# 2016 Annual PFAC Report: Tufts Medical Center

Q130. Which best descri	bes your PFAC?	
<sup>⊙</sup> We are the only PFA	C at a single hospital	
<sup>C</sup> We are a PFAC for a	system with several hospitals	
_	le PFACs at a single hospital	
	al PFACs for a system with several hospitals	
Other (please describ	<u>·e):</u>	
Q2. Staff PFAC Co-Chai	r Contact:	
Name and Title:	Therese Hudson-Jink	
Email:	thudson-jinks@tuftsm	
Phone:	617-636-8162	
Q2a. Is the Staff PFAC C	Co-Chair also the Staff PFAC Liaison/Coordinator?	
CYes		
<sup>⊙</sup> No		
° <sub>N/A</sub>		
Q3. Patient/Family PFAC	Co-Chair Contact:	
Name and Title:	Alicia Staley	
Email:	acstaley@gmail.com	
Phone:	617-388-6950	
Q4. Staff PFAC Liaison/0	Coordinator Contact (if applicable):	
Name and Title:	Beth Harubin, MS, D	
Email:	bharubin@tuftsmedid	
Phone:	617-636-4789	

Q23.

**Section 1: PFAC Organization** 

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

	☐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
	□Community events
☑ Hospital publications	<b>⊘</b> Other
☐Hospital banners and posters	□N/A - we did not recruit new members in FY 2016
Q6a. Please describe other recruitment approach:	
Open leadership forums	
Q7. Total number of staff members on the PFAC:	
3	
Q8. Total number of patient or family member advisors	s on the PFAC:
13	
Q9. The name of the hospital department supporting the	ne PFAC is:
Patient Care Services	
Q10. The hospital position of the PFAC Staff Liaison/	Coordinator is:
Director of Operations for the Department of Patholo	gy and Laboratory Medicine
Q11. The hospital provides the following for PFAC mer (click all that apply):	mbers to encourage their participation in meetings
<b>⊘</b> Parking, mileage, or meals	Payment for attendance at other conferences or trainings
	☑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 conference	attendance	at annu	al 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; <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"):

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): 0.04% American Indian or Alaska Native 13.8% Asian 10.4% Black or African American Native Hawaiian or other Pacific 0.02% Islander White 60.9% 0.9% 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? 9.2% Q95. ☐Don't know origins Q13cR. In FY 2016, the PFAC patient and family advisors came from the following racial groups (please provide percentages): 0% American Indian or Alaska Native 8% Asian 8% Black or African American Native Hawaiian or other Pacific 0% Islander White 85% 0% 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?

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	2.5%
Portuguese	0.6%
Chinese	8.5%
Haitian Creole	0.2%
Vietnamese	0.9%
Russian	0.2%
French	0.08%
Mon-Khmer/Cambodian	0.14%
Italian	0.1%
Arabic	0.3%
Albanian	0.08%
Cape Verdean	0.1%

#### Q127.

□Don't know primary languages

Q119. What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)?

This question was not displayed to the respondent.

#### 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	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:

Our PFAC is currently trying to increase the number of PFAC members representative of our catchment area by targeting physicians that primarily see patients within the catchment area.

## 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
- 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:

Agenda items are developed together during the monthly PFAC meeting. The agenda is then prepared by the PFAC Staff Liaison/Coordinator and distributed at the beginning of the next meeting.

Q16. The PFAC goals and objectives for 2016 were: (select the best choice):		
C Developed by staff and reviewed by PFAC members		
© Developed by PFAC members and staff		
<sup>ℂ</sup> N/A – we did not have goals and objectives for FY	2016	
C Developed by staff alone		
Q17. The PFAC had the following goals and objectives	for 2016:	
	es prior to procedure 4) Improving the transition from nospital guests that attend PFAC meetings 6) e patients more comfortable 7) Improving hospital fooding area of the Breast Health Center 10) Host medicine duling 12) Leveraging PFAC to create strong m on Strategic Planning for 2017 goals 14) Develop	
Q18. Please list any subcommittees that your PFAC has established:		
No subcommittees have been established.		
Q19. How does the PFAC interact with the hospital Box	ard of Directors (click all that apply):	
□PFAC submits annual report to Board	☑PFAC member(s) are on board-level committee(s)	
□PFAC submits meeting minutes to Board	$\hfill\Box N/A$ – the PFAC does not interact with the Hospital Board of Directors	
▼PFAC member(s) attend(s) Board meetings	□Other	
□Board member(s) attend(s) PFAC meetings	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.		

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

This question was not displayed to the respondent.

PFAC members communicate with each other via email. Listservs or social media have not been used.

Q109.

# Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:	
3	
Q22. Orientation content included (click all that apply):	
Meeting with hospital staff	□Other
☐General hospital orientation	☑In-person training
☐Hospital performance information	
□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 topic	cs (click all that apply):
Concepts of patient- and family-centered care (PFCC)	
Patient engagement in research     ■     ■     Patient engagement in research     ■	A high-profile quality issue in the news in relation to
▼Types of research conducted in the hospital	□Other
✓ Hospital performance information	□Health literacy
□Not Applicable	
Q116. Please describe other topics:	
- 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

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:

Presented "Through the Eyes of Our Patients, An Improv with our Tufts Medical Center Patient and Family Advisory Council" on 11/13/15 and 9/16/16 for Medicine Grand Rounds.

