



**Saints Medical Center
Patient and Family Advisory Council Annual Report
October 2009 – September 2010**

INTRODUCTION

Saints Medical Center was created in 1992 with the merger of St. Joseph's Hospital and St. John's Hospital, both Lowell institutions since the 1800s. The name was changed in 2006 to Saints Medical Center. St. Joseph's began as the Lowell Corporation Hospital, established in 1839 by area mill owners for the care of their employees. If the employees were unable to pay, the mills for which they worked would reimburse the corporation. No patient was turned away for lack of funds. On November 1, 1930, the deed of the hospital was transferred to the Archdiocese of Boston and placed under the direction of the Oblates with the Grey Nuns of the Cross of Ottawa acting as management. The facility then became known as St. Joseph's Hospital of Lowell.

Ultimately, the rapid growth and changing demographics of Lowell in the following decades created the need for additional hospitals. With the waves of new immigrants came the need for health care services with a broader focus. Many of those arriving in Lowell with no jobs found themselves ineligible to use the services of the Lowell Corporation Hospital. The need for a health care facility to treat the people of Irish extraction was evident to Father John O'Brien, pastor of St. Patrick's Church (and the originator of Father John's Medicine) and Sister Emerentiana, Mother Superior of the Sisters of Charity, St. Vincent de Paul at St. Peter's Church. In 1867, they purchased land on Livermore Street, and with it, an old yellow house. With 12 very sick patients, they started a small hospital, known as St. John's Hospital.

Following in the footsteps of our founders, under a new banner, Saints Medical Center prides itself on holding true to two commitments: No one will be turned away, regardless of their financial situation – and – Saints promotes a commitment to social justice by providing care and education to our ever-changing immigrant population. Lowell is nationally known as a melting pot of ethnic diversity, a fact Saints embraces whole-heartedly. Our commitment to cultural competency and mutual respect is reflected over almost 2 centuries. Our nurses have tended to Irish, Greek, Polish, Italian and French, as well as Cambodian, Congolese, Burmese, Nepalese and Iraqi immigrants and refugees.

Saints Medical Center's mission reads: *"To continue the healing ministry of Jesus, to those in need, according to the times."*

Mission, lived and promoted at Saints Medical Center, portrays to the community the organizational identity of our Catholic healthcare facility and philosophy. It also inspires staff to strive toward the noblest potential of being human, fostering an environment of respect for the dignity of persons, equal regard, justice, and learning for growth and development. Mission lived well translates into customer service performed well.

Care of the poor and protection of and advocacy on behalf of the vulnerable are central to the mission of Saints in closing unfair gaps or disparities in quality health care for all. With Lowell's place in history as the seat of the Industrial Revolution, Saints can never forget its roots as a healing presence to the immigrant poor mill workers who labored to clothe a nation. Generations later, this "Catholic hospital by the river" remains firm in purpose to continue being a living benefit to the community.

HOSPITAL OVERVIEW

Saints Medical Center is a nonprofit, full service, acute care community hospital serving Greater Lowell since 1839. A 157-bed licensed medical center, Saints provides advanced health services to 315,000 residents in 25 towns. In Fiscal Year (FY) 2010, Saints discharged 6,480 inpatients, with an average length of stay of 3.88 days. Total hospital outpatient visits for FY 2010¹ are estimated at 231,385 of which 41,149 are Emergency Department encounters²; and Saints surgeons performed over 1,384 inpatient and 3,290 outpatient surgeries.

With nearly 300 physicians and 1,100 employees, Saints Medical Center is well known for outstanding medical care and patient-centered facilities including our Cancer Center, Orthopedic Center and Cardiovascular Services. Saints offers convenient community-based care at several ambulatory sites and is dedicated to promoting health and wellness in the community. Since 2001, Saints has provided the Greater Lowell community with over \$26 million dollars in free Community Benefit and Community Service Programs, local sponsorships and employee volunteerism efforts.

