



**HEALTH CARE FOR ALL**



## PFAC Annual Report Form

Health Care For All (HCFA) is a Massachusetts nonprofit consumer advocacy organization working to create a health care system that provides comprehensive, affordable, accessible and culturally competent care to everyone, especially the most vulnerable among us. HCFA works to achieve this mission through advocacy, education, direct service to consumers and collaboration with partners and consumers to develop strategies that empower the patient voice in improving the health care system.

- **Why complete an annual report for my PFAC?**

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1<sup>st</sup> each year. These reports must be made available to members of the public upon request. As in past years, HCFA is requesting a copy of each report and submitted reports will be posted on HCFA's website, [www.hcfama.org](http://www.hcfama.org). HCFA recommends using this template to assist with information collection, as well as the reporting of key activities and milestones.

- **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

- make individual reports available online
- share the data so that PFACs can learn about what other groups are doing
- Communicate with the Department of Public Health about report collection

- **Who can I contact with questions?**

- Please contact us at [PFAC@hcfama.org](mailto:PFAC@hcfama.org) or call us at 617-275-2982.

If you wish to use this Word document or any other form, please email it to [PFAC@hcfama.org](mailto:PFAC@hcfama.org).

**Reports should be completed by October 1, 2017.**

## 2018 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2018 only: (July 1, 2017 – June 30, 2018).

### Section 1: General Information

1. Hospital Name: Cambridge Health Alliance

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.

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?

- Yes
- No
- Don't know

2c. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

2a. Name and Title: Sarah Primeau, MSW, MPH, Community Relations Manager  
Mary Cassesso, MPA, Chief Community Officer & Foundation President

2b. Email: [sprimeau@challiance.org](mailto:sprimeau@challiance.org)  
[mcassesso@challiance.org](mailto:mcassesso@challiance.org)

2c. Phone: 617-591-4947  
617-591-4091

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: \_Barbara August, PFAC Patient Co-Chair

3b. Email: [barbaralaugust@hotmail.com](mailto:barbaralaugust@hotmail.com)

3c. Phone: 617-852-5109

Not applicable

5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

Yes – skip to #7 (Section 1) below

No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

6a. Name and Title: \_\_\_\_\_

6b. Email: \_\_\_\_\_

6c. Phone: \_\_\_\_\_

Not applicable

## Section 2: 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, Twitter, and other social media

Hospital banners and posters

Hospital publications

Houses of worship/religious organizations

Patient satisfaction surveys

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: \_\_\_\_\_)

N/A – we did not recruit new members in FY 2017

8. Total number of staff members on the PFAC: 7

9. Total number of patient or family member advisors on the PFAC: 13

10. The name of the hospital department supporting the PFAC is: CHA Executive Office/ CHA Foundation - Community Relations

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Community Relations Manager

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

Annual gifts of 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: \_Tickets to local events/performances/conferences etc.\_)
- N/A

### **Section 3: 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:**

Cambridge Health Alliance (CHA) is a regional safety net health system committed to providing high quality care to diverse and low-income populations from eight urban cities north and west of Boston, MA. CHA has three hospitals in Somerville, Cambridge, and Everett as well as 15 neighborhood health centers and primary care practices throughout Somerville, Cambridge, Everett, Malden, and Revere.

- Don’t know

**14. Tell us about racial and ethnic groups in these areas (please provide percentages; if you are unsure of the percentages check “don’t know”):**

As the sole public hospital in Massachusetts, CHA serves as a safety net for nearly 150,000 of the state’s most vulnerable and diverse patients. Approximately 70% of CHA patients are low-income, disabled, elderly or uninsured. CHA’s primary service area has a high percentage of residents living below the federal poverty level (13-28% cf. to the state average of 11.6%) and serves a diverse patient population (see below).

	RACE						ETHNICITY	
	%	%	%	%	%	%	%	
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Other	Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	0.1%	11.2%	9.4%	0.0%	57.5%	3.6%	18.2%	<input type="checkbox"/> Don't know
14b. Patients the hospital provided care to in FY 2017	0.1%	9.1%	17.6%	0.0%	39.4%	33.8%	13.8%	<input type="checkbox"/> Don't know
14c. The PFAC patient and family advisors in FY 2017	0.0%	8%	15%	0.0%	62%	n/a	15%	<input type="checkbox"/> Don't know

\*14a Data source is 2011-2015 American Community Survey estimates (most recent data available)

\*14b Data source includes FY2018 primary care patients. Ethnicity data is based on detailed ethnicity and includes all Spanish-speaking countries (e.g., Puerto Rican, Spanish, Salvadoran, etc.).

