# 2016 Annual PFAC Report:
# Saint Anne's 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: | None |
| Email: | None@none.org |
| Phone: | 508-674-0000 |

*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: | Mary-Lou Mancini, P |
| Email: | mlmancini10@comc |
| Phone: | 508-675-2631 |

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

| | |
|---|---|
| Name and Title: | Kathy Finn, EdD, RN |
| Email: | kathy.finn@steward.c |
| Phone: | 508-674-5600 |

*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:

5

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

11

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

Professional Practice Research & Development

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

Director Professional Practice Research & Development

*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"):

Greater Fall River-New Bedford, areas west of Fall River, and nearby Rhode Island

*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 |
| Asian | 2 |
| Black or African American | 2.75 |
| Native Hawaiian or other Pacific Islander | 0 |
| White | 91 |
| Other | 2.25 |

*Q91.*

☐ Don't know racial groups

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

2

*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 | 0.5 |
| Black or African American | 2.8 |
| Native Hawaiian or other Pacific Islander | 0 |
| White | 75 |
| Other | 19.1 |

*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?

2.6

*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 | 0 |
| Asian | 0 |
| Black or African American | 0 |
| Native Hawaiian or other Pacific Islander | 0 |
| White | 100 |
| Other | 0 |

*Q97.*

☐ Don't know racial groups

*13cE.* What percentage of **PFAC patient and family advisors** in FY 2016 were of Hispanic, Latino, or Spanish origin?

0

*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?

| | |
|---|---|
| Spanish | 7 |
| Portuguese | 21 |
| Chinese | 0 |
| Haitian Creole | 1 |
| Vietnamese | 0 |
| Russian | 0 |
| French | 1 |
| Mon-Khmer/Cambodian | 1 |
| Italian | 0 |
| 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)

*Q123.* In FY 2016, what percentage of PFAC **patient and family advisors** spoke the following as their primary language?

| Language | |
|---|---|
| Spanish | 0 |
| Portuguese | 0 |
| Chinese | 0 |
| Haitian Creole | 0 |
| Vietnamese | 0 |
| Russian | 0 |
| French | 0 |
| Mon-Khmer/Cambodian | 0 |
| Italian | 0 |
| Arabic | 0 |
| Albanian | 0 |
| Cape Verdean | 0 |

*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 are discussing recruitment strategies as a regular agenda item.

*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:

At the end of every meeting, we ask for agenda items for the next meeting. The hospital facilitator sends a draft agenda before each meeting and asks for feedback. Members can email agenda items to the facilitator at any time.

*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. Make a difference for families in care transitions. 2. Fix a broken process for health care proxies.

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

Transitions Work Group Compassionate Communication Discharge Time Out

*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

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

We communicate via email and phone. PFAC is present on the Saint Anne's web page, Facebook page, and Twitter account.

*Q109.*
**Section 4: Orientation and Continuing Education**

*Q21.* Number of new PFAC members this year:

0

*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

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

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

☑ Health care quality and safety measurement

☐ Patient engagement in research

☑ A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental patient discharge, etc)

☐ Types of research conducted in the hospital

☐ Other

☑ Hospital performance information

☐ Health literacy

☐ Not Applicable

*Q116.* Please describe other topics:

*This question was not displayed to the respondent.*

*Q111.* **Section 5: FY 2016 PFAC Impact and Accomplishments**

*Q83.* **The following information only concerns PFAC activities in the fiscal year 2016.**

*Q24.* **The five greatest accomplishments of the PFAC were:**

*Q24a.* Accomplishment 1:

Hospitalist FAQs. From a patient/ family point of view, one family PFAC member developed a FAQ sheet for patients and families about the hospitalist program.

*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:

Health care proxy. To fix a broken and inconsistent process for health care proxies, a new hospital position was created to analyze and remediate process problems and educate staff and physicians about health care proxies.

*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:

Presentation. One PFAC member presented on a panel at the Health Care for All annual conference, discussing our work with the Transitions Work Group. Four patient/ family PFAC members attended the conference.


*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:

Transitions Work Group. PFAC formed a subcommittee co-led by a family PFAC member and hospital representative to analyze and remediate family issues with patient transitions.


*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:

PFAC feedback. PFAC members provided feedback on the new Saint Anne's website, new patient medication folders, and new complementary pain therapies.


*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:

Inconsistent attendance.

*Q25b.* Challenge 2:

Recruiting members to represent the population served.

*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):

| | |
|---|---|
| ☐ 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:

Schwartz Center Rounds

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

Regular agenda items for discussion.

*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:

We shared only data relevant to Saint Anne's Hospital this year.

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

Based on discussions about hospitalist roles, one PFAC family member developed a Hospitalist FAQ that is now given to all inpatients.

*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    ☑ Health care proxies

☑ Improving information for patients and families    ☑ End of life planning (e.g., hospice, palliative, advanced directives)

*Q33d.*
Additional quality initiatives

☐ Rapid response teams          ☑ Integration of behavioral health care

☐ Disclosure of harm and apology

*Q33e.* Other

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

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.*

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 <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):

Patient/Family Advisor 1. Dan Abraham 2. Kate (Priscilla) Bates 3. Maureen Bushell 4. Ann Marie Couture 5. Bob Dumais 6. Lois Erhartic 7. Fran LaSalle 8. Mary-Lou Mancini 9. Mike Palumbo 10. Stanley Sikora 11. Claire Sullivan 12. Carol Verrochi PFAC hospital members 1. Joyce Cadorette, BSN, RN, CAPA, CPAN, Clinical Leader 2. Sr. Karen Champagne, MSN, RN, Coordinator of Clinical Integration and Outreach 3. Kathy Finn, EdD, RN, NEA-BC, Director, Professional Practice Research/Development 4. Ashley Almeida, Patient Advocate Hospital Senior Leaders 1. Craig Jesiolowski, President 2. Carole Billington, MSN, RN, NEA-BC, Vice President for Operations/Chief Nursing Officer 3. Michael Bushell, Vice President for Operations/Chief Financial Officer 4. John Conlon, MD, Chief Medical Officer 5. Wayne Dodwell, Vice President of Business Development 6. Wendy Bauer, Director of Strategic Communications 7. Sandra Dellicker, Director of Human Resources 8. Robyn Konopacki, Director of Practice Operations Hospital Board of Directors

*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:
  https://www.saintanneshospital.org/about-us/pat
- ○ 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:

https://www.saintanneshospital.org/about-us/pa

○ No, we don't have such a section on our website