



### **PFAC Annual Report Form**

Health Care For All (HCFA) promotes health justice in Massachusetts by working to reduce disparities and ensure coverage and access for all. HCFA uses direct service, policy development, coalition building, community organizing, public education and outreach to achieve its mission. HCFA's vision is that everyone in Massachusetts has the equitable, affordable, and comprehensive care they need to be healthy.

#### Why complete an annual report for my PFAC?

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1st 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. 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

#### Who can I contact with questions?

Please contact us at 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.

Reports should be completed by October 1, 2018.

## 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: Massachusetts Eye and Ear

3c. Phone: (617) 573-3548

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 – <b>skip to #3 below</b>
☐ We are a PFAC for a system with several hospitals — <b>skip to #2C below</b>
$\square$ 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:
3a. Name and Title: Janet Huettig, LICSW, Director Social Work/Volunteers
3b. Email: Janet_Huettig@meei.harvard.edu

4a. Name and Title: Susan Corbett, Patient Relations Manager
4b. Email: Susan_Corbett@meei.harvard.edu
4c. Phone: (617) 573-3008
5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?
☐ No – describe below in <b>#6</b>
6. Staff PFAC Liaison/Coordinator Contact:
6a. Name and Title:
6b. Email:
6c. Phone:
☑ Not applicable

4. Patient/Family PFAC Co-Chair Contact:

# **Section 2: PFAC Organization**

7. This year, the PFAC recruited new members through the following approaches (check all that apply):
☐ Case managers/care coordinators
$\square$ Community based organizations
$\square$ Community events
$\square$ Facebook, Twitter, and other social media
☐ Hospital publications
$\square$ Houses of worship/religious organizations
☐ Patient satisfaction surveys
oxtimes Promotional efforts within institution to patients or families
oxtimes Promotional efforts within institution to providers or staff
☐ Recruitment brochures
☐ Other (Please describe: )
$\square$ N/A – we did not recruit new members in FY 2017
8. Total number of staff members on the PFAC: 2.
9. Total number of patient or family member advisors on the PFAC: 11.
10. The name of the hospital department supporting the PFAC is: Quality Department
<b>11.</b> The hospital position of the PFAC Staff Liaison/Coordinator is: Director of Social Work and Volunteers and the Patient Relations Manager

12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):	ıt
$\square$ 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	
$\square$ Payment for attendance at other conferences or trainings	
$\square$ Provision/reimbursement for child care or elder care	
$\square$ Stipends	
$\square$ Translator or interpreter services	
☐ Other (Please describe:)	
□ 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:	<b>Greater Boston</b>	(area within	495 belt)
☐ 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"):

	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								⊠ Don't know
14b. Patients the hospital provided care to in FY 2017	0.10%	4.55%	5.94%	0.09%	72.5%	4.50%	5.48%	□ Don't know
14c. The PFAC patient and family advisors in FY 2017			9%		91%			□ 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 2017	5.802%	□ Don't know
15b. PFAC patient and family advisors in FY2017	0%	□ Don't know

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

	<b>%</b>
Spanish	3.11%
Portuguese	0.49%
Chinese	0.72%
Haitian Creole	0.27%
Vietnamese	0.18%
Russian	0.34%
French	0.08%
Mon-Khmer/Cambodian	0.03%
Italian	0.12%
Arabic	0.41%
Albanian	0.05%
Cape Verdean	0.002%

Note: In comparing it to the previous year, there is a significant difference in the data for this question. The numbers from last year suggest that over 70% of patients that the hospital provided care to spoke a primary language other than English. We know that isn't true. It could be that the question was thought to be asking about interpreter services provided? The data provided below is based on the primary language field for each unique patient who received care in FY 2017.

15d. In FY 2017, 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%

☐ Don't know

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

MEE PFAC has been successful in recruiting members who represent the medical specialties served by the hospital. This includes adults, children and patients with an assortment of vision and hearing issues, along with head and neck issues.

## **Section 4: PFAC Operations**

17. Ou	r process for developing and distributing agendas for the PFAC meetings (choose):
	$\square$ Staff develops the agenda and sends it out prior to the meeting
	$\square$ Staff develops the agenda and distributes it at the meeting
	$\square$ PFAC members develop the agenda and send it out prior to the meeting
	$\square$ 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)
	$\Box$ 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 the end of each meeting staff and PFAC members discuss agenda items for the next month's meeting. Staff then put the agenda together and send via e-mail with minutes from prior meeting, with reminder date and RSVP.
	17b. If other process, please describe:
18. The	e PFAC goals and objectives for 2017 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 – <b>Skip to #20</b>

### 19. The PFAC had the following goals and objectives for 2017:

- Provide input to improve web accessibility for patients with vision and hearing loss
- Advocate for improvement to crosswalk between MEE and parking lot
- Promote PFAC representation on hospital committees
- Identify accessibility barriers within the hospital

21. How does the PFAC interact with the hospital Board of Directors (check all that apply):
☑ PFAC submits annual report to Board
$\square$ PFAC submits meeting minutes to Board
$\square$ 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
$\square$ PFAC member(s) are on board-level committee(s)
☑ Other (Members of Senior Leadership attend many PFAC meetings)
$\square$ 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:
PFAC members and staff co-chairs communicate by e-mail and telephone between meetings

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

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

No subcommittees

## **Section 5: Orientation and Continuing Education**

## 23. Number of new PFAC members this year: 1

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

24a. If other, describe:

<b>25.</b> The	PFAC received training on the following topics:
	$\square$ Concepts of patient- and family-centered care (PFCC)
	☐ Health care quality and safety measurement
	☐ Health literacy
	$\square$ 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
	$\square$ Patient engagement in research
	$\square$ Types of research conducted in the hospital
	$\square$ Other (Please describe below in <b>#25a</b> )
	□ N/A – the PFAC did not receive training

25a. If other, describe:

## **Section 6: FY 2017 PFAC Impact and Accomplishments**

The following information only concerns PFAC activities in the fiscal year 2017.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
26a. Accomplishment 1:  PFAC provided feedback regarding a major renovation project to our front entrance, lobby and main floor area making improvements for hearing and sight-impaired patients	<ul> <li>☑ Patient/family advisors of the PFAC</li> <li>☐ Department, committee, or unit that requested PFAC input</li> </ul>	<ul> <li>□ Being informed about topic</li> <li>☑ Providing feedback or perspective</li> <li>□ Discussing and influencing decisions/agenda</li> <li>□ Leading/co leading</li> </ul>
26b. Accomplishment 2: Website: our PFAC members gave extensive feedback and input in upgrading our website for people who are sight and hearing impaired. Worked closely with Communications staff.	☐ Patient/family advisors of the PFAC  ☑ Department, committee, or unit that requested PFAC input	<ul> <li>□ Being informed about topic</li> <li>□ Providing feedback or perspective</li> <li>☑ Discussing and influencing decisions/agenda</li> <li>□ Leading/co leading</li> </ul>
26c. Accomplishment 3: Quality Data for MEE. Committee asked to view data/reports related to patient care that are generated through Quality. Decision was made that they will review the complaint data and survey data quarterly, and receive a copy of the monthly MEE Department Measures Report	<ul> <li>☑ Patient/family advisors of the PFAC</li> <li>☐ Department, committee, or unit that requested PFAC input</li> </ul>	<ul> <li>☑ Being informed about topic</li> <li>☐ Providing feedback or perspective</li> <li>☐ Discussing and influencing decisions/agenda</li> <li>☐ Leading/co leading</li> </ul>
26d. Accomplishment 4: Reviewed documents that patients complete when registering:	☐ Patient/family advisors of the PFAC   ☑ Department, committee, or unit that requested PFAC input	<ul> <li>□ Being informed about topic</li> <li>□ Providing feedback or perspective</li> <li>☑ Discussing and influencing decisions/agenda</li> <li>□ Leading/co leading</li> </ul>

	26e. Accomplishment 5: Accessibility initiative: PFAC members have been asked to actively participate in MEE's accessibility initiative. This will be a major goal for next year.	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input	<ul> <li>□ Being informed about topic</li> <li>☑ Providing feedback or perspective</li> <li>□ Discussing and influencing decisions/agenda</li> <li>□ Leading/co leading</li> </ul>
	26f. Accomplishment 6: On behalf of PFAC, Jim Sullivan presented in favor of MEE joining Partners at a Town Meeting prior to the merger.	☐ Patient/family advisors of the PFAC  ☑ Department, committee, or unit that requested PFAC input	<ul> <li>□ Being informed about topic</li> <li>☑ Providing feedback or perspective</li> <li>□ Discussing and influencing decisions/agenda</li> <li>□ Leading/co leading</li> </ul>
2	27a. Challenge 1: Recruitment of new members.  27b. Challenge 2: Increased diversity on PFAC including members who speak other languages		
	7c. Challenge 3: 7d. Challenge 4:		

27e.  $\square$  N/A – we did not encounter any challenges in FY 2017

28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups or Board	
comm	ittees:
	☐ 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 – <b>Skip to #30</b>

29. How do members on these hospital-wide committees or projects report back to the PFAC about their work?
They are invited to report progress at regular PFAC meetings.
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
$\square$ Patient and provider relationships
$\square$ Patient education on safety and quality matters
☑ Quality improvement initiatives
$\square$ 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
$\square$ Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
$\square$ Search committees and in the hiring of new staff
$\square$ Selection of reward and recognition programs
$\square$ Standing hospital committees that address quality
☐ Task forces
$\square$ 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
$\square$ Complaints and investigations reported to Department of Public Health (DPH)
☐ Healthcare-Associated Infections (National Healthcare Safety Network)
☑ Patient complaints to hospital
$\square$ Serious Reportable Events reported to Department of Public Health (DPH)

	32b. Quality of care
	$\square$ High-risk surgeries (such as aortic valve replacement, pancreatic resection)
	$\square$ 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
	$\Box$ Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
	oxtimes Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
	$\square$ Resource use (such as length of stay, readmissions)
	☐ Other (Please describe:)
	$\square$ N/A – the hospital did not share performance information with the PFAC – <b>Skip to #35</b>
33.	Please explain why the hospital shared only the data you checked in Q 32 above:  This was the information PFAC requested to review.
	Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting lity improvement initiatives:
	PFAC members were interested in learning what type of trends the above-mentioned feedback provided and how they might be able to assist in improving outcome.
	The PFAC participated in activities related to the following state or national quality of care initiatives (check all apply):
	35a. National Patient Safety Hospital Goals
	☑ Identifying patient safety risks
	$\square$ 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
	☐ 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. We	ere 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:
$\square$ Educated about the types of research being conducted
$\square$ Involved in study planning and design
$\square$ 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
$\square$ Researchers contact individual members, who report back to the PFAC
☐ Other (Please describe below in #38a)
$\square$ None of our members are involved in research studies
38a. If other, describe:
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): PFAC members, hospital co-facilitators 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: masseyeandear.org  $\boxtimes$  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: (617) 573-3008/Susan\_Corbett@meei.harvard.edu □ 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

Approved September 7, 2018 by the Steering Committee for Quality