The Medical Center has clinical affiliations with the leading Boston academic medical centers and is proud to be one of the top-rated hospitals in Massachusetts according to the Joint Commission for the Accreditation of Healthcare Organizations. Saints continues to provide comprehensive, holistic health services to all people, especially the poor and disadvantaged, in accordance to our mission.

Saints Medical Center has seen substantial growth since the fall of 2002, resulting in two Walk-In Centers, 8 primary care offices, over 35 hospital-based physicians and a state of the art 32-bed ambulatory Dialysis Unit. The hospital is in the implementation stage of its strategic plan, which promises a period of major growth through 2011. Saints has recently added a Comprehensive Women's Center and an onsite Wound Care Center.

SAINTS MEDICAL CENTER : PATIENT FAMILY ADVISORY COUNCILS (PFACs)

Early in 2009, in conjunction with the Saints Medical Center Strategic Plan and to meet the mission of the Hospital and the SMC Patient Care Services Department, the Administrator of Advocacy and Corporate Culture began to plan the creation of the SMC Patient Family Advisory Council(s). The Administrator received mentoring from colleagues at Dana Farber Cancer Institute, and followed the Massachusetts Department of Public Health Regulations Related to Patient and Family Advisory Councils (105 CMR 130.1800 and 130.1801) and utilized resources provided through the Massachusetts Coalition for the Prevention of Medical Errors and the Institute for Patient and Family Care to establish a work plan submitted to DPH on September 30, 2009.

Women's Council: The first meeting of the Saints Medical Center Women's Services Patient and Family Advisory Council was held in January 2010, with 8 patient and family members and three SMC staff members in attendance.

¹ Fiscal year documents services provided between October 1, 2009 and September 30, 2010.

² Does not include Laboratory Tests: 1,340,380 encounters.

Hospital Council: The first meeting of the Saints Medical Center Hospital Patient and Family Advisory Council will be held October 2010, with 6 patient and family members and three SMC staff members in attendance.

This report describes the accomplishments of the Saints Medical Center PFAC since our work plan submission in September 2009 through our first meeting in October 2010. They include much of the proposed PFAC policies and procedures (including structure, selection criteria, roles and more); a summary of our first meetings and a preliminary outline of topics and agenda for the PFAC through September 2011.

POLICIES AND PROCEDURES

The Administrator for Advocacy and Corporate Culture drafted the SMC PFAC Council Policies and Procedures which address the PFAC purpose and goals; membership structure, qualifications, criteria, selection, retention, terms of service and duties and elections of officers; duties; confidentiality; and budget. All documents were approved by the Vice President of Mission and Ethics. The draft Policies and Procedures will be presented at the first SMC PFAC meeting in October, 2010. The members of the SMC PFAC are reviewing the draft and will be discussing the content and language at the October meeting.

Policies shall meet the requirements set forth by the Massachusetts DPH Regulations:

- The SMC PFAC Councils will meet at least quarterly
- Minutes of Council meetings will be maintained for a minimum of five years
- Minutes of Council meetings including Council accomplishments will be transmitted to SMC's governing body
- At least 50% of the Council members shall be current or former patients or family members and should be representative of the community served by Saints Medical Center.

PFAC PURPOSE AND GOALS

The purpose and goals of the Saints Medical Center Patient Family Advisory Councils are as follows:

PURPOSE:

- To meet our goal of continuous quality improvement in the area of patient/family care.
- To meet our goal of increased focus of community benefit/caring for the community
- To establish and develop a Patient and Family Advisory Council for Saints to meet the recently issued Massachusetts Department of Public Health regulations requiring hospitals to establish a Patient & Family Advisory Council (Proposed Amendment to 105CMR 130.000 Hospital Licensure, March 30, 2009).

GOALS:

- Strengthen hospital decision-making by drawing upon the diverse experiences and viewpoints of the people that receive care in our facility;

- Gather patient/family-focused insight and recommendations for improving quality, service, safety, access, education and patient and family satisfaction and loyalty;
- Serve as a means for receiving and responding to patient and community input, and channeling information, needs and concerns to staff and administration;
- Enhance relationships between our hospital and patients/families and the community.
- Reflect the unique culture of the hospital and reflect the socio-demographics of our patient service area.