**15. Tell us about languages spoken in these areas (please provide percentages; if you are unsure of the percentages select “don’t know”):**

	Limited English Proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2017	44%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2017		<input checked="" type="checkbox"/> Don't know

**15c. What percentage of patients that the hospital provided care to in FY 2018 spoke the following as their primary language?**

	%
Spanish	11.7%
Portuguese	16.1%
Chinese	0.6%
Haitian Creole	6.4%
Vietnamese	0.6%
Russian	0.2%
French	0.5%
Mon-Khmer/Cambodian	0.0%
Italian	0.2%
Arabic	1.4%
Albanian	0.2%
Cape Verdean	0.3%

Don't know

**15d. In FY 2018, 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	

Don't know \*We have PFAC members who speak the following languages at home (depending on circumstance) - but not necessarily as their primary language: Spanish, Hindi, Portuguese, Haitian-Creole.

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

At CHA we actively seek to bring on new PFAC members from different backgrounds that represent the communities and patients in which we serve. We have had some success this year in recruiting patients to the PFAC who truly reflect the patient population served by our entire system. However, we continue to aspire to get patients who represent the diversity of our community. There is still work to be done and we plan to strengthen recruitment efforts at our 14 care centers and specifically target populations that we know are engaged in care but not currently serving on our PFAC (e.g. Muslim/Arabic patients). In order to do this, we will be working directly with the medical team to help us identify patients of these different backgrounds who they consider good fits for the PFAC. We will also be working with social workers and care coordinators to identify appropriate patients.

## Section 4: PFAC Operations

**17. Our process for developing and distributing agendas for the PFAC meetings (choose):**

- 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:**

At every meeting we end with a discussion of next steps and plans for future meetings. We often use this discussion to guide the development of the agenda for the following months meeting. Several weeks before the scheduled PFAC meeting, the staff co-chairs, along with the patient co-chair, edit and finalize the agenda. The Monday before each meeting, the agenda is emailed to all PFAC members and they are given the opportunity to make additions/edits. Printed copies of the agenda are distributed during the actual meeting.

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**17b. If other process, please describe:**

**18. The PFAC goals and objectives for 2018 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 2017 – **Skip to #20**

**19. The PFAC had the following goals and objectives for 2018:**

Goals and objectives for 2018 were decided mutually by PFAC staff and patient members. Our goals for 2018 were similar in many ways to that of 2017 - the focus this time was on expansion and breadth of each activity.

1) Increase recruitment of patient/family PFAC members:

Last year we were successful in recruiting several new patient members to the CHA PFAC. Since this is a volunteer position, retention of patients can be difficult and therefore we need to be proactive in recruiting new members to fill spaces of outgoing members. We were successful in recruiting new members this past year despite limited staff and resources. For 2018 we would like to see expansion in this recruitment effort and campaign. Special emphasis on recruiting patients that reflect our diverse patient population will also be stressed.

2) Establishment of an Accountable Care Organization (ACO) PFAC

In early 2018 CHA was certified as an Accountable Care Organization (ACO) by the Massachusetts Health Policy Commission (HPC). The HPC's first round of ACO certification includes 17 ACOs, making Massachusetts the first state to implement statewide, all-payer standards for care delivery. Our ACO product Tufts Health Together with CHA, in partnership with Tufts Health Public Plans (THPP), launched in March 2018. In order to meet the needs of our patients and to meet ACO requirements and standards, we decided to create a new off-shoot of the CHA-wide PFAC with a unique focus on ACO issues. The goal was to create an "ACO PFAC" comprised of PFAC members who were members of the CHA ACO to provide feedback on services, quality, safety and care delivery as it relates to this new delivery model of care.

3) Improved integration into the CHA system:

The PFAC has seen tremendous growth and change over the past several years and currently it remains a well-known entity and resource of and for Cambridge Health Alliance. Our continued goal for 2018 is to further improve our visibility within the system. The PFAC will strive to work closer with various CHA departments and be in attendance at community and CHA events. In addition, we would like to see some form of reporting system established between the PFAC and CHA Quality Committee of the Board of Trustees.



