

2016 Annual PFAC Report: Berkshire Medical Center Inc., Berkshire Campus

Q130. Which best describes your PFAC?

- We are the only PFAC at a single hospital
- We are a PFAC for a system with several hospitals
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals
- Other (please describe):

Q126. Will another PFAC at your hospital also submit a report?

This question was not displayed to the respondent.

Q127. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

Q2. Staff PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Christa Gariepy, Man"/>
Email:	<input type="text" value="cgariepy@bhs1.org"/>
Phone:	<input type="text" value="(413) 447-2466"/>

Q2a. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

- Yes
- No
- N/A

Q3. Patient/Family PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Patricia Sinclair, Vol"/>
Email:	<input type="text" value="pnsinclair51@aol.co"/>
Phone:	<input type="text" value="(413) 445-4483"/>

Q4. Staff PFAC Liaison/Coordinator Contact (if applicable):

This question was not displayed to the respondent

Q23.

Section 1: PFAC Organization

Q6. This year, the PFAC recruited new members through the following approaches (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Word of mouth / through existing members | <input type="checkbox"/> Case managers / care coordinators |
| <input checked="" type="checkbox"/> Promotional efforts within institution to patients or families | <input type="checkbox"/> Patient satisfaction surveys |
| <input type="checkbox"/> Promotional efforts within institution to providers or staff | <input type="checkbox"/> Community-based organizations |
| <input type="checkbox"/> Facebook and Twitter | <input type="checkbox"/> Houses of worship |
| <input checked="" type="checkbox"/> Recruitment brochures | <input type="checkbox"/> Community events |
| <input checked="" type="checkbox"/> Hospital publications | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Hospital banners and posters | <input type="checkbox"/> N/A - we did not recruit new members in FY 2016 |

Q6a. Please describe other recruitment approach:

This question was not displayed to the respondent

Q7. Total number of staff members on the PFAC:

8

Q8. Total number of patient or family member advisors on the PFAC:

16

Q9. The name of the hospital department supporting the PFAC is:

BMC Patient Relations

Q10. The hospital position of the PFAC Staff Liaison/ Coordinator is:

Manager, Patient Relations

Q11. The hospital provides the following for PFAC members to encourage their participation in meetings (click all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Parking, mileage, or meals | <input type="checkbox"/> Payment for attendance at other conferences or trainings |
| <input type="checkbox"/> Translator or interpreter services | <input checked="" type="checkbox"/> Annual gifts of appreciation |
| <input type="checkbox"/> Assistive services for those with disabilities | <input type="checkbox"/> Conference call phone numbers or "virtual meeting" options |
| <input type="checkbox"/> Provision / reimbursement for child care or elder care | <input checked="" type="checkbox"/> Meetings outside 9am-5pm office hours |
| <input type="checkbox"/> Stipends | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Payment for attendance at annual PFAC conference | <input type="checkbox"/> N/A - the hospital does not reimburse PFAC members |

Q11a. Please describe other provision by the hospital for PFAC members:

This question was not displayed to the respondent.

Q24. Section 2: Community Representation

Q108. The PFAC regulations require every PFAC to represent the community served by the hospital, which is described below.

Q12. Our catchment area is geographically defined as (if you are unsure select "don't know"):

Berkshire County and the surrounding communities

Q12D.

- Don't know catchment area

Q121.

Tell us about racial and ethnic groups in your area (please provide percentages; if you are unsure of the percentages select "don't know").

Q13aR. Our defined catchment area is made up of the following racial groups (please provide percentages; if you are unsure of percentages please select "don't know"):

American Indian or Alaska Native	<1%
Asian	1.5%
Black or African American	3.2%
Native Hawaiian or other Pacific Islander	<1%
White	92.7%
Other	2.3%

Q91.

Don't know racial groups

Q13aE. What percentage of people in the defined catchment area are of Hispanic, Latino, or Spanish origin?

4.3%

Q92.

Don't know origins

Q13bR. In FY 2016, the hospital provided care to patients from the following racial groups (please provide percentages):

This question was not displayed to the respondent.

Q93.

Don't know racial groups

Q13bE. What percentage of patients that the hospital provided care to in FY 2016 are of Hispanic, Latino, or Spanish origin?

This question was not displayed to the respondent.

Q95.

Don't know origins

Q13cR. In FY 2016, the PFAC **patient and family advisors** came from the following racial groups (please provide percentages):

American Indian or Alaska Native	<input type="text" value="0%"/>
Asian	<input type="text" value="0%"/>
Black or African American	<input type="text" value="6.3%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="93.7%"/>
Other	<input type="text" value="0%"/>

Q97.

Don't know racial groups

13cE. What percentage of **PFAC patient and family advisors** in FY 2016 were of Hispanic, Latino, or Spanish origin?

0%

Q99.