PFAC RECRUITMENT

The Administrator for Advocacy and Corporate Culture established member selection criteria and a recruitment process. Members were selected based on the following criteria:

- Able to listen to differing opinions and share different points of view;
- Positively supportive of the mission of the hospital;
- Share insights and information about their experiences in ways that others can learn from them;
- See beyond their personal experiences;
- Show concern for more than one issue or agenda;
- Respect diversity and the perspectives of others;
- Adhere to the operating principles of respect, trust, collaboration, communication, integrity;
- Speak comfortably in a group with candor;
- Demonstrate a readiness to help others;
- Maintain respect for collaboration and assist SMC in delivering quality patient cancer care
- Interact well with many different kinds of people;
- Work in partnership with others;
- Represent experiences from key service lines: Cardiology; The Cancer Center; Internal Medicine; Surgical Services; Women’s Health; Orthopedics; Dialysis
- Diversity: Represent the age range and ethnic, racial, geographic diversity reflective of the patient population served at Saints Medical Center.

Members were solicited through a variety of communications including: flyers to community organizations; social media; the Saints Medical Center website; and through direct mailings to community participants in hospital events. The Administrator also requested the assistance of SMC staff leadership to recommend potential members who were then contacted by the Administrator. Potential members completed a two-page application developed by the core team. Applications were screened by the Administrator of Advocacy and Corporate Culture, conducting personal interviews. A list of future potential PFAC members is kept and updated regularly by the Administrator.

SAINTS MEDICAL CENTER PATIENT FAMILY ADVISORY COUNCIL: STRUCTURE, ROLES, TERM OF SERVICE, EXPECTATIONS, COMMUNICATION, BUDGET, EVALUATION

The PFAC serves in an advice-giving capacity and reports to the SMC Patient Care Assessment Committee (PCAC). The PFAC Coordinator will attend the PCAC meetings twice annually to provide an update on issues addressed and any outstanding issues needing resolution. The role of the PFAC is

solely consultative. Members help facilitate family and patient participation in hospital care and decision making, information sharing and policy and program development.

PFAC MEMBERSHIP AND STRUCTURE

Each PFAC consists of 6-8 patients, families and community members and represents a cross-section of the families served. At least 50% of the PFAC members must be current or former patients or family members. An additional two to three SMC staff members will serve on the PFAC.

Women's PFAC: The first meeting of the SMC Women's Health PFAC in January 2010 included 8 patient and family members who represent SMC's Women's Health service line and vary in age from 30 to 55. All are current or former patients or family members of patients. Further recruitment will be done so that our membership represents greater diversity of our community. Members proactively offer advice, information and recommendations on planning, policies, and procedures. Information from this group will provide leadership with an enhanced understanding of how to improve quality, program development, service excellence, communications, patient safety, facility design, patient and family education, staff orientation and education and patient/family satisfaction and loyalty.

Hospital PFAC: The first meeting of the SMC Hospital PFAC to be held in October 2010 will include 6 patient and family members who represent SMC key service lines and vary in age from 40 to 70+. All are current or former patients or family members of patients. Further recruitment will be done so that our membership represents greater diversity of our community. Members proactively offer advice, information and recommendations on planning, policies, and procedures. Information from this group will provide leadership with an enhanced understanding of how to improve quality, program development, service excellence, communications, patient safety, facility design, patient and family education, staff orientation and education and patient/family satisfaction and loyalty.

Members may:

- Present how patients and families might feel and think about issues concerning quality, program development, service excellence, communications, patient safety, facility design, patient and family education, staff orientation and education and patient/family satisfaction and loyalty;
- Assist in developing a better understanding of patient and family needs and expectations;
- Recommend refinements to operations, policies and/or procedures;
- Review selected communication materials to help enhance them from the patient and family perspective making them more understandable and user friendly;
- Review patient satisfaction survey results and make recommendation for addressing concerns identified;
- Identify structural and cultural barriers to patients obtaining health care services and recommend strategies to overcome these;
- Act as a sounding board for new (existing) services, policies, health related programs, communications, and business strategies;
- Consider matters referred to them by other SMC Councils and Committees.

