

# 2016 Annual PFAC Report: Beth Israel Deaconess Hospital-Plymouth, Inc.

1. Hospital Name: Beth Israel Deaconess Hospital-Plymouth, Inc.

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages you to fill out a separate template for the hospital-wide PFAC at each individual hospital.

2a. Which best describes your PFAC?

- We are the only PFAC at a single hospital – **skip to #3 below**
- We are a PFAC for a system with several hospitals – **skip to #2C below**
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals – **skip to #2C below**
- Other (Please describe: \_\_\_\_\_)

2b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

2c. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

3a. Name and Title: Andrea Holleran, Vice President External Affairs

3b. Email: aholleran@bidplymouth.org

3c. Phone: 508-830-2029

- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

4a. Name and Title: Christina Brodie, Co-Chair

4b. Email: cbrodie@me.com

4c. Phone: 781-248-2880

- Not applicable

5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

- Yes – skip to #7 (**Section 1**) below
- No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

6a. Name and Title: \_\_\_\_\_

6b. Email: \_\_\_\_\_

6c. Phone: \_\_\_\_\_

Not applicable

## Section 1: PFAC Organization

7. This year, the PFAC recruited new members through the following approaches (check all that apply):

- Case managers/care coordinators
- Community based organizations
- Community events
- Facebook and Twitter
- Hospital banners and posters
- Hospital publications
- Houses of worship
- Patient satisfaction surveys
- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Recruitment brochures
- Word of mouth / through existing members
- Other (Please describe: Requests at Hospital Committee Meetings)
- N/A – we did not recruit new members in FY 2016

8. Total number of staff members on the PFAC: Two (2)

9. Total number of patient or family member advisors on the PFAC: Nine (9)

10. The name of the hospital department supporting the PFAC is: Administration

11. The hospital position of the PFAC Staff Liaison/Coordinator is: VP External Affairs

12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):

- Annual gifts of appreciation
- Assistive services for those with disabilities
- Conference call phone numbers or “virtual meeting” options
- Meetings outside 9am-5pm office hours
- Parking, mileage, or meals
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Provision/reimbursement for child care or elder care
- Stipends
- Translator or interpreter services
- Other (Please describe: \_\_\_\_\_)
- N/A

## Section 2: Community Representation

The PFAC regulations require that patient and family members in your PFAC be “representative of the community served by the hospital.” If you are not sure how to answer the following questions, contact your community relations office or check “don’t know.”

13. Our hospital’s catchment area is geographically defined as: Plymouth, Carver, Kingston, Duxbury, Bourne, Sandwich, Wareham, Plympton, Middleboro, Halifax, Pembroke, Marshfield

Don’t know

14. Tell us about racial and ethnic groups in these areas (please provide percentages; if you are unsure of the percentages check “don’t know”):

	RACE						ETHNICITY	
	%	%	%	%	%	%	%	
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Other	Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area		1.0	2.0		95.0	2.0		<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2016								<input checked="" type="checkbox"/> Don’t know
14c. The PFAC <b>patient and family advisors</b> in FY 2016					100			<input type="checkbox"/> Don’t know

15. Tell us about languages spoken in these areas (please provide percentages; if you are unsure of the percentages, select “don’t know”):

	Limited English proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2016		<input checked="" type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2016	0	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

	%
Spanish	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

Don't know

15d. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0
Portuguese	0
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0
Albanian	0
Cape Verdean	0

Don't know

16. The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area:

**Our catchment area closely resembles our PFAC representation. We continue to recruit for PFAC members and would welcome diverse representation.**

### Section 3: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):

- Staff develops the agenda and sends it out prior to the meeting
- Staff develops the agenda and distributes it **at the meeting**
- PFAC members develop the agenda and send it out prior to the meeting
- PFAC members develop the agenda and distribute it **at the meeting**
- PFAC members and staff develop agenda together and send it out prior to the meeting. (Please describe below in #17a)
- PFAC members and staff develop agenda together and distribute it **at the meeting**. (Please describe below in #17a)
- Other process (Please describe below in #17b)
- N/A – the PFAC does not use agendas

17a. If staff and PFAC members develop the agenda together, please describe the process:

The PFAC devoted a great deal of effort to meeting process earlier in the year. One outcome of that effort was a standing agenda template that the group developed and agreed would be used at each meeting. In addition, at each PFAC meeting, the upcoming meeting agenda is discussed and issues are added to the standing agenda items as needed.

