

# 2016 Annual PFAC Report: Cambridge Health Alliance

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="Sarah Primeau, MSW"/>
Email:	<input type="text" value="sprimeau@challianc"/>
Phone:	<input type="text" value="6175914947"/>

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="Barbara August, Art I"/>
Email:	<input type="text" value="barbaralaugust@hot"/>
Phone:	<input type="text" value="6178525109"/>

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 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 checked="" 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:

We re-designed our PFAC landing page on the CHA website and included information, pictures, and an easy to complete online application. We also utilized our internal staff newsletter to highlight the PFAC and PFAC members in order to bring awareness to clinical staff members that they can and should refer patients to us who are interested in this type of volunteer work.

Q7. Total number of staff members on the PFAC:

7

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

6

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

CHA Foundation/Quality Department

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

Community Relations Specialist

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 checked="" 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"):

Cambridge, Somerville, and Boston's Metro North communities (Malden, Medford, Chelsea, Revere, Everett, Winthrop).

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	0%
Asian	11%
Black or African American	9%
Native Hawaiian or other Pacific Islander	0%
White	59%
Other	4%

Q91.

Don't know racial groups

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

18%

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?

24%

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="14%"/>
Black or African American	<input type="text" value="0%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="86%"/>
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?

*This question was not displayed to the respondent.*

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").

Q117. What percentage of patients that the hospital provided care to in FY 2016 have limited English proficiency (LEP)?

42%

Q118.

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

Q126. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

Spanish	11.1%
Portuguese	16%
Chinese	0.7%
Haitian Creole	6.2%
Vietnamese	0.5%
Russian	0.2%
French	0.4%
Mon-Khmer/Cambodian	0%
Italian	0.1%
Arabic	1.3%
Albanian	0.2%
Cape Verdean	0.1%

Q127.

Don't know primary languages

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

14%

Q120.

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

Q 123. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

*This question was not displayed to the respondent.*

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:

One of the biggest challenges we have faced is trying to recruit members to our PFAC who represent the communities we serve. This past year we made a strong effort to recruit new members. We used social media and posters throughout the hospitals and also asked several of our primary care doctors to refer patients to us who may be interested. We formed a strong working relationship with one of our doctors who cares for many patients from South Asia and India. She was able to refer several patients to us and out of them we had one patient formally join the PFAC. This patient PFAC member also plans to talk to several other patients from her community about the PFAC in hopes that others may want to join. This coming year we plan to work closely with our 14 community health centers and try to recruit more diverse patients from our other communities.

### 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
- 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
- PFAC members and staff develop agenda together and distribute it **at the meeting**
- Other
- N/A – the PFAC does not use agendas

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

Every month before the meeting ends we discuss next steps and what projects we need to work on and what needs to be addressed at the following meeting. This helps begin the agenda planning process. The staff co-chair then drafts an agenda and shares it with the 2 other co-chairs (Mary Cassesso - CHA Chief Community Officer/Foundation President and Barbara August - Patient Co-Chair). Once they have provided input and made edits, the agenda is emailed to all PFAC members and they then have the opportunity to add items to the agenda prior to the meeting. Once we are at the meeting, a hard-copy agenda is distributed.

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:

In January of 2016 the two staff co-chairs stepped down from their role on the PFAC. Mary Cassesso, Chief Community Officer and Foundation President, offered to take on the task of co-chairing the council and she also brought along her colleague, Sarah Primeau, who has a background in social work and public health and has led a community/patient advisory group in her past role at a local social service agency. Once this transition was complete, the staff co-chairs and patient/family members together identified goals for the year: - Create a more structured way for the CHA Senior Leadership team to be invested in and hear from the PFAC. - Identify atleast 3 projects for the year with measurable outcomes and measure progress - Recruit more patient/family members (In January of 2016, two patient members resigned and we needed to increase the patient to staff ratio). We also set a goal to recruit more diverse patients from the different geographic locations that CHA serves. - Promote and elevate the PFAC in a way that all staff system-wide know that the PFAC is a resource for them and should be used when developing any new program or process that will affect patients served at CHA. - Create ways for the PFAC to get involved in quality and safety improvement, strategic planning, marketing and community health programming. - Identify opportunities for PFAC members to be involved in CHA events, community events, and conferences. Also ensure that the PFAC's voice is heard and represented at CHA internal celebrations or educational seminars/meetings.