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

As noted above, the PFAC now has an ACO-PFAC which is comprised of a subset of PFAC members who are members of the CHA-wide PFAC and have MassHealth insurance products. Below is the membership structure for the ACO PFAC. PFAC summary charter and key responsibilities include: Advising the ACO Governing Board as to Member/family perspectives regarding ACO services, quality, safety and care delivery; developing a deeper understanding of how we are and are not partnering with patients for improvement and health, and strategizing how to optimize this partnership; and providing feedback and recommendations related to the impact of social determinants, including the potential impact of these factors on key populations served by the ACPP (e.g. Members with disabilities, those requiring long-term supports and services (LTSS) and/or those with behavioral health (BH) needs).

CHA Affiliates - Provider & Provider Representatives	Role	Voting Status/Member Type
Richard Balaban, MD (PCP, LTSS, Care Mgt.)	Co-Chair	Voting, Provider
Mary Cassesso, CHA PFAC and Foundation	Member	Voting, Provider Representative
THP Affiliates - Health Plan Representatives		
Beatrice Thibedeau, PhD, Dir. Clinical Mgt., LTSS	Co-Chair	Voting - MCO
To be named	Member	Voting - MCO
Four (4) Consumer Representatives who are current PFAC Patient/Family Members		

In addition to the ACO PFAC, we have a Patient Advisory Council (PAC) at our CHA Malden Family Medicine Center. This is a less-structured group of patients and staff members who focus solely on the patient experience of care and care improvements at that particular site. The CHA-wide PFAC and PAC communicate regularly and share agenda/minutes and events with each other. In addition, a member of the Malden PAC sits on the CHA-PFAC and ACO PFAC in order to establish congruency and alignment of activities.

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

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- 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: \_\_\_\_\_)
- 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:**

The CHA PFAC primarily communicates through email between monthly in-person meetings. Over the past few years we have invested time and resources into making a PFAC webpage and improving our social media presence. We are certain to highlight PFAC stories and accomplishments in CHA's internal newsletter (eBEAT) as well as in our out-facing patient newsletter and on our webpage. Please see appendix for a few selected examples. In addition, all CHA patients have access to a powerful tool – MyCHART. This patient portal gives patients control by letting them connect with their CHA care team and manage their health care. Recently we have been using MyCHART for communication and recruitment of new PFAC members.

N/A – We don’t communicate through these approaches

## Section 5: Orientation and Continuing Education

**23. Number of new PFAC members this year:** 6 new members

**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)
- N/A – the PFAC members do not go through a formal orientation process

**24a. If other, describe:**

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**25. The PFAC received training on the following topics:**

- Concepts of patient- and family-centered care (PFCC)
- 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/behavioral health 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:**

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*Continued...*

## Section 6: FY 2018 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2018.

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

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
<p><b>26a. Accomplishment 1:</b></p> <p><b>Recruitment:</b></p> <p><b>An on-going PFAC goal is to recruit new members to the council. This includes new patients/families as well as staff from within the system. For many years the PFAC struggled to have an equal and representative membership of patients and staff and we put a great deal of focus on increasing patient recruitment. Over the past few years we have had stable patient/family membership - with patient/family members holding the majority of seats on the council. We had a total of three patient members resign from the council over the past year. Reasons for resigning were due to employment/work schedule and education (student who moved out of state).</b></p> <p><b>Recruitment activities this year were primarily through social media/online portal as well as</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</li> <li><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Being informed about topic</li> <li><input checked="" type="checkbox"/> Providing feedback or perspective</li> <li><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</li> <li><input checked="" type="checkbox"/> Leading/co leading</li> </ul>

<p>word of mouth. An email communication was distributed to a few targeted providers throughout the CHA system asking for patient referrals. This method worked quite well and we were able to recruit a few new patient members to be permanent members of the council. Moving forward we hope to expand this method of recruitment to more providers and the medical team. In addition, we continue to include information on the PFAC in our internal staff newsletter (eBEAT) and in our outward patient-facing newsletter.</p> <p>Overall, we were successful in our recruitment activities. We welcomed six new PFAC members to the council this year. We will continue with recruitment efforts in FY19 and specifically target our MCREW (Malden/Medford, Chelsea, Revere, Everett, and Winthrop) communities for new members. At this time our committee is still heavily Somerville/Cambridge-centric and we would like to diversify geographical membership as much as possible.</p>		
<p>26b. Accomplishment 2:</p> <p><b>Increased collaboration with various CHA departments:</b></p> <p>Over the past several years the PFAC has integrated into the CHA system and is now a well-known entity. However, since CHA is a large system comprised of three hospitals and 14 community health center campuses, it can be difficult to spread the word and remind people of the PFAC and the role the council plays in our care delivery system. We have begun focusing attention on marketing and branding of the PFAC and making the council as visible as possible to internal and external partners. CHA's Senior Leadership team has played a crucial role in supporting this endeavor and often highlight the PFAC's work at staff retreats, meetings, and forums. As a result, the PFAC has garnered attention and been able to create relationships with different CHA departments and become a well-known resource for staff.</p> <p>Throughout this past year, several CHA departments came to the PFAC asking for guidance and input into their work. Outlined</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>

