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, 2020.

2020 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2020 only: (July 1, 2019 – June 30, 2020).

Section 1: General Information

1. Hospital Name:
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.

    1a. 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):
    1b. Will another PFAC at your hospital also submit a report?
        ☐ Yes
        ☒ No
        ☐ Don't know
    1c. 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:
    2b. Email: Elizabeth.Henderson@steward.org
    2c. Phone: 508-427-2336
    ☐ Not applicable

4. Patient/Family PFAC Co-Chair Contact:
    3a. Name and Title: Vanessa Markarian
    3b. Email: vmarkarian@comcast.net
    3c. Phone:
    ☐ 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: Luda Vicente
    6b. Email: Ludvina.Vicente@steward.org
    6c. Phone: 508-641-1527
    ☐ 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 2020

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

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

10. The name of the hospital department supporting the PFAC is: Quality and Patient Safety

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Luda Vicente

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):

☐ 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: Our state defined services areas include: Stoughton, Brockton, Bridgewater, Middleborough, Easton, Randolph, and Taunton

☐ 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 American	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	0	3	22	0	70	0	6	☐ Don't know
14b. Patients the hospital provided care to in FY 2020	0.14%	0.90%	23.02%	0.05%	66.13%	7.68%	5.35%	☐ Don't know
14c. The PFAC patient and family advisors in FY 2020								☒ 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 2020		☒ Don't know
15b. PFAC patient and family advisors in FY 2020		☒ Don't know

15c. What percentage of patients that the hospital provided care to in FY 2020 spoke the following as their primary language?

	%
Spanish	0.04
Portuguese	21.49
Chinese	0.46
Haitian Creole	29.3
Vietnamese	1.08
Russian	0.39
French	0.91
Mon-Khmer/Cambodian	0.11
Italian	0.15
Arabic	1.20
Albanian	0.06
Cape Verdean	38.54

☐ Don't know

15d. In FY 2020, 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 population or catchment area:

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:
There are some standing agenda items for each meeting. In addition, members are asked at the end of each meeting to provide any topics for the next meeting. Members and staff are also solicited for agenda items prior to each meeting when meeting reminder emails are sent out.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2020 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 2020– **Skip to #20**

19. The PFAC had the following goals and objectives for 2020:

- To support hospital efforts to improve patient experience across the continuum of care
- To effectively communicate PFAC accomplishments and goals/objectives hospital-wide
- To enhance PFAC members understandings of GSMC and Steward infrastructure and operations by inviting leaders and key hospital stakeholders to PFAC meetings
- To recruit new PFAC members who represent the diverse population of patients/families cared for at GSMC

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

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:

☒ As a result of COVID, the PFAC committee has increased communication via email with committee members. In addition, meetings are currently held using a virtual forum. Committee members are provided both call in information as well as a platform that allows for screen sharing so that all members can view slide presentations in real-time.

Section 5: 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**)

☐ 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)

☒ 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:

Section 6: FY 2020 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2020.

26. Please share the following information on the PFACs accomplishments and impacts:

26a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: **The group provided feedback that was incorporated into the development of an educational class specific to therapeutic and compassionate communication**	☐ Patient/family advisors of the PFAC ☒ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: **The group provided feedback on the content and placement of signage relative to COVID & visitors posted at hospital entryways**	☐ Patient/family advisors of the PFAC ☒ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: **The group participated in discussion around innovative methods for continuing PFAC meetings in light of the pandemic**	☒ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input

26b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution's financial and programmatic decisions? None

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1:	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input

Accomplishment/Impact 2:	☐ Patient/family advisors of the PFAC
	☐ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3:	☐ Patient/family advisors of the PFAC
	☐ Department, committee, or unit that requested PFAC input

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: **The group proposed 2 community-based initiatives (blood pressure clinic, HCP review) that were planned for spring 2020 but were postponed due to COVID restrictions**	☒ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: **The group contributed to the design and content of the PFAC brochure lead by the Department of Quality & Patient Safety**	☐ Patient/family advisors of the PFAC ☒ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3:	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input

27. The five greatest challenges the PFAC had in FY 2020:

Challenge 1:	**shifting from in-person meetings to virtual forums**
Challenge 2:	**recruitment**
Challenge 3:	**restrictions on committee goals for community outreach due to COVID**
Challenge 4:	**COVID Pandemic**
Challenge 5:	**prioritized focus on COVID resulted in reprioritization of PFAC objectives**

☐ N/A – we did not encounter any challenges in FY 2020

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?
　　 PFAC members provide verbal and/or written updates from these committees to PFAC members

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 2020

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:
   The hospital monthly scorecard is shared and reviewed with PFAC members and is inclusive of the items selected above

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

The PFAC committee reviews and engages in active discussions around hospital quality data. During 2020, the PFAC engaged in discussion and provided feedback as well as personal experience relative to communication and hourly rounding, two metrics of interest specific to patient satisfaction. This feedback was incorporated into the development of an educational open to all hospital employees designed to develop/enhance therapeutic and compassionate communication skills.

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

PFAC members provided feedback on the perception of the catchment community specific to communications and processes relative to COVID and patient care.

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:

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):
Betsy Henderson- staff; Luda Vicente- staff; reviewed by GSMC Senior Leadership Team

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): Staff wrote the report but due to COVID restrictions associated with gatherings, the report was reviewed with patient/family advisors during our quarterly PFAC meeting in September 2020

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://content.steward.org/sites/default/files/201806/2017%20GSMC%20PFAC%20REPORT%20%28final%29.pdf
    ☐ 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: 508-427-2336 email: Elizabeth.Henderson@Steward.org

    ☐ No

44. Our hospital has a link on its website to a PFAC page.
    ☒ Yes, link: https://www.goodsamaritanmedical.org/about-us/patient-family-advisory-council
    ☐ No, we don't have such a section on our website