2016 Annual PFAC Report:
Cape Cod Hospital

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?

This question was not displayed to the respondent.

Q2. Staff PFAC Co-Chair Contact:

Name and Title:	Jeanie Vander Pyl
Email:	jvanderpyl@capecod
Phone:	508-862-5866

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:	Rosemary Resnik
Email:	rcresnik@comcast.ne
Phone:	508-420-5780

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):

☑ Word of mouth / through existing members   ☐ Case managers / care coordinators

☐ Promotional efforts within institution to patients or families   ☐ Patient satisfaction surveys

☑ Promotional efforts within institution to providers or staff   ☐ Community-based organizations

☐ Facebook and Twitter   ☐ Houses of worship

☑ Recruitment brochures   ☑ Community events

☑ Hospital publications   ☐ Other

☐ Hospital banners and posters   ☐ 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:

8

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

Medical Staff

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

Director/ Medical Library, Supervisor/Volunteer Services

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

☑ Parking, mileage, or meals

☐ Translator or interpreter services

☐ Assistive services for those with disabilities

☐ Provision / reimbursement for child care or elder care

☐ Stipends

☑ Payment for attendance at annual PFAC conference

☐ Payment for attendance at other conferences or trainings

☐ Annual gifts of appreciation

☑ Conference call phone numbers or "virtual meeting" options

☑ Meetings outside 9am-5pm office hours

☐ Other

☐ 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"):

Barnstable County

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 (<u>please provide percentages;</u> <u>if you are unsure of percentages please select "don't know"</u>):

American Indian or Alaska Native	0.7 %
Asian	1.3%
Black or African American	2.5%
Native Hawaiian or other Pacific Islander	0.1%
White	93.5%
Other	

Q91.

☐ Don't know racial groups

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

2.6%

Q92.

☐ Don't know origins

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

American Indian or Alaska Native	0
Asian	.5
Black or African American	5.5
Native Hawaiian or other Pacific Islander	0
White	85
Other	7.5

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?

1.2

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	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	100 %
Other	

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?

12%

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)?

3

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	1
Portuguese	1.5
Chinese	.02
Haitian Creole	.07
Vietnamese	.01
Russian	.05
French	.01
Mon-Khmer/Cambodian	0
Italian	.01
Arabic	0
Albanian	0
Cape Verdean	0

Q127.

☐ Don't know primary languages

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

0

Q120.

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

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:

We have endeavored to recruit a Portuguese speaking advisor since one of our staff PFAC members is our Corporate Manager of Interpreter Services and could serve as an interpreter during the meetings. However, the timing of our meetings is not convenient for potential advisors who have families to attend to during the early evenings when we hold our meetings.

Q110. **Section 3: PFAC Operations**

Q15. Our process for developing and distributing agendas for thePFAC 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:

Following each meeting, any issues that are identified or discussed at that meeting will be included on our next meeting's agenda. Our patient/family members also request agenda items that they would like to know more about. We have standing sub-committee members who bring updates on the progress of their goals. Prior to the meeting, the staff co-chair works with the patient co-chair to formalize the upcoming meeting's agenda. The agenda is distributed along with any supporting materials prior to the meeting.

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:

Advisors asked if a meaningful project could be identified by the hospital's administration that the PFAC could implement. The staff co-chair along with the CMO , Director of Corporate Quality, CNO and Executive Director of Medical and Surgical Services met to discuss and identify an issue that the advisors could assist with. In spite of environmental improvements and staff education, noise continues to be a problem area on patient satisfaction surveys. A process was developed whereby advisors could come in and visit with patients on their own time, have a conversation about the expectations of noise in hospitals, provide some suggestions for dealing with the unfamiliar sounds associated with a hospital stay, and offer a Quiet Pac consisting of ear plugs, eye masks, and a few comfort items. The PFAC members reviewed and revised the suggested scripting, refined the process and discussed various scenarios they might encounter. They also met with the Clinical Leaders and had a tour of the units they would be visiting. Quiet Rounds would be conducted by individual advisors Monday through Friday. Second day admission patients on two units would be visited. Because the project would involve actual patient visits, all of the advisors who volunteered for the Quiet Rounds had to go through the more extensive compliance requirements that included clearance by our Occupational Health Services and Human Resources. Our Executive Director of Patient & Family Experience introduced the project to the Nurse Managers and also accompanied the Advisors during their first week of Quiet Rounds in September. The project will run from September through the end of October. The impact on patient care and satisfaction will be measured by any change in noise scores on our Press Ganey surveys. If Quiet Rounds demonstrate an improvement in noise scores, hospital volunteers could incorporate this element into their patient visits.

