



PFAC Annual Report Form

Health Care for All (HCFA) is a Massachusetts nonprofit advocacy organization. We work to create a health care system that provides comprehensive, affordable, accessible, and culturally competent care to everyone, especially the most vulnerable among us. We achieve this as leaders in public policy, advocacy, education and service to consumers in Massachusetts.

• Why complete an annual report for my PFAC?

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1st. These reports must be made available to members of the public upon request. As we have in past years, we are requesting a copy of your report, and suggest that you use our template/web based system to assist you in collecting information.

• What will happen with my report and how will HCFA use it?

We recognize the importance of sharing of information across PFACs. Each year, we

- o make individual reports available online
- use all information submitted to develop the annual Massachusetts PFAC Report
- share the data so that PFACs can learn about what other groups are doing and HCFA can learn about the best ways for us to support PFACs

If you choose to use the template, we encourage you to use our web-based survey. Follow <u>this link</u> to complete your report. <u>Once the survey is completed, you will be directed to a</u> <u>summary of your responses, which you will be able to either save as a PDF or copy and paste</u> <u>into another document for your own reporting.</u>

If you wish to use this Word document or any other form, please email it to <u>PFAC@hcfama.org.</u>

• Who can I contact with questions? Please contact us at <u>PFAC@hcfama.org</u> or call us at 617-275-2919.

Reports should be completed by October 1, 2016.

2016 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2016 only.

1. Hospital Name: ____VA Boston Healthcare System_____

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages you to fill out a separate template for the hospital-wide PFAC at each individual hospital.

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∠a.	VVIIICII	Dest	describes	your	I FAC:

2a. Which best describes your PFAC?
□ We are the only PFAC at a single hospital – skip to #3 below
We are a PFAC for a system with several hospitals – skip to #2C below
□ We are one of multiple PFACs at a single hospital
We are one of several PFACs for a system with several hospitals – skip to #2C below
Other (Please describe:)
2b. Will another PFAC at your hospital also submit a report?
TYes
🖾 No
Don't know
2c. Will another hospital within your system also submit a report?
Tes Yes
🗆 No
Don't know
3. Staff PFAC Co-Chair Contact:
2a. Name and Title: Vincent Ng, Director
2b. Email:vincent.ng@va.gov 2c. Phone:857-203-6000
\square Not applicable
4. Patient/Family PFAC Co-Chair Contact:
3a. Name and Title:
3b. Email:
3c. Phone:
\boxtimes Not applicable
5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

☐ Yes – skip to #7 (Section 1) below

 \boxtimes No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

5a. Name and Title: ___Pallas Wahl, Public Affairs______

5b. Email: __pallas.wahl@va.gov_____

5c. Phone: _____857-203-5879______

□ Not applicable

Section 1: PFAC Organization

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

- Case managers/care coordinators
- Community based organizations
- Community events
- □ Facebook and Twitter
- □ Hospital banners and posters
- \boxtimes Hospital publications
- □ Houses of worship
- □ Patient satisfaction surveys
- \boxtimes Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- □ Recruitment brochures
- Word of mouth / through existing members
- Other (Please describe: _____
- \Box N/A we did not recruit new members in FY 2016

8. Total number of staff members on the PFAC: _7__ .

10. The name of the hospital department supporting the PFAC is: ___Director's Office_____

11. The hospital position of the PFAC Staff Liaison/ Coordinator is_Public Affairs______

12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):

Annual	gifts	of	appreciation
7 minuui	5110	or	appreciation

- Assistive services for those with disabilities
- Conference call phone numbers or "virtual meeting" options
- ☐ Meetings outside 9am-5pm office hours
- Parking, mileage, or meals
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Provision/reimbursement for child care or elder care
- □ Stipends
- □ Translator or interpreter services
- Other (Please describe: _____
- \square N/A

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Section 2: Community Representation

The PFAC regulations require that patient and family members in your PFAC be "representative of the community served by the hospital." If you are not sure how to answer the following questions, contact your community relations office or check "don't know."