PFAC COUNCIL CHAIR(S)

The Chief Nursing Officer will initially serve as chair of the PFAC. At a future meeting of the PFAC, a patient or family member will be elected to serve as co-chair of the PFAC. In this role, the Chair/Co-Chairs:

- Communicate the purpose of the Committee;
- Communicate what the Committee is empowered to do;
- Present adequate introduction of topic for discussion;
- Keep meetings focused to prevent meetings from centering on personal agendas;
- Avoid unproductive discussions of things the organization cannot do anything about;
- Provide insight into the challenges facing the health care system and hospitals; and,
- Provide education and support.

PFAC COORDINATOR

The Administrator of Advocacy & Corporate Culture will serve as the PFAC Coordinator. The Coordinator will:

- Recommend topics, agenda items, and programs for PFAC review;
- Schedule and co-facilitate meetings;
- Review information and recommendations generated by PFAC activities;
- Arrange for written minutes of each meeting that will be shared with members of the SMC Patient Care Assessment Committee;
- Consider each recommendation seriously;
- Implement recommendations deemed to be feasible;
- Respond to all recommendations, whether they are adopted or not;
- Inform the PFAC what has been done with each recommendation;
- Inform the Patient Care Assessment Committee of progress; and
- Monitor and annually assess the Council's process and performance
- Additional staff/administrative support will be provided as needed.

SAINTS MEDICAL CENTER STAFF PARTICIPATION

Two to three staff members will serve on each PFAC. Other physicians and staff will attend as appropriate including (but not be limited to) the following:

- VP, Quality and Patient Safety
- Director/Management Staff member
- Director, Human Resources
- Chief Financial Officer
- Vice President, Medical Affairs
- Chief Operating Officer
- CEO/President
- Board of Trustees member

PFAC MEMBER TERM

The PFAC member term is two years. The maximum term is two, two-year terms. SMC may, in its sole discretion, extend the maximum term of a committee member/s to insure rotating terms.

MEETING FREQUENCY

The Committee will meet at least four times per year. Meetings will be held at SMC at convenient times. Dinner or refreshments will be provided. Accommodations (e.g. sign or other language interpreters) will be made available if needed.

ATTENDANCE

Members are expected to attend 75% of meetings or 3 out of 4 meetings.

MINUTES

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

DECISION MAKING

Decision making by the PFAC will be made through consensus.

COMMUNICATION

The majority of communication with PFAC members and co-chairs outside of meetings is done via e-mail. The PFAC Coordinator is available by phone to answer questions, provide clarification and/or hear suggestions and ideas.

RESIGNATION

A PFAC member may resign at any time by providing written notice of resignation to the co-chairs. Any such resignation shall take effect at the time specified by the member.

REMOVAL

A PFAC member absent from four meetings in succession without notice of absence is automatically terminated. A PFAC member may be removed, with/without cause, at any time, by a Committee chair.

VACANCY

A vacancy in the PFAC caused by resignation or removal will be filled at any time, as recommended by the Council.

ANNUAL DISCLOSURE & CONFIDENTIALITY AGREEMENTS

PFAC members are required to annually disclose their involvement(s) with organizations, vendors, and/or any other associations that might produce a business conflict. Also, each PFAC member will be required to sign a SMC PFAC Volunteer agreement stipulating confidentiality.

CORI CHECK

PFAC members are required to undergo a CORI check prior to final acceptance to the Council.

BUDGET

The budget for the PFAC will fall under the administration department and consist of expenses related to food, printing, postage, interpreters, and other related expenses.