Don't know origins

Q122. **Tell us about languages spoken in your area (please provide percentages; if you are unsure of the percentages select “don’t know”).**

Q 117. What percentage of patients that the hospital provided care to in FY 2016 have limited English proficiency (LEP)?

This question was not displayed to the respondent.

Q118.

Don't know percentage that have limited English proficiency (LEP)

Q 126. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

This question was not displayed to the respondent.

Q127.

Don't know primary languages

Q119. What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)?

This question was not displayed to the respondent.

Q120.

Don't know percentage that have limited English proficiency (LEP)

Q123. In FY 2016, what percentage of PFAC **patient and family advisors** spoke the following as their primary language?

Spanish	<input type="text" value="0%"/>
Portuguese	<input type="text" value="0%"/>
Chinese	<input type="text" value="0%"/>
Haitian Creole	<input type="text" value="0%"/>
Vietnamese	<input type="text" value="0%"/>
Russian	<input type="text" value="0%"/>
French	<input type="text" value="0%"/>
Mon-Khmer/Cambodian	<input type="text" value="0%"/>
Italian	<input type="text" value="0%"/>
Arabic	<input type="text" value="0%"/>
Albanian	<input type="text" value="0%"/>
Cape Verdean	<input type="text" value="0%"/>

Q124.

Don't know primary languages

Q14.

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

Our BMC PFAC has ongoing outreach and recruitment initiatives. In addition to this PFAC, our health system also has a PFAC dedicated to our Spanish-speaking population. This group will be submitting an annual report of their PFAC's activities aside from this report.

Q110. Section 3: PFAC Operations

Q15. Our process for developing and distributing agendas for the PFAC meetings (click the best choice):

- Staff develops the agenda and sends it out prior to the meeting
- PFAC members and staff develop agenda together and send it out prior to the meeting
- Staff develops the agenda and distributes it **at the meeting**
- PFAC members and staff develop agenda together and distribute it **at the meeting**
- PFAC members develop the agenda and send it out prior to the meeting
- Other
- PFAC members develop the agenda and distribute it **at the meeting**
- N/A – the PFAC does not use agendas

Q112. If staff and PFAC members develop the agenda together, please describe the process:

Each year, the PFAC meets to identify and prioritize the topics for discussion in the coming year. After this has been done, the Staff Co-Chair identifies and schedules the appropriate staff to cover those topics. The agenda is created by the Staff Co-Chair and emailed to the group in the week before each monthly meeting.

Q113. If other process, please describe:

This question was not displayed to the respondent.

Q16.

The PFAC goals and objectives for 2016 were: (select the best choice):

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

Q17. The PFAC had the following goals and objectives for 2016:

1) Diversify our PFAC membership to better reflect the demographics of our community 2) Maintain an 80% attendance rate at all regular PFAC meetings 3) At least two members from each PFAC will attend the HCFA Annual PFAC Conference 4) Each PFAC will participate in at least one organized initiative intended to improve the patient-experience at BMC/BHS 5) Implement a functional Berkshire Faculty Service (BFS) PFAC by June 2016 6) Involve two more PFAC Advisors on BHS Committees/Councils 7) Host a collaborative Annual BHS PFAC Meeting (including Fairview Hospital)

Q18. Please list any subcommittees that your PFAC has established:

Q19. How does the PFAC interact with the hospital Board of Directors (click all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> PFAC submits annual report to Board | <input type="checkbox"/> PFAC member(s) are on board-level committee(s) |
| <input type="checkbox"/> PFAC submits meeting minutes to Board | <input type="checkbox"/> N/A – the PFAC does not interact with the Hospital Board of Directors |
| <input type="checkbox"/> PFAC member(s) attend(s) Board meetings | <input type="checkbox"/> Other |
| <input type="checkbox"/> Board member(s) attend(s) PFAC meetings | <input type="checkbox"/> Action items or concerns are part of an ongoing “Feedback Loop” to the Board |

Q114. Please describe other interactions with the hospital Board of Directors.

This question was not displayed to the respondent.

Q20. Describe the PFAC's use of email, listservs, or social media for communication:

Our PFAC relies heavily on email for overall communication. We also note a PFAC email address on the BMC website and throughout the facilities of BHS, to allow for direct contact with our group of advisors.

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

Q22. Orientation content included (click all that apply):

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

Q115. Please describe other orientation content:

This question was not displayed to the respondent.

Q23. The PFAC received training on the following topics (click all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Concepts of patient- and family-centered care (PFCC) | <input type="checkbox"/> Health care quality and safety measurement |
| <input type="checkbox"/> Patient engagement in research | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Types of research conducted in the hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospital performance information | <input type="checkbox"/> Health literacy |
| <input checked="" type="checkbox"/> Not Applicable | |

Q116. Please describe other topics:

This question was not displayed to the respondent.