17b. If other process, please describe:

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18. The PFAC goals and objectives for 2016 were: (check the best choice):

- Developed by staff alone
- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals for FY 2016 – Skip to #18

19. The PFAC had the following goals and objectives for 2016:

The PFAC will continue to recruit for (one) 1 additional community member. We will also seek direction from the CEO on any key strategic issues he would like the council to focus on, determine the course of action that will be most impactful, and execute on that course of action.

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**20. Please list any subcommittees that your PFAC has established:**

**There is an End of Life Subcommittee that has focused on planning an event for the community on End of Life and Palliative Care. There is a recruitment subcommittee that has developed a recruitment process for bringing on additional PFAC members.**

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**21. How does the PFAC interact with the hospital Board of Directors (check all that apply):**

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- Action items or concerns are part of an ongoing "Feedback Loop" to the Board
- PFAC member(s) attend(s) Board meetings
- Board member(s) attend(s) PFAC meetings
- PFAC member(s) are on board-level committee(s)
- Other (Please describe: \_\_\_\_\_)
- N/A – the PFAC does not interact with the Hospital Board of Directors

**22. Describe the PFAC's use of email, listservs, or social media for communication:**

**The PFAC has a webpage on the hospitals website where: 1) announcements are posted and committee information is shared with the community, and 2) the community is able to contact the PFAC through an email link on that web page. The PFAC has used Facebook as well as external and internal newsletters for communication regarding recruitment. The PFAC also has a dedicated portal on the hospital system for email, minutes, agendas, announcements, policies/procedures and other key information that is pertinent to the council.**

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- N/A – We don't communicate through these approaches



## Section 4: Orientation and Continuing Education

23. Number of new PFAC members this year: Four (4)

24. Orientation content included (check all that apply):

- "Buddy program" with experienced members
- Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- Health care quality and safety
- History of the PFAC
- Hospital performance information
- Immediate "assignments" to participate in PFAC work
- Information on how PFAC fits within the organization's structure
- In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- Other (Please describe below in #24a)
- N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe:

**Members of the PFAC recruitment subcommittee meet with new PFAC members, provide them with an orientation and manual that covers: Hospital physical layout, organizational structure, website, policies and procedures, hospital response to PFAC recommendations form, meeting structure, meeting minutes, timekeeper, secretary, process for community feedback, portal use, current composition of PFAC members and contact information, previous PFAC projects, current PFAC efforts.**

**25. The PFAC received training on the following topics:**

- Concepts of patient- and family-centered care (PFCC)
- Health care quality and safety measurement
- Health literacy
- A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental patient discharge, etc)
- Hospital performance information
- Patient engagement in research
- Types of research conducted in the hospital
- Other (Please describe below in #25a)
- N/A – the PFAC did not receive training

**25a. If other, describe:**

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## Section 5: FY 2016 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2016.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from...	PFAC role can be best described as...
<p><b>26a. Accomplishment 1:</b></p> <p><b>Review and revise meeting structure to improve efficiency and member satisfaction</b></p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
<p><b>26b. Accomplishment 2:</b></p> <p><b>Creating a subcommittee for PFAC recruitment, establishing a clear process, enabling application to be web-based and creating forms for all aspects of recruitment.</b></p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
<p><b>26c. Accomplishment 3:</b></p> <p><b>Successfully recruiting 4 new members from a field of 15 applicants.</b></p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
<p><b>26d. Accomplishment 4:</b></p> <p><b>Creating a subcommittee to plan an End of Life event for the community.</b></p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
<p><b>26e. Accomplishment 5:</b></p> <p><b>Holding a successful End of Life Event for 100 community members who gave very positive feedback and requested a follow up event.</b></p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading

27. The five greatest challenges the PFAC had in FY 2016:

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27a. Challenge 1:

Revising the meeting structure and agenda required direct and honest conversation amongst the group. While it was a difficult discussion, it resulted in improved group dialogue, efficient use of meeting time and increased member satisfaction.

27b. Challenge 2:

The loss of 2 PFAC members created a need to not only replace them, but expand the group size with additional members who brought further talent and skills to the council.

27c. Challenge 3:

Insufficient members to address other significant issues the CEO invited the PFAC to help address: Behavioral Health and Substance Abuse education and stigma reduction. The committee desires to address this area in the next year.