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

No new sub-committees were established. Members continue to serve on existing sub-committees.

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

☑ PFAC submits annual report to Board

☐ PFAC submits meeting minutes to Board

☑ PFAC member(s) attend(s) Board meetings

☐ Board member(s) attend(s) PFAC meetings

☐ PFAC member(s) are on board-level committee(s)

☐ N/A – the PFAC does not interact with the Hospital Board of Directors

☐ Other

☐ 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:

Agendas, minutes and notices of events of interest are distributed by e-mail to PFAC members. Any resources that will be discussed at an upcoming meeting are sent out by e-mail prior to the meeting so members have time to review these materials. However, two PFAC members do not use e-mail so materials must also be mailed.

Q109.
Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

2

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

☑ Meeting with hospital staff

☑ General hospital orientation

☑ Hospital performance information

☐ Patient engagement in research

☑ PFAC policies, member roles and responsibilities

☑ Health care quality and safety

☐ History of the PFAC

☐ "Buddy program" with experienced members

☑ Information on how PFAC fits within the organization's structure

☑ Other

☐ In-person training

☑ Massachusetts law and PFACs

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

☐ Skills training on communication, technology, and meeting preparation

☐ Immediate "assignments" to participate in PFAC work

☐ Check-in or follow-up after the orientation

☐ N/A – the PFAC members do not go through a formal orientation process

Q115. Please describe other orientation content:

Each advisor is required to complete the Cape Cod Hospital Mandatory Self-Study Guide, which includes topics such as compliance and ethics, patient rights, health care law and regulation, non-discrimination, respect and confidentiality. Safety education which include emergency codes, fire safety and ergonomics are included. Each advisor is also required to review the HIPAA rule and sign the hospital's confidentiality agreement.

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

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

☐ Patient engagement in research

☐ Types of research conducted in the hospital

☑ Hospital performance information

☐ Not Applicable

☑ Health care quality and safety measurement

☐ 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)

☑ Other

☑ Health literacy

Q116. Please describe other topics:

The importance of maintaining confidentiality of the information that is being discussed at meetings is reinforced. There is also extra training on the HIPAA rule and review of the hospital's Confidentiality Agreement.

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:

Developed and implemented a process to conduct Quiet Rounds. (See also above). The process was reviewed and revised with input from advisors and staff. Suggested scripting was also developed, reviewed and revised. Advisors, who volunteered to do individual visits on their own time, went through the extensive clearance required for patient contact. Quiet Rounds were implemented on Sept. 6 and would continue through the end of October 2016. Measurement of impact of this project would be improvement in patient satisfaction scores on the units where Quiet Rounds were conducted.

Q24al. The idea for Accomplishment 1 came from:

◉ Patient/family advisors of the PFAC

○ Department, committee, or unit that requested PFAC input

Q24b. Accomplishment 2:

PFAC Recruitment Brochure. An overview of the CCH PFAC's role and goals were included along with an application form in a glossy tri-fold brochure. These were distributed to current members to share with potential new members and also distributed in visibility sites in the hospital. They are also mailed to any prospective members.

Q24bl. The idea for Accomplishment 2 came from:

◉ Patient/family advisors of the PFAC

○ Department, committee, or unit that requested PFAC input

Q24c. Accomplishment 3:

Companion animal visitation proposal. PFAC was asked to review a request from an organization that brings specially trained dogs into hospitals for visits with patients. Articles along with policies from other hospitals were given to PFAC members to review. Although the hospital currently has a limited pet visit policy for patient's own pets under certain circumstances, after consultation with the CCHC Infection Prevention staff, it was decided that an extended program would require an extra level of monitoring for patient safety compliance and would not go forward at this time.

