

## 2016 Annual PFAC Report: Good Samaritan Medical Center

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="Matthew Hesketh, Dir"/>
Email:	<input type="text" value="matthew.hesketh@st"/>
Phone:	<input type="text" value="508-427-3008"/>

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="Vanessa Markarian, C"/>
Email:	<input type="text" value="vmarkarian@comcas"/>
Phone:	<input type="text" value="(508) 846-8617"/>

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

*This question was not displayed to the respondent*

Q23.

**Section 1: PFAC Organization**

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

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

Q6a. Please describe other recruitment approach:

*This question was not displayed to the respondent*

Q7. Total number of staff members on the PFAC:

8

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

8

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

Administration

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

Director of Quality & Patient Safety

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 checked="" type="checkbox"/> Translator or interpreter services               | <input type="checkbox"/> Annual gifts of appreciation  |
| <input checked="" 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"):

Southeaster Massachusetts

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	<input type="text" value="0%"/>
Asian	<input type="text" value="3%"/>
Black or African American	<input type="text" value="21%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="70%"/>
Other	<input type="text" value="6%"/>

Q91.

Don't know racial groups

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

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	<input type="text" value="0%"/>
Asian	<input type="text" value="1%"/>
Black or African American	<input type="text" value="18%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="78%"/>
Other	<input type="text" value="3%"/>

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?

4%

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="6%"/>
Black or African American	<input type="text" value="19%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="69%"/>
Other	<input type="text" value="6%"/>

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?

6%

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)?

10%

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	<input type="text" value="2%"/>
Portuguese	<input type="text" value="3%"/>
Chinese	<input type="text" value="0%"/>
Haitian Creole	<input type="text" value="4%"/>
Vietnamese	<input type="text" value="0%"/>
Russian	<input type="text" value="0%"/>
French	<input type="text" value="0%"/>
Mon-Khmer/Cambodian	<input type="text" value="0%"/>
Italian	<input type="text" value="0%"/>
Arabic	<input type="text" value="0%"/>
Albanian	<input type="text" value="0%"/>
Cape Verdean	<input type="text" value="5%"/>

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	6%
Portuguese	6%
Chinese	0%
Haitian Creole	6%
Vietnamese	0%
Russian	0%
French	0%
Mon-Khmer/Cambodian	0%
Italian	0%
Arabic	0%
Albanian	0%
Cape Verdean	12%

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:

During 2016, the Good Samaritan Medical Center PFAC took numerous steps to have their membership be more reflective of the depth and breadth of diversity within their catchment area. Specifically, assistance was enlisted from the Director of Community Benefits who participates in numerous different committees and groups throughout the community. He was able to recruit and refer multiple people for potential inclusion within the PFAC. Given the addition of these new members a strategic plan has been created to offer multiple events in multiple languages targeting different groups within the local community.

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:

The co-chairs, both staff and community, have a pre-meeting before each schedule PFAC meeting to go over possible topics, presenters, and prior meeting minutes to set the agenda. It is then distributed electronically with paper copies distributed at the meeting.

Q113. If other process, please describe:

*This question was not displayed to the respondent*

Q16.

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

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

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

The PFAC had the following goals for 2016: 1) Increase membership to reflect the diversity of the community and workforce. 2) Actively participate and lead community events focused on population health and wellness, and 3) Drive strategic tactical improvement initiatives through participation in hospital performance improvement committees and using personal experience to positively impact hospital processes.

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

N/A

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 checked="" 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:

The Good Samaritan Medical Center PFAC uses email as the only electronic medium of communication. All members of the committee have personal or professional email accounts and are amenable to communicating through this medium.

Q109.

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

Q21. Number of new PFAC members this year:

7

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

- |  |  |
|--|--|
| <input type="checkbox"/> Meeting with hospital staff   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> General hospital orientation  | <input checked="" type="checkbox"/> In-person training   |
| <input checked="" type="checkbox"/> Hospital performance information                                 | <input checked="" type="checkbox"/> Massachusetts law and PFACs                                |
| <input 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 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  |
| <input type="checkbox"/> Patient engagement in research                                  | <input type="checkbox"/> A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental patient discharge, etc) |
| <input type="checkbox"/> Types of research conducted in the hospital                     | <input type="checkbox"/> Other  |
| <input checked="" type="checkbox"/> Hospital performance information                     | <input checked="" 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:

The PFAC was able to recruit new members who reflected the diversity and uniqueness of the surrounding communities.