13. Our hospital's catchment area is geographically defined as: _____Greater Boston_____

Don't know

14. Tell us about racial and ethnic groups in these areas (please provide percentages; <u>if you are unsure of the percentages check "don't know"</u>):

	RACE				ETHNICITY			
	% American Indian or Alaska Native	% Asian	% Black or African America n	% Native Hawaiian or other Pacific	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area				Islander				Don't
14b. Patients the hospital provided								know
care to in FY 2016								Don't know
14c. The PFAC patient and family advisors in FY 2016								⊠ Don't know

15. Tell us about languages spoken in these areas (please provide percentages; <u>if you are unsure of the percentages select "don't know"</u>):

	Limited English proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2016		⊠ Don't know
15b. PFAC patient and family advisors in FY2016		Don't know

15c. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

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

Don't know

15d. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

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

Don't know

16. The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area:

_____Regular communication with a variety of partners including Veteran Service Organizations, Veteran Service Agents, Military Partners, Veterans Benefits Administration, Veterans National Cemetery Administration, and individual outreach. Methods used include Community Outreach Events, Town Halls, Quarterly Meetings, Invitation.

Section 3: PFAC Operations

17. Our pro	ocess for deve	loping and dis	tributing agendas	s for the PFAC	meetings (choose):
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 \boxtimes 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. (Please describe below in #17a)
- □ PFAC members and staff develop agenda together and distribute it **at the meeting**. (Please describe below in #**17a**)
- Other process (Please describe below in **#17b**)
- □ N/A the PFAC does not use agendas

17a. If staff and PFAC members develop the agenda together, please describe the process:

__Agendas are developed by VA staff to address the questions, recommendations and/or concerns raised by council attendees _____

17b. If other process, please describe:

18. The PFAC goals and objectives for 2016 were: (check the best choice):

- Developed by staff alone
- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- □ N/A we did not have goals for FY 2016 **Skip to #18**

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

Improve Veteran Access to Care _____

Communication with both Internal and External Stakeholders

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

____Veteran/Family Consumer Council (VFCC); Psychosocial Rehabilitation and Recovery Community Meetings, Residential Program Stakeholders Meeting, Center for Integrated Wellness Steering Committee and Peer Leadership Committee, Healthcare for Homeless Veterans Stakeholders Committee, Veteran Center Meetings, Community Living Center Resident Council

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

- PFAC submits meeting minutes to Board
- \boxtimes Action items or concerns are part of an ongoing "Feedback Loop" to the Board
- □ PFAC member(s) attend(s) Board meetings
- □ Board member(s) attend(s) PFAC meetings
- □ PFAC member(s) are on board-level committee(s)
- Other (Please describe: _____
- \Box N/A the PFAC does not interact with the Hospital Board of Directors

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

____We utilize email and social media for event announcement and/or distribution of agendas and minutes.

 \Box N/A – We don't communicate through these approaches

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Section 4: Orientation and Continuing Education

- 23. Number of new PFAC members this year: _2___
- 24. Orientation content included (check all that apply):
 - "Buddy program" with experienced members
 - Check-in or follow-up after the orientation
 - Concepts of patient- and family-centered care (PFCC)
 - General hospital orientation
 - Health care quality and safety
 - □ History of the PFAC
 - □ Hospital performance information
 - □ Immediate "assignments" to participate in PFAC work
 - □ Information on how PFAC fits within the organization's structure
 - □ In-person training
 - □ Massachusetts law and PFACs
 - ☐ Meeting with hospital staff
 - □ Patient engagement in research
 - PFAC policies, member roles and responsibilities
 - Skills training on communication, technology, and meeting preparation
 - Other (Please describe below in **#24a**)
 - \boxtimes N/A the PFAC members do not go through a formal orientation process

24a. If other, describe:

25. The PFAC received training on the following topics:

- Concepts of patient- and family-centered care (PFCC)
- \boxtimes Health care quality and safety measurement
- Health literacy

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)

Hospital performance information

Patient engagement in research

Types of research conducted in the hospital

Other (Please describe below in **#25a**)

□ N/A – the PFAC did not receive training

25a. If other, describe:

Section 5: FY 2016 PFAC Impact and Accomplishments

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

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from	PFAC role can be best described as
26a. Accomplishment 1: Improve Veteran Access to Care	 Patient/family advisors of the PFAC Department, committee, or unit that requested PFAC input 	 Being informed about topic Providing feedback or perspective Discussing and influencing decisions/agenda Leading/co leading
26b. Accomplishment 2: Improve Communication with Internal and External Stakeholders	 Patient/family advisors of the PFAC Department, committee, or unit that requested PFAC input 	 Being informed about topic Providing feedback or perspective Discussing and influencing decisions/agenda Leading/co leading
26c. Accomplishment 3: Improve Menu Selections for Inpatient Programs	 Patient/family advisors of the PFAC Department, committee, or unit that requested PFAC input 	 Being informed about topic Providing feedback or perspective Discussing and influencing decisions/agenda Leading/co leading
26d. Accomplishment 4: Protect Patient Privacy	 Patient/family advisors of the PFAC Department, committee, or unit that requested PFAC input 	 Being informed about topic Providing feedback or perspective Discussing and influencing decisions/agenda Leading/co leading

26e. Accomplishment 5:	Patient/family	Being informed about
Implemented comprehensive	advisors of the PFAC	topic
patient centered care & customer	Department,	igtiangleq Providing feedback or
service program. Standardized new	committee, or unit that	perspective
employee orientation.	requested PFAC input	□ Discussing and influencing
		decisions/agenda
		□ Leading/co leading

27. The five greatest challenges the PFAC had in FY 2016:

27a. Challenge 1: JP Flood – maintaining access to care after severe water damage to clinical areas at JP campus.

27b. Challenge 2: IT – Developing a plan to share medical record information to support patient care in accordance with VA guidelines/firewalls.

27c. Challenge 3: Implementation of an ambassador program. Made great strides at our West Roxbury campus; need to deploy to other campuses.

27d. Challenge 4: Establishment of Boston Bedford enclave clinic to facilitate Bedford patient access to facility care. Confronted with space challenges that prevented implementation. Program is moving forward in FY17.

27e. Challenge 5: Contracting Issues with obtaining a point of service patient satisfaction survey system. Contract finally awarded at end of FY16 and scheduled for implementation in FY17.

 \square N/A – we did not encounter any challenges in FY 2016

28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:

- Behavioral Health/substance use
- Bereavement
- \boxtimes Board of Directors
- Care Transitions
- \boxtimes Code of Conduct
- \boxtimes Community Benefits
- Critical Care
- \boxtimes Culturally competent care
- ⊠ Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- \boxtimes Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement

Ethics

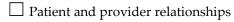
- Institutional Review Board (IRB)
- Lesbian, gay, bisexual, and transgender (LGBT) sensitive care
- Patient Care Assessment
- \boxtimes Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- \boxtimes Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe: _____
- \square N/A the PFAC members do not serve on these **Skip to #30**

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

_____We are working to standardize this process across the medical center. ______

30. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply):

□ Institutional Review Boards



Patient education on safety and quality matters

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Quality improvement initiatives

 \square N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016

31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):

Advisory boards/groups or panels

□ Award committees

Co-trainers for clinical and nonclinical staff, in-service programs, and health professional

trainees

- Search committees and in the hiring of new staff
- Selection of reward and recognition programs
- Standing hospital committees that address quality
- □ Task forces
- □ N/A the PFAC members did not participate in any of these activities

