 staff. Further information about LGH may be found on our website at www.lowellgeneral.org.

LGH PFAC ACTIVITIES SEPTEMBER 30, 2011 THROUGH SEPTEMBER 30, 2012

The LGH PFAC held five official meetings in the reporting period: October 19, 2011; December 14, 2011; February 8, 2012; April 11, 2012 and June 13, 2012. PFAC members were also invited to the opening of the Dahod Building in August 2012 which served as an informal gathering of the group and replaced the previously scheduled August meeting.

- ❖ **During this time period, part of each meeting was focused on updates related to The Legacy Project (the construction of our Dahod building) and to our merger with Saints Medical Center.** This enabled PFAC members to be kept up to date on important timelines in both ongoing processes and to ask questions and offer information on how communications and the actual processes and events were being received in the community.
- ❖ **Each meeting also included focus on a topic requested by PFAC members and most were presented by a staff member.** These gave the opportunity for the reciprocal relationship between the PFAC and various departments and staff to grow, setting foundations for future work together.
- ❖ **PFAC members held their October 2011 meeting at LGH Tyngsboro Campus so that members could visit patient “mock-up” rooms for the new Dahod building.** “Mock-up” rooms included an Emergency Department exam room and two inpatient rooms, one for medical/surgical patients and the other for Labor and Delivery patients. Lowell General Executive Vice President and Chief Operating Officer Joseph A. White III, led the members through the “mock-up” rooms, inviting questions and feedback. Members also reviewed more detailed floor plans for the new building.

This meeting also served to introduce members to another facility in the growing campus. The Tyngsboro campus houses Finance, Patient Access and Information Services departments.

- ❖ **PFAC members welcomed the opportunity to discuss and provide input related to the LGH Adult Hospitalist Program in December.** Our guests were Dr. Sothy Pheng, Assistant Medical Director of the Adult Hospitalist Program and Maureen Hovey, Coordinator of the Adult Hospitalist Program.
 - The history of the Hospitalist program at LGH and the organizational impetus behind the Hospitalist program were discussed. At first a small number of PCPs turned the care of their patients over to the Hospitalists for hospital care. Now, 90% of our patients are

followed by the Hospitalists. The complexity of hospital care and technology today requires experts and those with experience. Patients have ongoing relationship with their primary care physicians (PCPs) and creating a relationship with a new provider during a hospital stay can be challenging. Dr. Pheng spoke of the current process, staffing and structure of current communication between the Adult Hospitalist Program and PCPs. Members found much of this information helpful, such as the fact that adult hospitalists do not have private practices; this is their only job and they are experts at inpatient care.

- PFAC members shared concerns about communication between patient and families and the Hospitalist Team as well as communication between the Hospitalists and specialists and their PCP. They shared some personal stories to illustrate specific examples that Dr. Pheng found helpful. To help strengthen communication, PFAC members provided input to a draft brochure that will be presented to inpatients as well as to a draft presentation to be made available on Skylight, our inpatient interactive television system.

- ❖ **The LGH Experience of Complete connected care** was introduced to the PFAC in February. This new promise to our community refocuses on the patient and family experience in each step of the delivery of care from the moment patients arrive to the moment they depart. There are six dimensions including: First Encounters; Touchpoints/Meaningful Encounters; Transitions; Healing Environment; Quality/Outcomes and Lasting Impressions. Sue Santana, Coordinator of Professional Practice and Magnet Recognition Program, presented on the Nursing process redesigns and upcoming training that will be presented to all Nursing and Patient Care Services staff. PFAC members were pleased with the components and new processes being transitioned at LGH including bedside report at hand-off between caregiver shifts and quiet hours on the units at these times, and that a non-clinical training on Complete connected care would be provided later in the spring.

- ❖ **The transformation and redesign of the Lowell General Hospital Emergency Department to the Dahod Building, to provide Complete connected care** was the topic of our April meeting. Our guest was Diane Regan, Director of the Emergency Department (ED) who shared information on both the facility and physical changes as well as to nursing processes.
 - She showed artistic renderings of the new ED. The PFAC was very pleased to hear that the capacity of the ED is moving from 26 beds to 50 beds which should allow the hospital to comfortably treat up to 70,000 patients per year. There will be 3 triage rooms as opposed to 2 now although we anticipate moving patients directly to a room upon their arrival. All the

