2016 Annual PFAC Report:
Saint Vincent 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:	Lesley Fucci, Senior
Email:	Lesley.fucci@stvince
Phone:	508-363-7510

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:	John P. Wilkins
Email:	johnpwilki@aol.com
Phone:	508-366-9513

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

This question was not displayed to the respondent.

Q23.
Section 1: PFAC Organization

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

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

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

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

☐Facebook and Twitter   ☐Houses of worship

☑Recruitment brochures   ☐Community events

☐Hospital publications   ☑Other

☐Hospital banners and posters   ☐N/A - we did not recruit new members in FY 2016

Q6a. Please describe other recruitment approach:

Hospital Website

Q7. Total number of staff members on the PFAC:

6

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

10

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

Office of Patient Advocates

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

Senior Director of Quality and 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"):

Central Massachusetts

Q12D.

☐ Don't know catchment area

Q121.
Tell us about racial and ethnic groups in your area (please provide percentages; <u>if you are unsure of the percentages select "don't know"</u>).

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	0.1
Asian	2%
Black or African American	2%
Native Hawaiian or other Pacific Islander	0%
White	93%
Other	

Q91.

☐ Don't know racial groups

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

4%

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	0.04%
Asian	3%
Black or African American	4%
Native Hawaiian or other Pacific Islander	0.01%
White	81%
Other	

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?

   9%

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	7%
Native Hawaiian or other Pacific Islander	0%
White	86%
Other	

Q97.

☐ Don't know racial groups

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

   7%

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)

Q127.

☑ Don't know primary languages

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	7%
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
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:

SVH continues to seek opportunities to expand the diversity of our PFAC through word of mouth from other members, active recruiting, and placement of PFAC applications stationed throughout the hospital in high traffic areas, as well as on the hospital website. The Executive Team and PFAC co-chair work collaboratively to ensure that when turnover occurs, replacement members are recruited and oriented as soon as possible.

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

○ 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:

All members provide input for future agendas. PFAC co-chairs work collaboratively weeks prior to meeting to develop an 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:

-We will continue to recruit new members -We will continue to have PFAC evaluate and participate in patient experience improvement initiatives -Include PFAC in Emergency Department greeter committee initiatives -We will continue to include PFAC members in activities including patient rounding and other hospital work groups focused on Patient Safety and experience - We will educate membership on disaster preparedness in our region to gain their feedback on community awareness -Share our work and accomplishments via website

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

Oncology PFAC

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

☑ PFAC submits annual report to Board

☐ PFAC submits meeting minutes to Board

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

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

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

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

☐ Other

☐ Action items or concerns are part of an ongoing "Feedback Loop" to the Board

Q114. Please describe other interactions with the hospital Board of Directors.

This question was not displayed to the respondent.

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

We communicate through e-mail, phone, mail delivery and in-person.

Q109.
Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

1

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

☑Meeting with hospital staff

☐Other

☑General hospital orientation

☐In-person training

☐Hospital performance information

☑Massachusetts law and PFACs

☐Patient engagement in research

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

☐PFAC policies, member roles and responsibilities

☐Skills training on communication, technology, and meeting preparation

☐Health care quality and safety

☐Immediate "assignments" to participate in PFAC work

☑History of the PFAC

☐Check-in or follow-up after the orientation

☐"Buddy program" with experienced members

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

☑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):

☑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:

Patient rounding: In our ongoing effort to improve the patient experience, interested PFAC members were recruited and have continued to conduct patient rounding. This initiative has shown positive results on the inpatient nursing units.

Q24al. The idea for Accomplishment 1 came from:

○ Patient/family advisors of the PFAC

◉ Department, committee, or unit that requested PFAC input

Q24b. Accomplishment 2:

PFAC approved the hospitals "tell me more" program that allows patients to write something about themselves on poster for staff to know them better as person. A suggested handout to instruct patients how to fill it out was provided to members for their feedback and approval.

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:

The PFAC learned more about programs for at risk populations such as the elderly through the NICHE program and efforts to support the Opiate crisis in MA. They will be integrated into volunteer efforts to support this work in 2017.

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:

PFAC has continued to adjust to changes in executive leadership at the organization with an understanding of the role this plays in SVH Mission and Vision.

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 presented with information to help them understand the significant challenges associated with patient flow from the Emergency Department to patient floors.

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:

Recruiting to diversify the PFAC to reflect our hospitals diverse population.

Q25b. Challenge 2:

One of our recruited members resigned due to relocation.

Q25c. Challenge 3:

Involving PFAC prior to time sensitive project initiations.

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

☐ Bereavement

☐ Care Transitions

☐ Code of Conduct

☐ Community Benefits

☐ Critical Care

☐ Other

☐ N/A – the PFAC members do not serve on these

☐ Board of Directors

☐ Discharge Delays

☐ Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care

☐ Drug Shortage

☑ Eliminating Preventable Harm

☑ Emergency Department Patient/Family Experience Improvement

☑ Ethics

☐ Institutional Review Board (IRB)

☐ Patient Care Assessment

☐ Patient Education

☑ Patient and Family Experience Improvement

☐ Pharmacy Discharge Script Program

☑ Quality and Safety

☑ Quality/Performance Improvement

☐ Surgical Home

☐ 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?

Members are awarded time at scheduled meetings to provide updates and share their feedback.

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

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

☑ Advisory boards/groups or panels   ☐ Selection of reward and recognition programs

☐ Search committees and in the hiring of new staff   ☑ 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)   ☐ Healthcare-Associated Infections (National Healthcare Safety Network)

☑ Serious Reportable Events reported to Department of Public Health (DPH)   ☑ Patient complaints to hospital

Q30b. Quality of care

☑ Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)

☐ Maternity care (such as C-sections, high risk deliveries)

☐ Medicare Hospital Compare (such as complications, readmissions, medical imaging)

☐ 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)

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

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

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:

That is the only pertinent data discussed/reviewed by PFAC and committee members.

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

PFAC received information at a meeting, presented by a committee chair.

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:

patient experience and patient progression

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):

  Lesley Fucci PFAC Co-Chair

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:
  508-363-9434
- ○ No

Q41. Our hospital has a link on its website to a PFAC page.

- ◉ Yes, link:
  https://www.stvincenthospital.com/for-patients/p
- ○ No, we don't have such a section on our website