32. The hospital shared the following public hospital performance information with the PFAC (check all that apply):

32a. Complaints and serious events

- Complaints and investigations reported to Department of Public Health (DPH)
- Healthcare-Associated Infections (National Healthcare Safety Network)
- \boxtimes Patient complaints to hospital
- Serious Reportable Events reported to Department of Public Health (DPH)

32b. Quality of care

High-risk surgeries	(such as a	ortic valve re	placement.	pancreatic resection)
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Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)

Kedicare Hospital Compare (such as complications, readmissions, medical imaging)

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

32c. Resource use, patient satisfaction, and other

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

Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)

Resource use (such as length of stay, readmissions)

Other (Please describe: _____

____)

□ N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

33. Please explain why the hospital shared only the data you checked in Q 32 above:

34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any					
resulting quality improvement initiatives:					
35. The PFAC participated in activities related to the following state or national quality of care					
initiatives (check all that apply): 35a. National Patient Safety Hospital Goals					
□ Identifying patient safety risks					
□ Identifying patients correctly					
\square Preventing infection					
\square Preventing mistakes in surgery					
\Box Using medicines safely					
\Box Using alarms safely					
35b. Prevention and errors					
\Box Care transitions (e.g., discharge planning, passports, care coordination, and follow up between					
care settings)					
Electronic Health Records –related errors					
☐ Hand-washing initiatives					
Human Factors Engineering					
Fall prevention					
Team training					
□ Safety					
35c. Decision-making and advanced planning					
L End of life planning (e.g., hospice, palliative, advanced directives)					
Health care proxies					
☐ Improving information for patients and families					
□ Informed decision making/informed consent					
35d. Other quality initiatives					
\Box Disclosure of harm and apology					
Integration of behavioral health care					

□ Rapid response teams
Other (Please describeAbove are reviewed by the medical center but not with PFAC at this time. We do provide an overview of how VA measures quality (Strategic Analytics for Improvement and Learning/SAIL report) and provide additional information as requested by the PFAC)
\boxtimes N/A – the PFAC did not work in quality of care initiatives
36. Were any members of your PFAC engaged in advising on research studies?
\boxtimes Yes
□ No – Skip to #40 (Section 6)
37. In what ways are members of your PFAC engaged in advising on research studies? Are they:
igtimes Educated about the types of research being conducted
\Box Involved in study planning and design
\Box Involved in conducting and implementing studies
\Box Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways
\Box 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)
38. How are members of your PFAC approached about advising on research studies?
□ Researchers contact the PFAC
Researchers contact individual members, who report back to the PFAC
Other (Please describe below in # 38a)
\Box None of our members are involved in research studies
38a. If other, describe:
Members are provided with informational updates at quarterly meetings
39. About how many studies have your PFAC members advised on?
⊠ 1 or 2
3-5
More than 5

 $\hfill\square$ None of our members are involved in research studies

Section 6: PFAC Annual Report

We strongly suggest that all PFAC members approve reports prior to submission.

40. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

Badzmierowski, Joe	PVA/Patient
Cherniak, Heather	NSO/PVA/Patient
Costa, Maria	Occ Health Nurse MA NG
Ingram, Emanuel	Veteran/Patient
Leonard, Patrick	Volunteer/Veteran
McCarthy, Dave	Vet to Vet Boston/Patient
Minor, Paul	Chaplain MA NG/Veteran
Myers, Jersouk	MA NG MST/Veteran/Patient
Nankin, Michelle	Patient Experience Coordinator
Noble, Robert	Am. Ex-POW/Veteran/Patient
O'brien, Ray	Chelsea Soldiers Hm./Veteran/Patient
Perenchief, David	VSO Beverly MA/Veteran/Patient
Reynolds, Greg	Veteran
Sellars, Tom	Patient/Veteran
Christine Snow	QM/Staff
Smith, Carin	VSO Marshfield/Veteran/Patient
Hencke, David	Outreach/Staff

41. 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 (Please describe: _____)

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:

42. We post the report online.

□ Yes, link: ______

🛛 No

43. 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

44. 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