<p>below are some of the projects that the PFAC has worked on with these departments.</p> <ul style="list-style-type: none"> <li>- Sugar sweetened beverage campaign - Wellness and Executive Departments.</li> <li>- CHA Institutional Review Board (IRB) - patient/PFAC member participation. Compliance.</li> <li>- Inpatient/ED Visits: new communication board to improve the patient experience of care - Emergency &amp; Nursing Department.</li> <li>- CT Scan - purchasing and need - Quality Department.</li> <li>- Care Transitions: poster and handout for patients regarding discharge. Care Management.</li> <li>- Mass Health ACO - feedback on geography limitations/patient facing materials.</li> <li>- Somerville healthcare services - survey and feedback. Executive/Community Relations Departments.</li> <li>- Press Ganey - Patient Experience of Care - Quality.</li> <li>- Patient Newsletter Feedback - Marketing Department.</li> <li>- CHA Branding - Marketing Department.</li> <li>- Social Determinants of Health (SDOH) Screening Tool &amp; Resource Guides - ACO and Primary Care.</li> <li>- Medicare Lifetime Reserve Days - how to discuss with patients - Emergency Department/Quality.</li> <li>- Inpatient &amp; Specialty Services Feedback - psychiatry access at CHA.</li> <li>- Communication and engagement of patients in their disposition or transition planning.</li> <li>- Review of patient education and engagement materials with CM leadership.</li> </ul>		
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<p><b>26c. Accomplishment 3:</b></p> <p><b>Increased presence and participation in events:</b></p> <p>Similar to last year, in order to increase integration and awareness into the CHA system, the PFAC has made it a goal to continue to participate in internal and external events. This year, PFAC members participated in many events and joined other hospital committees in order to bring the patient voice to the decision-making table. Outlined below are events/conferences/and forums that PFAC members participated in.</p> <ul style="list-style-type: none"> <li>- IHI Leadership meeting - PFAC member &amp; CHA Doctor sat on panel.</li> <li>- See, Test, and Treat - free cervical/breast cancer screening day.</li> <li>- CHA Fellows celebration - Cambridge Multicultural Arts Center.</li> <li>- Mass Coalition 2018 Patient Safety Forum.</li> <li>- Schwartz Center Symposium.</li> <li>- Volunteers for Art of Healing CHA gala and fundraising event.</li> <li>- NAMI walk.</li> <li>- Somerville Chamber of Commerce Dinner.</li> <li>- American Academy of Arts and Sciences with the Arnold P. Gold Foundation - patient voice symposium.</li> <li>- Day of Remembrance: CHA event.</li> <li>- Health Integration Program - volunteer coordinators for drop-in center.</li> <li>-CHA Wellness walking team participation.</li> </ul>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>
<p><b>26d. Accomplishment 4:</b></p> <p><b>Accountable Care Organization (ACO) PFAC:</b></p> <p>As stated previously, this year we instituted an ACO PFAC. The purpose of the ACO PFAC is to create positive changes in our Mass Health/ACO care delivery system by</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p>

<p><b>supporting an environment where patients and families feel safe, respected, and empowered to be partners in their care.</b></p> <p><b>This year we established the ACO PFAC, recruited members and held meetings starting in January of 2018. The ACO PFAC consists of two representatives each from Tufts Health Public Plan (THPP) and CHA and will have no less than 50% of total membership consist of current or former members and/or family members or consumer advocates that reflect the diversity of members and communities, including members with disabilities served by the Accountable Care Partnership Plan (ACPP). One of the Consumer Representatives (ACO PFAC members) also serves on the ACPP Governing Board. The ACO PFAC will be primarily responsible for advising the ACPP Governing Board as to Member/family perspectives regarding ACPP services, quality, safety and care delivery. They also will help CHA staff and leadership develop a deeper understanding of how we are and are not partnering with patients for improvement and health, and strategizing how to optimize this partnership.</b></p> <p><b>To date, the ACO PFAC has been extremely helpful in dealing with the ACO-rollout which launched on March 1, 2018. They have provided feedback and recommendations related to patient rights and responsibilities as well as the impact of the social determinants of health, including the potential impact of these factors on the geographical restrictions originally required by MassHealth. They have also provided input into the recruitment of community partners as required by ACO regulations. To date, ten community-based health organizations have been selected to partner with Tufts Together with CHA to integrate and improve health outcomes for MassHealth patients. The rollout of the Community Partners (CP) program is the next step in the state’s transition from fee-for-service contracts to an accountable care payment structure and the ACO PFAC will play a key role in providing feedback in this process.</b></p>	<p>unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Leading/co leading</p>
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27. The greatest challenges the PFAC had in FY 2018:

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**27a. Challenge 1:**

**Recruitment:**

Recruitment is an on-going challenge. Although recruitment was successful and improved this year (similar to last year) it remains a goal to expand our recruitment of hard-to-reach populations. At CHA we care for people from all backgrounds and have a particular strength in caring for patients with economic, linguistic and cultural barriers to care. That said, it has been extremely difficult to get these particular populations engaged with the PFAC. We do plan to continue outreach to these populations and hope we are able to diversify the council even further into the coming year. We have hopes of employing further incentives, involving interpreter services, and changing meeting locations in order to help with this recruitment.

**27b. Challenge 2:**

**Staffing & Orientation:**

Since we do not have any one staff member whose role is to operate the PFAC, it can be overwhelming at times to manage the PFAC in order for it to flourish. At this time, we have one staff person who has taken on a primary role in the management of the PFAC and she has been successful to date. However, we know that with more staff manpower we would be able to expand the PFAC both in membership and activities. In time we hope to be able to set-aside .5FTE for a staff member to commit to the PFAC. Along with staffing is a struggle to constantly on-board new members. Every year we lose and gain between 5 new members. It can be difficult and time-consuming to provide sufficient on-boarding and orientation when staffing remains a struggle.

**27c. Challenge 3:**

**Time Management:**

Over the past several years the PFAC has gained notoriety and is now seen as a true resource to CHA departments. This can be a blessing and a curse. We now receive many asks from different staff members and departments to attend PFAC meetings to present on issues they would like patient/family member feedback on. We are finding that there simply are not enough meetings and time during meetings to get through all the material we would like. We are working through these challenges and are finding ways to maximize time between meetings to get work accomplished, as well as prioritizing topics presented on at monthly meetings.

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

- Behavioral Health/Substance Use
- Bereavement



- Board of Directors
- Care Transitions
- Code of Conduct
- Community Benefits
- Critical Care
- Culturally Competent Care
- Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- 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
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe: \_\_\_\_\_)
- 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?**

**Several PFAC members participate in work groups and boards outside of regular PFAC meetings. Those who do participate in this initiatives share what they are doing at our monthly meetings and often ask for feedback where needed.**

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*Continued...*

**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 and provider relationships

- Patient education on safety and quality matters
- Quality improvement initiatives
- N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2017

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

**32b. Quality of care**

- High-risk surgeries (such as aortic valve replacement, pancreatic resection)
- 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)

**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:**

At every PFAC meeting we have an overall CHA report and update. This update comes from a member of the Senior Leadership team. Oftentimes data from Press Ganey/Truven/Joint Commission is shared with the group and feedback is solicited. We hope to expand these updates to include other topics as listed above.

**34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:**

Every PFAC meetings content differs, but at almost every one a topic related to quality improvement and the patient experience of care is discussed. Oftentimes, specific issues are brought to the PFAC and they work together with staff to problem-solve and provide feedback on improvement.

**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
- Preventing infection
- Preventing mistakes in surgery
- Using medicines safely
- Using alarms safely

**35b. Prevention and errors**

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
- Electronic Health Records –related errors
- Hand-washing initiatives
- Human Factors Engineering
- Fall prevention
- Team training
- Safety

**35c. Decision-making and advanced planning**

- 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**

- Disclosure of harm and apology
- Integration of behavioral health care
- Rapid response teams
- Other (Please describe \_\_\_\_\_)

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?**

- Yes
- No – Skip to #40 (Section 6)

**37. In what ways are members of your PFAC engaged in advising on research studies? Are they:**

- Educated about the types of research being conducted
- 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)

**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)
- None of our members are involved in research studies

**38a. If other, describe:**

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**39. About how many studies have your PFAC members advised on?**