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

The PFAC does not have formal subcommittees, but rather members decide what projects they would like to be a part of and small groups are formed with people who have chosen to lead these efforts. It is also important to mention that we have an advising body (Patient Advisory Council) who are located at our Malden Family Care Center. They focus entirely on that particular center and do not do system-wide work. They provide updates and reports to the CHA PFAC (and visa-versa) and both groups are now starting to work together. It is crucial that the Malden PAC is strategically aligned with the entire system and over the past several months we have made improvements in communication efforts between the PAC, PFAC, and Senior Leadership team. Listed below is more information on the Malden Care Center Patient Advisory Council: The Malden Care Center PAC currently includes approximately 10 patient members. The group is led by an attending and 1-2 resident physicians, as well as a front desk staff member and meets one evening per month. Group demographics: 4 men, 6 women 4 Caucasian, 3 Haitian, 2 Syrian, 1 African All speak English, primary languages: 4=English, 3=Creole, 2=Arabic, 1=unsure Accomplishments over past year: -Poster advertising clinic's ancillary services that was created entirely from scratch by the patients and now hangs in all clinic rooms/areas. -Site leadership visits with medical director, nurse & practice managers, and the residency director. -Provided feedback that was incorporated into a new Controlled Substance Agreement used in all CHA clinics, improvements to new call center, CHA-wide no-show policy, clinic directional signs.

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

- |  |   |
|--|---|
| <input 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 checked="" 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.

In previous years a report was submitted to the CHA Board of Trustees. This is a great first step, but this year we hope to not only submit a written reports, but integrate and collaborate with the BOT. We plan to have a patient/family member and co-chair attend one BOT meeting per year in order to discuss projects and provide updates. We would also like to invite a BOT member to come to a PFAC meeting.

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

This year we were able to greatly improve our use of social media thanks to two Harvard School of Public Health interns. These two interns helped re-vitalize our PFAC and completely restructured and updated our webpage. They also created a common drive where all members can access materials online. The PFAC contact list has also been added to a listserve for our CHAt newsletter (newsletter that goes out to all community partners/government officials and stakeholders on happenings within CHA). Just this past month one of our PFAC members was featured in our CHA internal newsletter and they have also been highlighted on our CHA FaceBook page.

Q109.

#### Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

4

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Meeting with hospital staff                                      | <input type="checkbox"/> Other  |
| <input checked="" type="checkbox"/> General hospital orientation                                     | <input checked="" type="checkbox"/> In-person training  |
| <input checked="" type="checkbox"/> Hospital performance information                                 | <input checked="" type="checkbox"/> Massachusetts law and PFACs   |
| <input checked="" type="checkbox"/> Patient engagement in research                                   | <input checked="" type="checkbox"/> Concepts of patient- and family-centered care (PFCC)                  |
| <input checked="" type="checkbox"/> PFAC policies, member roles and responsibilities                 | <input checked="" type="checkbox"/> Skills training on communication, technology, and meeting preparation |
| <input checked="" type="checkbox"/> Health care quality and safety                                   | <input type="checkbox"/> Immediate "assignments" to participate in PFAC work                              |
| <input checked="" type="checkbox"/> History of the PFAC  | <input checked="" 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):

Concepts of patient- and family-centered care (PFCC)

Health care quality and safety measurement

Patient engagement in research

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)

Types of research conducted in the hospital

Other

Hospital performance information

Health literacy

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:

Integration: In January of 2016 the two staff co-chairs stepped down from their roles on the PFAC. Mary Cassesso, CHA's Chief Community Officer and Foundation President, came on-board and also brought her colleague, Sarah Primeau MSW MPH, who is responsible for community relations at the hospital and who has previously co-chaired a community advisory group at a large non-profit in Boston. Several years ago, Mary served as Chair of the CHA Board of Trustees and she appointed the original PFAC patient co-chair who continues to serve on the council. She has great respect for the work of the PFAC and was happy to take on this role. Since January, the PFAC as an entity has gained momentum and completed many projects. In addition, the PFAC is now much more aligned and integrated into the CHA system. Mary is on the Senior Leadership team at CHA and having her sit on the PFAC has been integral to leveraging resources and support for our efforts. In addition, she brought another Senior Leader to the PFAC; Paul Allen (Chief Quality Officer & Hospitalist) and he currently serves as a staff PFAC member. Both Mary and Paul have emphasized the importance of the PFAC to other Senior Leaders and the group is respected, visible, and a strong force system-wide.

