

2016 Annual PFAC Report: Emerson 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):

Q2. Staff PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Christine Combs, R.N"/>
Email:	<input type="text" value="ccombs@emersonhd"/>
Phone:	<input type="text" value="978 287-3385"/>

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="Walter Birge and Ch"/>
Email:	<input type="text" value="wbirge@icloud.com"/>
Phone:	<input type="text" value="978-369-7845"/>

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
- Promotional efforts within institution to providers or staff
- Facebook and Twitter
- Recruitment brochures
- Hospital publications
- Hospital banners and posters
- Patient satisfaction surveys
- Community-based organizations
- Houses of worship
- Community events
- Other
- 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:

5

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

13

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

Quality and Patient Safety

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

Manager, Patient Safety

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"):

26 towns

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?

This question was not displayed to the respondent.

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

Q13cR. 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?

None

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)?

This question was not displayed to the respondent.

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?

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)?

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?

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:

Emerson's internet site; PFAC members participate at Emerson's annual Health Expo; PFAC collaborates with Emerson's Community Development team as well as Marketing/Planning team.

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 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

- 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:

PFAC co-chairs ask the PFAC members if they have agenda topics at the end of every meeting. Items also come from meetings where there is a need to continue discussing a current item at the next meeting. If there is an initiative that is occurring in the hospital that hospital staff would like feedback from PFAC members, the co-chairs add this to the agenda.

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. To be educated about the Honoring Choices of Massachusetts initiative and have 2 PFAC members trained as facilitators. (Three PFAC members completed the Program). 2. Partner with Emerson's Care Management team and conduct educational session in the communities the hospital serves.

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

None

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 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 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 the internet and are currently involved with Planning/Marketing to revise the site. We also use e-mail consistently.

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

One

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 type="checkbox"/> Hospital performance information | <input checked="" 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 checked="" type="checkbox"/> Immediate "assignments" to participate in PFAC work |
| <input checked="" 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 checked="" type="checkbox"/> Concepts of patient- and family-centered care (PFCC) | <input checked="" type="checkbox"/> Health care quality and safety measurement |
|--|--|

Patient engagement in research

Types of research conducted in the hospital

Hospital performance information

Not Applicable

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:

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:

One community PFAC member was invited to sit on the hospital's Quality and Patient Safety Council which is chaired by the CEO.

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:

Three PFAC members completed education and training as Honoring Choices of Massachusetts facilitators.

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:

Strengthening PFAC's partnership with the hospital's Care Management team. PFAC members are "at the

table" for the hospital's Care Transition Collaborative and subgroups that were established to concentrate on improving the patient's discharge process. PFAC and Care Management members partnered at Emerson's Health and Wellness Expo.

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:

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:

Increasing how we communicate about PFAC's mission and work both in the hospital and outside in our communities.

Q25b. Challenge 2:

Q25c. Challenge 3:

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 type="checkbox"/> Eliminating Preventable Harm |
| <input type="checkbox"/> Bereavement | <input checked="" 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 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:

Care Transitions Collaborative led by Emerson's Care Management team. The task force focuses on discharge planning including, educational material, medication reconciliation and the discharge process.

Q27.

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

Members provide updates at PFAC meetings. We also use e-mail messaging.

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 type="checkbox"/> Award committees | <input checked="" 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 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 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

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 hospital utilizes PFAC on various committees to participate and provide input to identify opportunities for improvement. Data reports are commonly used to communicate the hospital's performance on specific measures.

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

PFAC members share personal experiences that they, a family member or friend may have had while here at Emerson. HCAHPS scores are a standing agenda item and members provides suggestions and feedback on areas where we have an opportunity to improve the patient experience. The CHART Program Emerson participates has PFAC members involved. The goal is to reduce 30 day readmissions as well as work to improve the discharge process and educational information patient's receive. The PFAC members who sit on CHART and Care Transitions Collaborative assisted in developing a one-page information form that talks about the discharge process on admission. This is a valuable tool/resource.

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:

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.

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.

Q37.

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):

Joyce Welsh, Vice President, Patient Care Services & CNO Dr. C. Martin, Senior Vice President Clinical Affairs and CMO Walter Birge, Community Co-chair of PFAC Cheri Carey, Community Co-chair of PFAC

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:
- 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