

## **2016 Annual PFAC Report: Dana Farber Cancer Institute**

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):

We have an adult and pediatric PFAC

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

- ☐ Yes
- ☒ No
- ☐ Don't know

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: Patricia Stahl PFAC

Email: patriciaj\_stahl@dfci.

Phone: 617 632 3308

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:	Tony Serge
Email:	tms70@charter.net
Phone:	978 302 0383

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

Name and Title:	Renee Siegel
Email:	renee_siegel@dfci.h
Phone:	617 632 4527

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 checked="" 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 checked="" type="checkbox"/> Promotional efforts within institution to providers or staff   | <input checked="" type="checkbox"/> Community-based organizations        |
| <input checked="" type="checkbox"/> Facebook and Twitter   | <input type="checkbox"/> Houses of worship                               |
| <input checked="" type="checkbox"/> Recruitment brochures  | <input checked="" 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:

equivalent of 1FTE

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

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

Patient and Family Programs and Services

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

PFAC staff Liaison

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

☒ Parking, mileage, or meals

☒ Payment for attendance at other conferences or trainings

☐ Translator or interpreter services

☒ Annual gifts of appreciation

☐ Assistive services for those with disabilities

☒ Conference call phone numbers or "virtual meeting" options

☐ Provision / reimbursement for child care or elder care

☒ Meetings outside 9am-5pm office hours

☐ Stipends

☐ Other

☒ Payment for attendance at annual PFAC conference

☐ 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"):

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”):

*This question was not displayed to the respondent.*

Q91.

☒ Don't know racial groups

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

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?

Q95.

☐ Don't know origins

Q 13cR. In FY 2016, the PFAC **patient and family advisors** came from the following racial groups (please provide percentages):

*This question was not displayed to the respondent.*

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?

8%

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)?

0%

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	8%
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	1%
Mon-Khmer/Cambodian	
Italian	
Arabic	1%
Albanian	
Cape Verdean	

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:

-Working with our community benefits program -Outreach to diverse populations internally and externally -  
Working with small committee on diversity recruitment and strategic planning

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:

Staff and PFAC co-chairs have at least one meeting to plan agenda together. Staff sends out a draft to PFAC co-chairs who edit/approve agenda. The agenda is then sent out in advance to PFAC and attending staff members

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:

Regular communications with leadership  
Devising and implementing a marketing plan  
Adding PFAC member external activities updates to the agenda  
Developing PFAC driven projects (better patient access to support programs and services)  
Internal collaboration between both adult and pediatric PFAC

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

Internal and external marketing team Recruitment group App development group Patient journal planning group Cashless payment program for patients and families (project group)

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 checked="" 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 checked="" 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:

We use facebook, email, Syncplicity, internal and external publications

Q109.

#### **Section 4: Orientation and Continuing Education**

Q21. Number of new PFAC members this year:

6



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 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 type="checkbox"/> Skills training on communication, technology, and meeting preparation |
| <input checked="" type="checkbox"/> Health care quality and safety                                   | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Concepts of patient- and family-centered care (PFCC) | <input checked="" type="checkbox"/> Health care quality and safety measurement  |
| <input checked="" 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 checked="" type="checkbox"/> Hospital performance information                     | <input type="checkbox"/> Health literacy  |
| <input 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:

Collaboration between both the councils in regard to restructuring, marketing and recruitment

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:

Outreach/increasing awareness (PFAC driven presentations) to 750 staff members

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:

Development of phone application for supportive resources available at the hospital for patients and families.

Q24c/. The idea for Accomplishment 3 came from:

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

Q24d. Accomplishment 4:

In development/working with senior leadership to create a cashless payment program for patients and families

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:

Development of operating and collaborative co-chair model. The PFAC became more structured, project driven and more partnered with leadership during 2016

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:

Diversity: We struggle with diversifying the councils and representing our outpatient population entirely.

Q25b. Challenge 2:

Managing workload and high demand for PFAC involvement.

Q25c. Challenge 3:

Managing internal and external priorities within an evolving health care and PFAC population environment. Most PFAC members work during the day and we have had to find new ways to involve them in committee and project work

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):

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral Health/substance use                                 | <input checked="" type="checkbox"/> Eliminating Preventable Harm                    |
| <input checked="" type="checkbox"/> Bereavement  | <input type="checkbox"/> Emergency Department Patient/Family Experience Improvement |
| <input type="checkbox"/> Care Transitions  | <input checked="" type="checkbox"/> Ethics  |
| <input type="checkbox"/> Code of Conduct   | <input type="checkbox"/> Institutional Review Board (IRB)                           |
| <input checked="" type="checkbox"/> Community Benefits                                   | <input checked="" type="checkbox"/> Patient Care Assessment                         |
| <input type="checkbox"/> Critical Care   | <input checked="" type="checkbox"/> Patient Education                               |
| <input type="checkbox"/> Other   | <input checked="" 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 checked="" 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?

Verbal reporting during meetings recorded in minutes. Members are also asked to report their hours

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 checked="" type="checkbox"/> Patient and provider relationships              |   |

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Task forces                                      | <input type="checkbox"/> N/A – the PFAC members did not participate in any of these activities                                 |
| <input checked="" type="checkbox"/> Award committees                                 | <input type="checkbox"/> Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees |
| <input checked="" type="checkbox"/> Advisory boards/groups or panels                 | <input checked="" type="checkbox"/> Selection of reward and recognition programs   |
| <input checked="" 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 checked="" type="checkbox"/> Complaints and investigations reported to Department of Public Health (DPH) | <input type="checkbox"/> Healthcare-Associated Infections (National Healthcare Safety Network) |
| <input checked="" 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

☒ 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

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:

PFAC does not have the capacity to review everything so we have identified priorities.

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

They are full and active members of any committee and project along with staff and institute leadership.

**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

☒ Using medicines safely

☒ Using alarms safely

☒ Preventing infection

☒ Identifying patient safety risks

☐ Preventing mistakes in surgery

Q33b. Prevention and errors

☒ Hand-washing initiatives

☐ Checklists

☒ Fall prevention

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

☐ Team training

☒ Electronic Health Records –related errors

☒ Safety

☒ 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

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:

*This question was not displayed to the respondent.*

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):

Pat Stahl: Staff Renee Siegel: Staff

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:

patriciaj\_stahl@dfci.harvard.edu 617 632 3308

☐ No