Q24a. The idea for Accomplishment 1 came from:

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

Q24b. Accomplishment 2:

Way-Finding: Over the years several patients, staff members, and partners have voiced their concern over signage within our three hospitals. Many complaints came from Somerville Hospital, where people were constantly getting lost and having great difficulty finding their way to the appropriate location for their medical appointments. The PFAC decided that they wanted to address these concerns and do something to improve signage and way-finding. We decided to start with Somerville Hospital and if successful we would then move on to both Cambridge and Everett Hospitals. The PFAC met with CHA's chief architect as well as a staff member of the marketing department and together they walked through the entire hospital and identified areas that needed improvement. They came up with many suggestions for better signage in the main lobby and most importantly they suggested a new colored symbol tool that will make navigating the hospital easier. They also took into consideration people who are color-blind or have little reading ability and designed it so there are different colors and shapes guiding patients from one wing of the hospital to the other. The PFAC also met with the signage vendors and new signage is currently in production. We hope to have everything complete within the next month. Given the success of this endeavor, the PFAC would like to do a similar project at Cambridge Hospital in the new year.

Q24b. The idea for Accomplishment 2 came from:

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

Q24c. Accomplishment 3:

Chapel Re-Naming and Improvement: During the way-finding project, several PFAC members noticed that our Somerville Hospital chapel was not only outdated, but not inclusive of people of all faiths. They decided something needed to be done to not only improve the chapel at Somerville Hospital, but also at Cambridge Hospital (Everett Hospital's chapel is run-separately). We invited the CHA Manager of Multicultural Affairs to come to a meeting and during that time the PFAC provided input into chapel improvement plans. The group agreed that the hospital chapels offer employees, patients and visitors a quiet space for prayer, meditation or reflection. The Director told us that Cambridge Hospital has changed the design of its chapel to welcome individuals from a wide variety of faiths, as well as those who don't identify with any specific religion. Together the PFAC decided that since the chapel is meant to be a place of refuge for people of all beliefs, the renovated Somerville chapel should contain no fixed religious symbols. They suggested adding a cabinet that offers discreet storage for a variety of items (items suggested included prayer rugs, a selection of religious texts in several languages, and LED battery-operated votive candles). They also decided that even the term "chapel" was not appropriate and they changed all signage to read "Reflection Room." We have not completed this project and still need to purchase a cabinet with new materials. We plan to do this before the new year.

Q24cl. The idea for Accomplishment 3 came from:

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

Q24d. Accomplishment 4:

Patient Discharge Materials: A CHA staff member brought materials to a meeting that the Quality Management Department had recently created. She wanted to get input from the PFAC on these patient-facing materials. The group reviewed a new smoking cessation packet for inpatients and fact sheet of questions to ask the doctor before leaving the hospital. During the meeting they provided feedback on the layout, design, and health literacy level and as a result the Quality Department made several changes to the packet. At the next PFAC meeting, the same staff member brought back the improved materials and received further input and approval from PFAC members. These materials are now being used in all inpatient discharge packets. In addition, the PFAC reviewed fact sheets on opioids for the Department of Community Health Improvement. These fact sheets were going to be available on the CHA website and also distributed as educational pamphlets. The PFAC identified new questions and answers that should be on the fact sheet and also made edits to existing information.

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:

Events: The PFAC patient and staff members had voiced an interest in participating in CHA events and community events where CHA has a presence. This year we made a real effort to include our patient members at events and make them visible to CHA staff and the community as a whole. We were very pleased that several PFAC members attended our CHA Breast Center celebration, Annual Memorial (to pay respects and celebrate all CHA patients who passed away in the past year), our annual Art of Healing Award Gala, NAMI (National Alliance on Mental Illness) walk, Making Strides Against Breast Cancer walk, and the Heart Walk. Several patient/family members have also attended internal CHA educational lectures from our community partners and affiliated universities(Harvard/Tufts).

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:

Recruitment: Establishing effective recruitment strategies to ensure a robust cross-section of patient/family PFAC members was a challenge. We continue to aim for an even distribution of members to represent the ethnic, cultural and linguistic diversity of our patient population. We have made progress this year but there is still work to be done.

Q25b. Challenge 2:

Retention: Increased member retention and participation was also an issue in the beginning of 2016. Two patient members resigned and we needed more patient/family representation. With the advent of new PFAC leadership in 2016 and additional staff support, we were able to recruit 4 new patient/family members. This was a success, but we still need more patient members and we want to ensure that those who recently joined will remain committed.