Q24aI. The idea for Accomplishment 1 came from:

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

Q24b. Accomplishment 2:

The PFAC was able to trial the hospital's outward facing website and provide critical insights that were incorporated in the final version which is now live.

Q24bI. The idea for Accomplishment 2 came from:

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

Q24c. Accomplishment 3:

Developed a strategic plan for hosting "healthcare proxy summits" at local community events over 2016-2017 calendar years. These events will be offered in multiple languages to appeal to a broader audience reflective of our local community.

Q24cI. The idea for Accomplishment 3 came from:

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

Q24d. Accomplishment 4:

The PFAC utilized negative patient experiences and subsequent family meetings to engage new members and achieve active participation in the PFAC.

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:

The PFAC was able to sponsor three members attending the Annual HealthCare for All Patient and Family Advisory Council symposium in June 2016. This demonstrated both membership engagement and the investment that the medical center is willing to make in the PFAC and the work that they do.

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:

During FY 2016, the PFAC lost numerous members due to resignations and several member deaths. This abrupt change to the council membership was challenging but it did help strengthen the council's resolve and push the PFAC to aggressively pursue new members, an initiative that has proven very successful.

Q25b. Challenge 2:

It has been challenging to find a meeting time that works for the current membership of the PFAC. This is mainly due to work schedules overlapping with personal responsibilities and family obligations. To help address this issue, the committee has implemented call-in lines and video chat options for remote participation in the event that a member cannot attend a meeting in person.

Q25c. Challenge 3:

The PFAC has had a challenge of engaging all members in hospital based committees. Generally, there is a core group of members who are willing to attend and participate in different committees. The council would like more engagement in this regard.

Q25d. Challenge 4:

N/A

Q25e. Challenge 5:

N/A

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 checked="" 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 checked="" type="checkbox"/> Ethics   |
| <input type="checkbox"/> Code of Conduct   | <input checked="" type="checkbox"/> Institutional Review Board (IRB)                           |
| <input checked="" type="checkbox"/> Community Benefits                                   | <input checked="" type="checkbox"/> Patient Care Assessment                                    |
| <input checked="" type="checkbox"/> Critical Care  | <input 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 checked="" 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 checked="" 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?

There is an open discussion agenda item built into each meeting agenda. Members will report back on meetings they have attended, events they have participated in, and ideas that they have for how PFAC can most effectively impact the local community or the hospital operations.

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 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 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 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 checked="" type="checkbox"/> Complaints and investigations reported to Department of Public Health (DPH) | <input checked="" type="checkbox"/> Healthcare-Associated Infections (National Healthcare Safety Network) |
| <input type="checkbox"/> Serious Reportable Events reported to Department of Public Health (DPH)                | <input 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 checked="" type="checkbox"/> Maternity care (such as C-sections, high risk deliveries)         |
| <input checked="" type="checkbox"/> Medicare Hospital Compare (such as complications, readmissions, medical imaging)               | <input type="checkbox"/> High-risk surgeries (such as aortic valve replacement, pancreatic resection) |

Q30c. Resource use and patient satisfaction

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

Q30d. Other

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

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:

This data is contained with the Quality and Safety scorecard and reporting system that has been shared with PFAC. Going forward, the other data elements suggested can and will be shared with the PFAC membership.

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

This data has been shared in a mostly informational capacity up until this point. We have added several community members to the PFAC who have experience with process redesign and leadership in other roles and they have expressed interest in participating in hospital process redesign moving forward. This will be included in the PFAC plan and goals for 2017.

**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 checked="" 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 checked="" type="checkbox"/> Safety                         |
| <input checked="" type="checkbox"/> Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings) | <input type="checkbox"/> Human Factors Engineering                 |

Q33c. Decision-making and advanced planning

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

Q33d.

Additional quality initiatives

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

Q33e. Other

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

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?

*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):

This report has been compiled and reviewed by Matthew Hesketh (Staff Co-Chair) & Vanessa Markarian (Community Co-Chair). This annual report will be shared electronically with the committee and discussed at the next council meeting. The goals, accomplishments, and challenges have been discussed at previous meetings.

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:

Matthew Hesketh 508-427-2008 Matthew.Hesketh@Steward.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