ANNUAL EVALUATION

An annual report of Committee work that includes the tangible measures of success will be prepared and included in the Patient Family Advisory Council (PFAC) Report to the Patient Care Assessment Committee. The PFAC Report is distributed via web, to SMC staff and the community. The PFAC Report will serve as the annual report for the PFAC, and will be filed with DPH as required.

ORIENTATION

Orientation and training for the SMC PFAC is considered ongoing. Each PFAC member is presented with a binder which provides an overview of Saints Medical Center and relevant material such as an Annual Report and Organizational Charts. Material will be added to the binder as the program goes forward. As issues and topics are introduced and/or arise, Saints staff will provide “just in time” training. The PFAC Coordinator is available to the members any time to assist with any questions or concerns. As the SMC PFAC develops, staff will evaluate orientation methods and make changes as needed.

SAINTS MEDICAL CENTER: PATIENT FAMILY ADVISORY COUNCIL ADDENDUMS

- PFAC flyer
- PFAC Application
- PFAC Bylaws
- PFAC Schedule

Patient Family Advisory Council

(PFAC)



Are you a patient at Saints?

Are you the family member of a patient?

Do you desire healthcare that focuses on patients & families?

Are you a creative, innovative problem solver?

Do you enthusiastically support Saints and its Mission?

Are you interested in sharing personal experiences?

In an effort to enhance patient and family-centered care, SMC seeks a group of creative & energetic patients or family members of patients to serve on a voluntary Advisory Council to support all aspects of hospital development. Council Members will also have the option of serving on service-line specific planning work groups.

Council term minimum of 1 year



Application packages available for our 2010-2011 Council

Please call Erin Caples at 978-446-2741
for more information or an application



Patient and Family Advisory Council (PFAC) Membership Application

Thank you for your interest in the Patient and Family Advisory Council. Membership on the Council requires your successful completion of the registration process with Saints Medical Center's Volunteer Services Department, including but not limited to: a health screening which includes TB testing, a criminal background check, a formal interview process, as well as a mandatory volunteer orientation. All of your information will be treated as confidential. Membership on the Council requires attendance at bi-monthly Council meetings and participation on at least one committee of your choice. Commitment is for at least one year.

Please PRINT all information clearly:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone number(s): Please indicate preferred phone number and best time to reach you:

Work ____ - ____ - ____ Home ____ - ____ - ____ Cell ____ - ____ - ____

Fax ____ - ____ - ____

E-mail address: _____

Please indicate if you are:

- | | |
|---|--|
| <input type="checkbox"/> Adult patient currently in treatment | <input type="checkbox"/> Adult with Renal Disease |
| <input type="checkbox"/> Adult cancer survivor | <input type="checkbox"/> Family member of current patient |
| <input type="checkbox"/> Adult Heart Disease survivor | <input type="checkbox"/> Bereaved family member |
| <input type="checkbox"/> Adult Stroke Survivor | <input type="checkbox"/> Family member of adult patient currently in treatment |
| <input type="checkbox"/> Adult with COPD | |
| <input type="checkbox"/> Adult with Diabetes | |

Patients:

Diagnosis _____

Age at diagnosis: _____

Year of original diagnosis: _____

Please list your area(s) of special interest:

Comments related to treatment experience(s):

Conditions of Volunteer Services (*Please read before signing*):

Prior Convictions (*Please read this carefully before answering*)

Please answer the following question below. Please know that you may answer “NO” to the question below if you have a criminal record which is: (a) A sealed record on file with the commissioner of Probation, (b) You were determined to be delinquent or to be a child in need of services, which did not result in a complaint transferred to Superior Court for criminal prosecution, or (c) Your crimes were misdemeanors and they occurred five or more years ago.

Note: A conviction record will not necessarily be a bar to volunteer service.

Have you been convicted of a felony or misdemeanor? Yes No

[If yes, attach details including date, location (city), nature and offense and disposition.]