- 1 or 2
- 3-5
- More than 5
- None of our members are involved in research studies

## Section 7: 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):**

M. Cassesso - Staff

S. Primeau - Staff

B. August - Patient

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: \_\_\_\_\_ <https://www.challiance.org/donate/patient-family-advisory-council>
- 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:  
[sprimeau@challiance.org](mailto:sprimeau@challiance.org) 617-591-4947
- No

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

- Yes, link: [\\_https://www.challiance.org/about/patient-family-advisory-council](https://www.challiance.org/about/patient-family-advisory-council)
- No, we don’t have such a section on our website

Appendix:

CHA PFAC highlighted in ebeat:



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## Improving Signage at CHA Somerville Hospital

SUBMITTED BY: SARAH PRIMEAU, COMMUNITY RELATIONS SPECIALIST

The Patient Family Advisory Council (PFAC) at CHA is made up of committed volunteer patients, family members and CHA staff. Its mission is to create positive changes in our healthcare system by supporting an environment where patients and family members feel safe, respected and empowered to be partners in their care. We wanted to share a project that the PFAC recently completed at CHA Somerville Hospital.

Over the years several patients, staff members and partners have voiced concern over signage within our hospitals. The PFAC decided that they wanted to address this by improving signage using wayfinding. The PFAC met with **David Farmer**, senior director of facilities, design & construction, as well as staff from the marketing department, and together they walked through Somerville Hospital and identified areas that needed improvement. They came up with many suggestions for better signage and most importantly they suggested new colored symbol arrows that will make navigating the hospital easier. This past week new signs were installed throughout Somerville Hospital, with additional signage coming soon. Many thanks to the CHA PFAC for this work! **If you have any feedback, suggestions or know patients who may want to join the PFAC please contact Sarah Primeau at [sprimeau@challiance.org](mailto:sprimeau@challiance.org) or 617-591-4947.**



CHA PFAC volunteers pictured volunteering at See, Test & Treat event:

### See, Test & Treat Saves Women's Lives

The See, Test & Treat event on March 3 was a tremendous success! Over 100 volunteers came together to provide Pap smears, breast exams, mammograms, HPV testing, and more for underserved women in our community.

CHA Women's Health checked in 53 patients, most of whom had no insurance and others had such limited insurance it created a barrier for them to receive care. "The most important piece of all of the free care that we provided is that it possibly saved several women's lives," said Rebecca Osgood, MD, chief of pathology. "There were four women who had abnormal Paps who are now able to receive follow up care as well as a few women whose mammograms indicated the need to return for additional screening. Reaching these women is the reason everyone put a herculean effort into organizing this event. I can't thank everyone enough for all they did to make See, Test & Treat run so smoothly."

In addition to the screenings, the day was filled with activities such as mindfulness guidance and Reiki to provide support for women waiting for their results. Many women brought their families filling up the childcare area with 15 children. They received all kinds of health information at the health fair and everyone was treated to a special celebration birthday cake for 97-year-old, Mary Piorun, a Community Health Improvement volunteer.



CHA PFAC members donated art to be auctioned at the CHA signature fundraising gala: The Art of Healing



# S-17. Undersea Frolic

Created by CHA patients, this whimsical, one-of-a-kind creation was conceived and executed entirely from donated/scrounged/found materials. The jellyfish, seahorse and angelfish represent the diverse community of the artists, the participants in the CHA Central Street Community Room. This drop-in program, under the direction of Miriam Tepper, MD, is an adjunct offering of the Health Integration Program (HIP). Now in its third year, under the supervision of volunteer and occupational therapist Catherine Haines, Community Room has become a vital partner in mental health and wellness for CHA patients.

Opening Bid: PRICELESS! (\$150)

Donated by Catherine Haines (CHA Volunteer, Occupational Therapist, PFAC member) and Alexandra Hollencamp (CHA Volunteer, Jewelry Designer, and PFAC member)



# The Patient Family Advisory Council (PFAC) is looking for new members!

**Join us today!**



To learn more, contact  
**Sarah Primeau**  
(617) 591-4947  
[sprimeau@challiance.org](mailto:sprimeau@challiance.org)

## Projects the PFAC is working on today:

- Helping staff learn from patients, families, and community members
- Communicating needs, concerns, and ideas to staff
- Helping to make it easier to get around CHA Hospitals (Somerville, Cambridge & Whidden)
- Visiting families in the hospital to hear feedback on their stays



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