Q111. Section 5: FY 2016 PFAC Impact and Accomplishments

Q83. The following information only concerns PFAC activities in the fiscal year 2016.

Q24. The five greatest accomplishments of the PFAC were:

Q24a. Accomplishment 1:

Completed 2 successful Patient Experience/Expectations focus groups to provide direction and guidance to Leadership on an initiative they were embarking upon. The second group was held to gather important information to direct a higher-level strategic planning initiative directed at improving and rebranding the "BMC Patient Experience".

Q24a1. The idea for Accomplishment 1 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24b. Accomplishment 2:

Successful recruitment and retention of new PFAC advisors, which enhanced our racial diversity slightly, but we are still greatly under-representing our population served, particularly from a socioeconomic perspective.

Q24b1. The idea for Accomplishment 2 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24c. Accomplishment 3:

PFAC Advisors were included in recurring BMC meetings, ensuring transparency and inclusion at a level beyond monthly PFAC meeting attendance. This was demonstrated by ongoing invitations to attend BMC Be Proud, Clinical & Service Excellence, Schwartz Rounds, various Grand Rounds, and the BHS Annual Meeting.

Q24c1. The idea for Accomplishment 3 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24d. Accomplishment 4:

PFAC Advisors acted as patients for staff trainings in the BMC Education Department's Simulation Lab. The focus of the scenarios was hospital-wide implementation of SIBR Rounds (Structured Interdisciplinary Bedside Rounds).

Q24d. The idea for Accomplishment 4 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24e. Accomplishment 5:

PFAC Advisors provided guidance on the menu and roll-out of the BMC Room Service program. This was a massive undertaking for our Dietary Department and staff. It was found to be a great patient-satisfier.

Q24e. The idea for Accomplishment 5 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q25. **The five greatest challenges the PFAC had in FY 2016:**

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

Q25a. Challenge 1:

Lack of racial/ethnic diversity in our overall PFAC advisor group.

Q25b. Challenge 2:

Difficulty in recruiting PFAC advisors of lower socio-economic status due to challenges such as transportation and/or childcare limitations. We were willing to accommodate and provide transportation, but were unable to help the family in securing childcare.

Q25c. Challenge 3:

We struggled with specific and strategic goal setting, collaboratively with our PFAC advisors. We were able to generate topics of interest together, but did not reach any conclusions for specific goals for the year. When goals were presented, they were in agreement and felt they were reasonable.

Q25d. Challenge 4:

Meeting our goal of advisor representation at the Annual PFAC Conference, given many also work and were not able or perhaps willing to secure the time off without some form of compensation.

Q25e. Challenge 5:

We faced difficulty in sometimes extending our impact as far as we would hope, especially when a meeting topic exceeds the time allotted for our monthly meetings. Discussion was meaningful, but no further actions steps would always be subsequent to such a conversation.

Q26. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees (click all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Behavioral Health/substance use | <input type="checkbox"/> Eliminating Preventable Harm |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Emergency Department Patient/Family Experience Improvement |
| <input checked="" type="checkbox"/> Care Transitions | <input type="checkbox"/> Ethics |
| <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Institutional Review Board (IRB) |
| <input type="checkbox"/> Community Benefits | <input type="checkbox"/> Patient Care Assessment |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Patient Education |
| <input checked="" type="checkbox"/> Other | <input type="checkbox"/> Patient and Family Experience Improvement |
| <input type="checkbox"/> N/A – the PFAC members do not serve on these | <input type="checkbox"/> Pharmacy Discharge Script Program |
| <input type="checkbox"/> Board of Directors | <input checked="" type="checkbox"/> Quality and Safety |
| <input type="checkbox"/> Discharge Delays | <input type="checkbox"/> Quality/Performance Improvement |
| <input type="checkbox"/> Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care | <input type="checkbox"/> Surgical Home |
| <input type="checkbox"/> Drug Shortage | <input type="checkbox"/> Culturally competent care |

Q117. Please describe other committees, projects, task forces, work groups, or Board committees:

We have had PFAC advisors serving as regular members of the following BHS/BMC key performance committees: BHS Council for Diversity & Inclusion, BHS Emergency Management, BMC Environment of Care, and BMC Patient Care & Quality.

Q27.

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

At the beginning of each monthly meeting, the members present who also participate on a key performance committee report out on their most recent meeting.