I certify that the statements made in this application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer member of the Patient and Family Advisory Council. I agree to abide by the guidelines of Volunteer Services, to respect patient confidentiality, and to uphold the traditions and standards of SMC. I understand that membership on the Patient and Family Advisory Council will be based upon approval from Volunteer Services, Council Co-Chairs and Program Manager. Professional staff will choose volunteers they feel are best suited for the Advisory Councils based on interviews and group consensus. Volunteers will demonstrate a readiness to help others, maintain respect for collaboration and assist SMC in delivering quality patient care. By signing this application, I am authorizing the staff of the Advisory Council to discuss my participation in the program with my clinical care staff, including physician, nurse or social worker/psychosocial provider.

I understand that membership on the Council requires my commitment to attend bi-monthly Council meetings and to participate on at least one committee of my choice.

Applicant’s Signature _____ Date _____

For those applying as a family member: To assure compliance with Federal HIPAA regulations, family members must include patient’s name and obtain his/her signature to indicate that s/he understands you may use his/her name and/or medical history in your capacity as Council member.

Patient Name: _____

Date: _____

Signature: _____



Saints Medical Center

Patient and Family Advisory Council

Bylaws

Article I. Name

The name of the organization is Patient Family Advisory Council of the Saints Medical Center. It is sometimes referred to as the PFAC. It is also called the Council.

Article II. Mission

The Patient Family Advisory Council is dedicated to assuring the delivery of the highest standards of comprehensive and compassionate health care by Saints Medical Center. We do this by working in active partnership with our health care providers to:

- Strengthen communication and collaboration among patients, families, caregivers and staff
- Promote patient and family advocacy and involvement
- Propose and participate in programs, services, and policies.

Article III. Members

Section 1. Membership Eligibility. Patients, family members and staff from the Saints Medical Center are eligible to be members of the Council. Members should be committed to building a partnership of advisors and staff working to understand the needs of the constituents they represent and to implement programs and policies to address health care challenges within the participating institutions.

Section 2. Council Makeup. The Council will be made up of a broad base of 6-8 patients and/or family members and 2-3 staff members from the participating institution. The Council base shall consist of at least two-thirds patients.

Section 3. Participation. Members are expected to participate in bi-monthly meetings consisting of 2 hours and in various committees or projects that will require a varied number of hours. Council members are allowed 2 excused absences annually.

Section 4. Membership Term. A term of Active Membership consists of one year, renewable each year for a maximum of 3 terms. For two years following the initial creation of the Council, one third of the members will rotate out of the group and be replaced by new members. Each year thereafter approximately one third will rotate and new members added. Individuals will be polled for their preference for continued membership at the end of each year.

Section 5. Vacancies/Leaves of Absence. Council members may resign or request a Leave of Absence from the Council at any time during their term. A member may request a Leave of Absence when unusual or unavoidable circumstances require that the member be absent from

meetings and activities for from 3 to 6 months. The member will submit his/her request in writing to the Co-Chairs, stating the reason for the request and the length of time requested. The Co-Chairs will determine if the request will be accepted. If a member cannot return at the end of the requested leave, he/she will resign from the Council. At any resignation, the Council may choose to add a replacement at that time or to leave the position open until the next rotation of members.

Section 6. Recruitment. Council members and the Institutions' staff will be utilized to recruit and recommend future members.

Section 7. Selection. Potential member will fill out a PFAC Application Form. The Council's program manager will consult with the CNO and then will conduct an in person interview. After successful completion of the interview the candidate will be invited to a Council meeting. One or two of the co-chairs will interview the potential member for one half hour prior to the monthly meeting. The co-chairs, with consideration of comments from the Council and staff, will determine the candidate's eligibility for membership. The program manager will notify the potential member of the decision.

Section 8. Emeritus Members. If they request, Council members who have served three terms may become Emeritus Members. They will be welcome at all Council meetings and their input will be valued. They will not have Council voting privileges but they may represent the Council on committees and projects if their volunteer status is current and active.

Section 9. Associate Members. Approved candidates for membership will become Associate Members if there is not an open position on the Council at the time of approval. Associate members will be welcome at Council meetings. They will not have Council voting privileges, but they may represent the Council on committees and projects if their volunteer status is current and active. They will remain Associate Members until a patient or family member position on the Council becomes available.