Q25c. Challenge 3:

Integration: Integration system-wide for the PFAC was actually a success this year. However, a separate advisory council exists at one of CHA's community health centers (The Malden Care Center) and we thought it was important to establish rapport and understanding between both groups. The work of the Malden PAC are specific to that clinic, but we still needed to increase communication to avoid duplicate work. It took some time to coordinate efforts, but there have been significant improvements in synergy and communication over the past several months. We need to do more to ensure that the Malden PAC and CHA (system-wide) PFAC are strategically aligned with the overall CHA system and we will continue to work together and form stronger relationships over this coming year.

Q25d. Challenge 4:

Project Timelines: It has sometimes been difficult to identify the appropriate resources, ownership and decision makers on whom the PFAC depend to improve timelines of community-driven PFAC projects from concept to completion. In the past, it was difficult to have work completed between meetings and have people claim ownership to keeping things on track. With new leadership and increased staff support, we have greatly improved our ability to completing tasks and staying on track. We would still like more patient/family buy-in to project completion and hope to increase participation this coming year.

Q25e. Challenge 5:

Meeting Times and Location: Scheduling the most effective meeting times and locations for all PFAC members to be able to attend regularly and provide consistent member feedback and participation was challenging. The meeting time changed and is now held from 5-6:30pm on the third Thursday of every month. This time is working for now and if necessary we may change it. We hold all of our meetings at the Cambridge Hospital and we know this may be a problem for patients who would like to be involved but live further away. This coming year we plan to increase recruitment in our other communities and it may be necessary to alternate our meeting location.

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

- |  |   |
|--|---|
| <input checked="" 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 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 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:

*This question was not displayed to the respondent.*

Q27.

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

One of our PFAC members participates in the Health Integration program (HIP) at our Central Street location. This site specializes in behavioral health and our PFAC member is playing a critical role in supporting patients seen at this clinic. She provides updates to the group during our monthly PFAC meetings. In addition, the Quality department has recently asked that a PFAC member sit on one of their restraint/reclusion committees. We have members who plan to take this on and it should begin within the next few months.

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Quality improvement initiatives                 | <input type="checkbox"/> Institutional Review Boards  |
| <input checked="" type="checkbox"/> Patient education on safety and quality matters | <input type="checkbox"/> N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016 |
| <input type="checkbox"/> Patient and provider relationships                         |   |



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

- |   |  |
|---|--|
| <input type="checkbox"/> Task forces                                      | <input type="checkbox"/> N/A – the PFAC members did not participate in any of these activities                                 |
| <input type="checkbox"/> Award committees                                 | <input type="checkbox"/> Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees |
| <input type="checkbox"/> Advisory boards/groups or panels                 | <input checked="" type="checkbox"/> Selection of reward and recognition programs   |
| <input type="checkbox"/> Search committees and in the hiring of new staff | <input checked="" type="checkbox"/> 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 checked="" 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 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 |
|---|--------------------------------|

Q119. 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:

The Quality Department is now fully integrated into the PFAC and with that has come many improvements in information sharing. We plan to have the department share even more in this coming year. Over the past year they have shared Truven reports and other important information that they thought the PFAC would be interested in learning about.

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

Up to this point they have heard from several reports but have not yet created a project from the findings. They have provided input into billing issues, wait times, and the patient experience of care.

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

Q33b. Prevention and errors

- |  |  |
|--|--|
| <input type="checkbox"/> Hand-washing initiatives  | <input type="checkbox"/> Team training                             |
| <input type="checkbox"/> Checklists  | <input type="checkbox"/> Electronic Health Records –related errors |
| <input type="checkbox"/> Fall prevention   | <input 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

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

Q33d.

Additional quality initiatives

- Rapid response teams
- Integration of behavioral health care
- 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

Q35. 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)

Q36.

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
- None of our members are involved in research studies

Q121. Please describe other ways that members of your PFAC are approached about advising on research studies:

A few months ago we were approached from HCFA to support a request for funding through the Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Awards grant. We are pleased to join Health Care For All (HCFA) as a joint Community of Practice partner within this program and we believe our work as researchers and consumer advocates will be better informed and coordinated as a result of this partnership. We are waiting to hear if this request is funded and if so we look forward to having the PFAC participate in this research alongside PCORI funded researcher, Ben Cook (CHA).

Q37.

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

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):

Sarah Primeau - Staff Mary Cassesso - Staff Barbara August - Patient

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:

Staff wrote the report but received input and suggestions from all PFAC members at a meeting held this summer. It was then approved by all co-chairs.

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:

617-591-4947 sprimeau@challiance.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