27d. Challenge 4:

27e. Challenge 5:

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N/A – we did not encounter any challenges in FY 2016

**28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:**

- Behavioral Health/substance use
- Bereavement
- Board of Directors
- Care Transitions
- Code of Conduct
- Community Benefits
- Critical Care
- Culturally competent care
- Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care
- Patient Care Assessment
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe: Patient Rights)
- N/A – the PFAC members do not serve on these – **Skip to #30**

**29. How do members on these hospital-wide committees or projects report back to the PFAC about their work?**

**Informally, however we are evaluating including a consistent report out component in the agenda.**

**30. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply):**

- Institutional Review Boards
- Patient and provider relationships
- Patient education on safety and quality matters
- Quality improvement initiatives

N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016

**31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):**

- Advisory boards/groups or panels
- Award committees
- Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Search committees and in the hiring of new staff
- Selection of reward and recognition programs
- Standing hospital committees that address quality
- Task forces
- N/A – the PFAC members did not participate in any of these activities

**32. The hospital shared the following public hospital performance information with the PFAC (check all that apply):**

**32a. Complaints and serious events**

- Complaints and investigations reported to Department of Public Health (DPH)
- Healthcare-Associated Infections (National Healthcare Safety Network)
- Patient complaints to hospital
- Serious Reportable Events reported to Department of Public Health (DPH)

**32b. Quality of care**

- High-risk surgeries (such as aortic valve replacement, pancreatic resection)
- Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)
- Medicare Hospital Compare (such as complications, readmissions, medical imaging)
- Maternity care (such as C-sections, high risk deliveries)

**32c. Resource use, patient satisfaction, and other**

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
- Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)
- Other (Please describe: \_\_\_\_\_)

N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

33. Please explain why the hospital shared only the data you checked in Q 32 above:

The hospital provides an annual quality and safety update to the PFAC. In addition, one PFAC member sits on the Patient Care Assessment Committee.

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34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:

See above, no quality improvement initiative resulted from this educational session.

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35. The PFAC participated in activities related to the following state or national quality of care initiatives (check all that apply):

**35a. National Patient Safety Hospital Goals**

- Identifying patient safety risks
- Identifying patients correctly
- Preventing infection
- Preventing mistakes in surgery
- Using medicines safely
- Using alarms safely

**35b. Prevention and errors**

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
- Electronic Health Records –related errors
- Hand-washing initiatives
- Human Factors Engineering
- Fall prevention
- Team training
- Safety

**35c. Decision-making and advanced planning**

- End of life planning (e.g., hospice, palliative, advanced directives)
- Health care proxies
- Improving information for patients and families
- Informed decision making/informed consent

**35d. Other quality initiatives**

- Disclosure of harm and apology

- Integration of behavioral health care
- Rapid response teams
- Other (Please describe) Production of a video for employee education "Say this not that." This initiative was designed to assist our employees in providing patient care that means more and confuses less which can be as simple as knowing the right thing to say or not to say.

N/A – the PFAC did not work in quality of care initiatives

**36. Were any members of your PFAC engaged in advising on research studies?**

- Yes
- No – Skip to #40 (Section 6)

**37. In what ways are members of your PFAC engaged in advising on research studies? Are they:**

- Educated about the types of research being conducted
- Involved in study planning and design
- Involved in conducting and implementing studies
- Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways
- Involved in policy decisions about how hospital researchers engage with the PFAC (e.g. they work on a policy that says researchers have to include the PFAC in planning and design for every study)

**38. How are members of your PFAC approached about advising on research studies?**

- Researchers contact the PFAC
- Researchers contact individual members, who report back to the PFAC
- Other (Please describe below in #38a)
- None of our members are involved in research studies

**38a. If other, describe:**

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**39. About how many studies have your PFAC members advised on?**

- 1 or 2
- 3-5
- More than 5
- None of our members are involved in research studies



## Section 6: PFAC Annual Report

We strongly suggest that all PFAC members approve reports prior to submission.

40. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

LIST NAMES: All PFAC members present at the September 14, 2016 PFAC meeting where a quorum was met.

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41. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option).

- Collaborative process: staff and PFAC members both wrote and/or edited the report  
Staff wrote report and PFAC members reviewed it
- Staff wrote report
- Other (Please describe: \_\_\_\_\_)

Massachusetts law requires that each hospital's annual PFAC report be made available to the public upon request. Answer the following questions about the report:

42. We post the report online.

- Yes, link: <http://www.bidplymouth.org/annual-reports> \_\_\_\_\_
- No

43. We provide a phone number or e-mail address on our website to use for requesting the report.

- Yes, phone number/e-mail address: [dnorris@bidplymouth.org](mailto:dnorris@bidplymouth.org) or 508-830-2006
- No

44. Our hospital has a link on its website to a PFAC page.

- Yes, link: <http://www.bidplymouth.org/patientfamilyadvisorycouncil>
- No, we don't have such a section on our website