Q24al. The idea for Accomplishment 1 came from:

### Q24b. Accomplishment 2:

Reviewed and made suggestions on a new video by the CEO and President of Tufts Medical Center, Mike Wagner, MD. The video is geared towards new employees to drive the message that we are a patient centered organization.

Q24bl. The idea for Accomplishment 2 came from:

#### Q24c. Accomplishment 3:

Reviewed and made suggestions on a patient questionnaire that will be used to understand the key factors associated with 30-day readmissions. This was a project presented by the CMO of Tufts Medical Center, Saul Weingart, MD.

Q24cl. The idea for Accomplishment 3 came from:

Patient/family advisors of the PFAC

Oppartment, committee, or unit that requested PFAC input

C Patient/family advisors of the PFAC

<sup>©</sup> Department, committee, or unit that requested PFAC input

C Patient/family advisors of the PFAC

<sup>©</sup> Department, committee, or unit that requested PFAC input

Reviewed and made suggestions on the Adult Hematology Oncology Patient Guide presented by Julie Sherman, RN, the Clinical Nursing Director of Hematology Oncology.
Q24d. The idea for Accomplishment 4 came from:
C Patient/family advisors of the PFAC
© Department, committee, or unit that requested PFAC input
Q24e. Accomplishment 5:
Reviewed and made suggestions on the newly revised Discharge Medication List Review Forms presented by the Department of Pharmacy and Nursing Informatics.
Q24e. The idea for Accomplishment 5 came from:
C 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:
New member recruitment has been an ongoing challenge, especially from our catchment area.
Q25b. Challenge 2:
Finding time to work on the many projects and priorities!
Q25c. Challenge 3:

Q25d. Challenge 4:

O	25e.	Challenge	5

Q26. The PFAC members serve on the following hospi groups, or Board committees (click all that apply):	tal-wide committees, projects, task forces, work	
□Behavioral Health/substance use		
□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	
<b>⊘</b> Other	☑ Patient and Family Experience Improvement	
$\square$ N/A – the PFAC members do not serve on these	□Pharmacy Discharge Script Program	
□Board of Directors	<b></b> 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:  1) Nursing Operations 2) Hospital Safety Committee		
Q27. How do members on these hospital-wide committees o The members are asked to report back to the PFAC		
Q28. The PFAC provided advice or recommendations Massachusetts law (click all that apply):	to the hospital on the following areas mentioned in the	
Quality improvement initiatives	□Institutional Review Boards	
	N/A – the PFAC did not provide advice or □recommendations to the hospital on these areas in FY 2016	

## 

that apply):	· ·
□Task forces	$\square$ N/A – the PFAC members did not participate in any of these activities
□Award committees	Co-trainers for clinical and nonclinical staff, inservice programs, and health professional trainees
	□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 hosp all that apply):	ital performance information with the PFAC (click
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 Cordering medicine, specially trained doctors for ICU patients)
Resource use (such as length of stay, readmissions)	
Q30d. Other	
$\square$ N/A – the hospital did not share performance information with the PFAC	□Other

Q29. PFAC members participated in the following activities mentioned in the Massachusetts law (click all

Q119. Please describe other hospital performance information:

Q31. Please explain why the hospital shared only the	e data you checked in the previous questions:
There is no particular reason why we shared the d	ata checked.
Q32. Please describe how the PFAC was engaged i resulting quality improvement initiatives:	n discussions around these data above and any
Data was disseminated to PFAC during monthly me provided thoughts and recommendations.	eetings. The data was discussed and PFAC members
Q33. The PFAC participated in activities related tinitiatives (click all that apply):	to the following state or national quality of care
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
<b>☑</b> Checklists	□Electronic Health Records –related errors
□Fall prevention	<b>☑</b> 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 ☑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
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?
<sup>©</sup> Yes
<sup>C</sup> 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
$\square$ 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
$\square$ 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?
<sup>C</sup> 1 or 2

~3-5
<sup>C</sup> More than 5
<sup>⊙</sup> None of our members are involved in research studies
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):
Draft of the Annual report was sent to all PFAC members for review. The following sent their approvals prior to submission: 1) Beth Harubin, MS - Staff 2) Terry Hudson-Jinks, RN, MSN - Staff 3) Michelle Harrington - patient/family advisor 4) Chantal Loiseau - patient/family advisor 5) Ann Tolkoff - patient/family advisor
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
<sup>C</sup> Staff wrote report and PFAC members reviewed it
<sup>C</sup> Staff wrote report
<sup>C</sup> 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.
<ul> <li>Yes, link:</li> <li>https://www.tuftsmedicalcenter.org/patient-care-</li> <li>No</li> </ul>

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:

To learn more, please contact Doreen Haywayd at 617-636-4533 or dhayward@tuftsmedicalcenter.org.

<sup>C</sup> No

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

<sup>©</sup> Yes, link:

https://www.tuftsmedicalcenter.org/patient-care

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