Section 10. Alumni/ae. Those Council members who would be eligible for Emeritus membership and who wish to remain connected to the Council but can no longer attend meetings and participate on committees or projects (can no longer fulfill the role of Emeritus member) will be named Alumni/ae. They will be invited to attend the annual PFACs dinner and will have the option to remain on the Council's e-mail distribution list. Alumni/ae will not have Council voting privileges, nor will they attend Council meetings or participate on committees or projects. They will not be required to maintain volunteer compliance. Those Emeritus members who transition to Alumni/ae status will be recognized as "Emeritus Alumni/ae."

Article IV. Officers

Section 1. Officers and Duties: There shall be one chairperson. The chairperson will be responsible for setting Council meeting agendas, chairing and conducting meetings, coordinating between Council members and staff, providing leadership for the Council members and serving on Institutions' committees where the Chairs are specifically requested.

Section 2. Nomination Procedure. Candidates for the chair position will be nominated from Council members having at least one year of experience as a Council member. A nominating committee may be selected by the Council. Nominations will also be accepted from the floor prior to election.

Section 3. Election Procedure. Officers will be elected by the affirmative vote of two-thirds of the members present and voting.

Section 4. Term. The standard term will be two years; even if this means the chair will serve 4 one-year Active Membership terms. The term of office will begin at the close of the meeting at which the officer is elected, unless otherwise specified. The first term will be named junior co-chair and the second term will be named senior co-chair.

Section 5. Vacancies. A Chair may resign from office at any time. The Council may choose to elect a replacement to complete the term of the officer or to leave the position open until the next scheduled election.

Article V. Meetings

Section 1. Regular Meetings. Regular meetings of the Patient Family Advisory Council will be held from 5:00 – 7:00pm unless otherwise ordered, presuming the presence of a quorum.

Section 2. Annual Meeting. The annual meeting will be held in October/November. At that meeting, new members and new officers will be elected.

Section 3. Special Meetings. Special meetings may be called by the Council Chair as he/she deems necessary. Council members will be given at least 24 hours notice of the meeting schedule and agenda.

Section 4. Quorum. An official meeting will require the presence of a minimum of one-half of the members to be called to order.

Section 5. Voting. Votes may be conducted electronically for most items, except where specifically requested to be in person. Electronic votes will require a response (yes, no or abstain) from a quorum of members.

Article VI. Committees.

Section 1. Council Standing Committees. The Council has a number of member priorities.

Section 2. Saints Medical Center Committees. The institution has several Committees on which Council members may hold a position/provide insight. Examples include:

- Patient Safety
- Ethics
- Community Benefits
- Patient/Family Education Council

Section 3. Special Committees or Projects. From time to time, the Chair may deem it necessary to create a special committee or task force in order to further the work of the Council. The initiation of such a committee may be requested by any Council member.

Article VII. Amendment Procedure.

These bylaws may be amended at any regular meeting of the Council by the affirmative vote of two-thirds of the members present and voting, provided that the amendment has been submitted in writing at the previous regular meeting.

Saints Medical Center Patient Family Advisory Council Schedule

Meeting Schedule:

Quarterly, beginning in November 2010 (November, February, May, August)

Meeting 5-7pm (dinner provided)

November 2010 –

- Members will receive Orientation* packet and meet Senior Leadership Team
- Members will elect a chairperson
- Members will determine representatives to attend Board, Patient Safety and various meetings
- Members will develop mission statement, vision statement and goals for the year

Saints Women's Center for Health + Wellness Patient Family Advisory Council Schedule

Meeting Schedule:

Quarterly, beginning in November 2010 (November, February, May, August)

Meeting 12-2pm or 5-7pm (lunch/dinner provided)

November 2010 –

- Members will meet Senior Leadership Team
- Members will elect a chairperson to attend board meetings
- Members will determine representatives to attend Board and Patient Safety Meetings
- Members will develop mission statement, vision statement and goals for the year