- rooms will be private with tri-fold glass doors. There will be a Rapid Medical Exam (RME) room for patients that present with minor issues and don't require extensive services. The anticipated move date is in early December.
- Diane also shared the patient feedback they receive through Press Ganey, Patient Advocacy and in-house survey questions. Patients have requested more information about delays, state concerns about feeling cared for, privacy, pain management, communication to family/friends, and accurate information. This feedback is being used by the process redesign workgroups.
 - There are six ED process redesign work groups meeting to discuss workflows related to Pediatric Care, Psychiatric Care, Front End or Low Intensity patients, patients that will require admission and patients that will be discharged from the Emergency Department. New roles are planned including a Rapid Assessment Nurse (which will start in our present environment) and volunteer ambassadors. Pagers for patients, new whiteboards, how we collect specimens (hand held device scanner), and adjustments needed to support workflow changes in the medical record are all under consideration. Members shared concerns regarding staffing needs and communication during care processes.
 - ❖ **PFAC members requested information on Security** at Lowell General Hospital so in June, Security Supervisor Brendan Riley joined the Council meeting to present the Security program at LGH. He reviewed staff qualifications, duties, and training programs for staff and offered by staff to the community. Members were pleased to hear about the department's mutual aid from surrounding towns and partnerships with police and other emergency services.
 - ❖ **Input from PFAC members related to the patient belongings process was requested as well.** The current system, including locked storage for small items, and a new clear toiletry bag being trialed for patient's glasses, hearing aids and other items was reviewed. PFAC members provided several suggestions for the bag that are being brought back to the staff committee and also discussed concerns for cognitively challenged and/or less alert patients.

LGH PATIENT FAMILY ADVISORY COUNCIL CURRENT MEMBERSHIP, STRUCTURE, AND RECRUITMENT EFFORTS

At the writing of this report, the LGH PFAC totals 13 members.

- ❖ 10 are patient and family members who represent LGH key service lines and vary in age from 32 to 80, with pediatric patients represented by parents. All are current or former patients or family members of patients. One of the members is also a representative from the LGH Patient Care Assessment Committee (PCAC). One PFAC member also serves as a Volunteer in our Volunteer and Concierge Department.
- ❖ Three members are LGH staff: the Vice President of Patient Care Services, the Service Culture Manager and the Director of Quality and Risk Management.

In October 2011, the Committee welcomed two new members: Alan Marsh and Fru Nkimheng. Members Mary Boyden and Madeline Stone resigned in October and December 2011 due to scheduling conflicts. Resignations were received in writing as required by the LGH PFAC Policies and Procedures.

STRUCTURE

The Vice President of Patient Care Services serves as current Chair of the PFAC. We discussed adding a Co-Chair role at our June 2012 meeting. This will be revisited in the coming year as we expect to expand our Council.

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.

RECRUITMENT

The LGH PFAC is actively seeking new members to more accurately represent the many diverse cultures, found in the communities of the LGH service area. During the reporting period, the PFAC Coordinator communicated with the Greater Lowell Community Health Alliance which includes representatives from several area organizations. The visibility of the PFAC in the community thanks to the inclusion of an article about the PFAC in the Lowell General Hospital Annual Report distributed in May and an article in

the Lowell General Hospital “For Your Health” magazine distributed to 200,000 households in the community. Several interested community members contacted the PFAC Coordinator in August and early September and are being followed up with.

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 LGH Patient Care Assessment Committee (PCAC) to update this group on the activities of the PFAC. Three members of the PCAC, including the Chair, expressed interest in attending PFAC meetings and are now included on the distribution list, receiving agendas, minutes and other communications. The PCAC Chair attended the March 2011 PFAC meeting, and PCAC members attended the August 2011 PFAC meeting.

LGH PATIENT FAMILY ADVISORY COUNCIL PROPOSED SCHEDULE OF MEETINGS AND TOPICS THROUGH DECEMBER 2013

The PFAC schedule will be tentatively set for six meetings from September 30, 2012 through September 30, 2013. Our next scheduled meeting is Wednesday, October 10, 2012. This will be the final meeting of the Lowell General Hospital PFAC main campus only (members reflected in this report). In December we will hold our first meeting of PFAC members from the Main Campus and the former Saints Medical Center. We expect to spend two to three meetings working on integrating the PFACs of Lowell General Hospital and the former Saints Medical Center. We will be looking at structures and roles, such as subcommittees and Co-Chairs, membership tenure and recruitment. We will be revising our By-Laws to reflect these discussions and decisions. In addition, we will review/revise our schedule and focus areas.

We will also continue to inform and offer feedback on initiatives presented to the PFAC related to Patient Experience and Satisfaction, as well as reviewing measurements and offering ideas for improvement, as well as updates on several initiatives the Council provided feedback for the previous year.