Q28. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (click all that apply):

Quality improvement initiatives

Institutional Review Boards

Patient education on safety and quality matters

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

Patient and provider relationships

Q29. PFAC members participated in the following activities mentioned in the Massachusetts law (click all that apply):

Task forces

N/A – the PFAC members did not participate in any
of these activities

Award committees

Co-trainers for clinical and nonclinical staff, in-
service programs, and health professional trainees

Advisory boards/groups or panels

Selection of reward and recognition programs

Search committees and in the hiring of new staff

Standing hospital committees that address quality

Q30. The hospital shared the following public hospital performance information with the PFAC (click all that apply):

Q30a. Complaints and serious events

- | | |
|--|--|
| <input type="checkbox"/> Complaints and investigations reported to Department of Public Health (DPH) | <input type="checkbox"/> Healthcare-Associated Infections (National Healthcare Safety Network) |
| <input type="checkbox"/> Serious Reportable Events reported to Department of Public Health (DPH) | <input checked="" type="checkbox"/> Patient complaints to hospital |

Q30b. Quality of care

- | | |
|---|---|
| <input type="checkbox"/> Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care) | <input type="checkbox"/> Maternity care (such as C-sections, high risk deliveries) |
| <input checked="" type="checkbox"/> Medicare Hospital Compare (such as complications, readmissions, medical imaging) | <input type="checkbox"/> High-risk surgeries (such as aortic valve replacement, pancreatic resection) |

Q30c. Resource use and patient satisfaction

- | | |
|--|---|
| <input checked="" type="checkbox"/> Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems) | <input type="checkbox"/> Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients) |
| <input checked="" type="checkbox"/> Resource use (such as length of stay, readmissions) | |

Q30d. Other

- | | |
|---|--------------------------------|
| <input type="checkbox"/> N/A – the hospital did not share performance information with the PFAC | <input type="checkbox"/> Other |
|---|--------------------------------|

Q 119. Please describe other hospital performance information:

This question was not displayed to the respondent.

Q31. Please explain why the hospital shared only the data you checked in the previous questions:

These are the items we were able to share within the monthly meeting time limits. Had we more time, we would certainly be able to cover additional topics. If at any time, a PFAC Advisor requested additional materials or information, we would provide them with whatever we were able to.

Q32. Please describe how the PFAC was engaged in discussions around these data above and any resulting quality improvement initiatives:

The PFAC group received the data at the monthly meetings in the form of presentations and discussions, as well as information on how to review additional publically reported data that is available online in their own time.

Q33. The PFAC participated in activities related to the following state or national quality of care initiatives (click all that apply):

Q33a. National Patient Safety Hospital Goals

- | | |
|--|--|
| <input checked="" type="checkbox"/> Identifying patients correctly | <input checked="" type="checkbox"/> Preventing infection |
| <input checked="" type="checkbox"/> Using medicines safely | <input checked="" type="checkbox"/> Identifying patient safety risks |
| <input checked="" type="checkbox"/> Using alarms safely | <input checked="" type="checkbox"/> Preventing mistakes in surgery |

Q33b. Prevention and errors

- | | |
|--|--|
| <input checked="" type="checkbox"/> Hand-washing initiatives | <input checked="" type="checkbox"/> Team training |
| <input type="checkbox"/> Checklists | <input type="checkbox"/> Electronic Health Records –related errors |
| <input checked="" type="checkbox"/> Fall prevention | <input checked="" type="checkbox"/> Safety |
| <input checked="" type="checkbox"/> Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings) | <input type="checkbox"/> Human Factors Engineering |

Q33c. Decision-making and advanced planning

- | | |
|---|---|
| <input type="checkbox"/> Informed decision making/informed consent | <input type="checkbox"/> Health care proxies |
| <input checked="" type="checkbox"/> Improving information for patients and families | <input checked="" type="checkbox"/> End of life planning (e.g., hospice, palliative, advanced directives) |

Q33d.

Additional quality initiatives

- | | |
|---|---|
| <input type="checkbox"/> Rapid response teams | <input checked="" type="checkbox"/> Integration of behavioral health care |
| <input type="checkbox"/> Disclosure of harm and apology | |

Q33e. Other

- N/A – the hospital did not share performance information with the PFAC Other

Q 120. Please describe other initiatives:

This question was not displayed to the respondent.

Q34. Were any members of your PFAC engaged in advising on research studies?

- Yes
 No

Q 35. In what ways are members of your PFAC engaged in advising on research studies? Are they:

This question was not displayed to the respondent.

Q 36.

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

This question was not displayed to the respondent.

Q 121. Please describe other ways that members of your PFAC are approached about advising on research studies:

This question was not displayed to the respondent.

Q 37.

About how many studies have your PFAC members advised on?

This question was not displayed to the respondent.

Q104.

Section 6: PFAC Annual Report

Q107.

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

Q37.5. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

Not applicable.

Q38. 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

Q122. Please describe other process:

This question was not displayed to the respondent.

Q106.

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:

Q39. We post the report online.

Yes, link:

No

Q40. We provide a phone number or e-mail address on our website to use for requesting the report.

Yes, phone number/e-mail address:

BMC Patient Relations (413) 447-2466 cgariepy@bhs1.org BMCPFAC@bhs1.org

No

Q41. Our hospital has a link on its website to a PFAC page.

Yes, link:

No, we don't have such a section on our website