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:

Music "on hold." After a family complaint about the type of music for calls to the ICU that are put on hold, the PFAC was asked to review the current selections. used by the hospital's system. The group reviewed the music being used for calls placed on hold. They felt that the selections were inappropriate for many types of sensitive calls being received concerning patients' conditions. Alternative music selections were reviewed and selections were recommended that would be more appropriate.

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:

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:

Maintaining and increasing PFAC membership of patients and family members. We recruited two new members but also lost three members during 2016. We do have 2 additional potential members in the process of being approved.

Q25b. Challenge 2:

Maintaining momentum between meetings that occur every other month. Meeting only six times per year does not give us adequate time to review hospital performance data or educate members on healthcare issues in greater detail, while also trying to implement and complete special projects.

Q25c. Challenge 3:

Being recognized as a resource for including patient's perspective in the organizations's process improvement initiatives. Although most of our patient/family members are employed during the day , they have made themselves available for day time meetings with hospital staff.Sensitive information would be held in confidence since all PFAC members have signed the Cape Cod Healthcare Confidentiality Agreement.

Q25d. Challenge 4:

Q25e. Challenge 5:

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

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

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

Quality of Care- End of Life Planning. Two members served on this Committee to organize a community education event on end of life planning. One member continues to attend meetings to discuss ways to extend this information into our communities. The group is also working on educating the community on the importance of having a Health Care Proxy.

Q27.
How do members on these hospital-wide committees or projects report back to the PFAC about their work?

There is a standing agenda item for any sub-committee reports at each 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

☐ Award committees

☐ Advisory boards/groups or panels

☐ Search committees and in the hiring of new staff

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

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

☐ Selection of reward and recognition programs

☑ 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

☐ Complaints and investigations reported to Department of Public Health (DPH)

☐ Serious Reportable Events reported to Department of Public Health (DPH)

☐ Healthcare-Associated Infections (National Healthcare Safety Network)

☐ Patient complaints to hospital

Q30b. Quality of care

☐ 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)

☐ High-risk surgeries (such as aortic valve replacement, pancreatic resection)

Q30c. Resource use and patient satisfaction

☑ Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)

☐ Resource use (such as length of stay, readmissions)

☐ Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)

Q30d. Other

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

☐ Other

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

Time constraints of meetings. The majority of our time was spent on implementing Quiet Rounds and also on the requests to review other potential issues presented by hospital's staff and administration.

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

Patient satisfaction scores were reviewed in general. After identification of the noise issue, patient's individual concerns and comments concerning noise were reviewed in more detail to determine ways to address them. Forms used during our Quiet Rounds visits will gather additional data and also give us an opportunity to interact directly with patients about their concerns and possible ways to address them. Data on the hospital's "Purposeful Hourly Rounding" initiative will also be gathered during the Quiet Rounds.

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

☐ Identifying patients correctly   ☐ Preventing infection

☐ Using medicines safely   ☐ Identifying patient safety risks

☐ Using alarms safely   ☐ Preventing mistakes in surgery

Q33b. Prevention and errors

☐ Hand-washing initiatives   ☐ Team training

☐ Checklists   ☐ Electronic Health Records –related errors

☐ Fall prevention   ☐ Safety

☑ Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)   ☐ Human Factors Engineering

Q33c. Decision-making and advanced planning

☐ Informed decision making/informed consent

☑ Improving information for patients and families

☑ Health care proxies

☑ End of life planning (e.g., hospice, palliative, advanced directives)

Q33d.
Additional quality initiatives

☐ Rapid response teams

☑ Disclosure of harm and apology

☐ Integration of behavioral health care

Q33e. Other

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

☐ Other

Q120. 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:

This question was not displayed to the respondent.

Q36.
How are members of your PFAC approached about advising on research studies?

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q104.
Section 6: PFAC Annual Report

Q107.
We <u>strongly</u> 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):

Rosemary Resnik, patient/family co-chair of CCH PFAC Dr. Donald Guadagnoli, VP Medical Staff Deana Towns Kayajan, Executive Director, Patient & Family Experience

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:
  www.capecodhealth.org
- ○ 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:

◉ 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