



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: Mount Auburn Hospital
NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongl
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
\square No
⊠ Don't know
3. Staff PFAC Co-Chair Contact:
2a. Name and Title: Heather Gibbons-Perez
2b. Email: hgibbons@mah.harvard.edu
2c. Phone: 617-499-5665, x4628
☐ Not applicable
4. Patient/Family PFAC Co-Chair Contact:
3a. Name and Title:
3b. Email:
3c. Phone:
⊠ Not applicable
5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?
\square Yes – skip to #7 (Section 1) below
☑ No – describe below in #6
6. Staff PFAC Liaison/Coordinator Contact:
6a. Name and Title: Kayla Pendleton
6b. Email: kayla.pendleton@mah.org
6c. Phone: 617-499-5100
☐ 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
□ Nord of mouth/through existing members
☐ Other (Please describe):
\square N/A – we did not recruit new members in FY 2020
8. Total number of staff members on the PFAC:
•
9. Total number of patient or family member advisors on the PFAC:
8
10. The name of the hospital department supporting the PFAC is: Department of Quality and Safety
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Department of Quality and Safety
Department of Quality and Safety 11. The hospital position of the PFAC Staff Liaison/Coordinator is: Patient Relations Coordinator
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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:
Waltham, Arlington, Belmont, Cambridge, Somerville and Watertown
☐ Don't know14. 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	<1	15	6	<1	75	3	10	□ Don't know
14b. Patients the hospital provided care to in FY 2020	<1%	6	5	<1	73	8	6	□ 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	7.2	□ Don't know
15b. PFAC patient and family advisors in FY 2020	0	□ 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	2.2
Portuguese	0.8
Chinese	0.5
Haitian Creole	0.3
Vietnamese	0.03
Russian	0.3
French	0.12
Mon-Khmer/Cambodian	0.02
Italian	0.3
Arabic	0.15
Albanian	0.05
Cape Verdean	0.01

☐ Don't know

15d. In FY 2020, 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:

Section 4: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):
oxtimes 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)
☐ 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:
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
10. The DEAC had the following goals and chiestines for 2020.
 19. The PFAC had the following goals and objectives for 2020: To promote the values of patient and family centered care
 To promote the values of patient and ranny centered care To maintain strong patient-provider partnerships and collaboration among staff, patients and families
 To provide and communicate the perspective of the patient and family to the clinical and operational leaders and staff
• To offer input on Mount Auburn's patient and family experience, policies, programs, communications and hospital planning
To provide valuable relationships between Mount Auburn Hospital and the communities we serve
To provide advice, consultation, evaluation and recommendations regarding programs, educational
efforts, selected research activities and operation or technical initiatives that affect patients and
families
20. Please list any subcommittees that your PFAC has established:
N/A
N/A 21. How does the PFAC interact with the hospital Board of Directors (check all that apply):

☐ 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:
□ N/A – We don't communicate through these approaches
PFAC uses email to communicate about upcoming meetings and agenda item updates.
Section 5: Orientation and Continuing Education
23. Number of new PFAC members this year:
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
□ FFAC policies, member roles and responsibilities □ Claille training and accompanies tion to decode and accompanies.
☐ Skills training on communication, technology, and meeting preparation
United (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
7

☐ Health literacy	
	issue in the news in relation to the hospital (e.g. simultaneous surgeries, mental/behavioral health patient discharge, etc.)
☐ Hospital performance	
☐ Patient engagement in	
☐ Types of research cond	
Other (Please describe	•
□ N/A – the PFAC did no	
_ :	001000110 0111111119
25a. If other, describe:	
Section 6: FY	2020 PFAC Impact and Accomplishments
The following inform	ation only concerns PFAC activities in the fiscal year 2020.
-	est accomplishments/impacts of the PFAC related to providing feedback
Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1:	☐ Patient/family advisors of the PFAC
Provided input to MAH's LGBTQ patient-focused print and online content.	Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2:	☐ Patient/family advisors of the PFAC
Provided input on patient admission materials related to care coordination, safety and discharge planning.	☐ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3:	☐ Patient/family advisors of the PFAC
Provided input on BILH System Crisis Standard of Care approach.	Department, committee, or unit that requested PFAC input
26b. What were the three great institution's financial and prog	rest accomplishments/impacts of the PFAC related to influencing the grammatic decisions?
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

	☐ Patient/family advisors of the PFAC
	☐ Department, committee, or unit that requested PFAC input
26c. What were the three grea programs and initiatives?	test accomplishments/impacts of the PFAC related leading/co-leading
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
Challenge 2:	nse halted PFAC activity for a period of time.
Challenge 2:	
Challenge 3:	
Challenge 4:	
Challenge 4: Challenge 5:	
Challenge 5:	ounter any challenges in FY 2020
Challenge 5:	ounter any challenges in FY 2020
Challenge 5:	ounter any challenges in FY 2020 following hospital-wide committees, projects, task forces, work groups,
Challenge 5: N/A – we did not enco	following hospital-wide committees, projects, task forces, work groups,
Challenge 5: N/A – we did not encountered. 28. The PFAC members serve on the or Board committees: Behavioral Health/Substance	following hospital-wide committees, projects, task forces, work groups,
Challenge 5: N/A – we did not encount of the serve on th	following hospital-wide committees, projects, task forces, work groups,
Challenge 5: N/A – we did not encountered. 28. The PFAC members serve on the or Board committees: Behavioral Health/Substance	following hospital-wide committees, projects, task forces, work groups,
Challenge 5: N/A – we did not encount of the serve on th	following hospital-wide committees, projects, task forces, work groups,
Challenge 5: N/A – we did not encountered. Standard Committees: Behavioral Health/Substance Bereavement Board of Directors Care Transitions Code of Conduct Community Benefits	following hospital-wide committees, projects, task forces, work groups,
Challenge 5: N/A – we did not ence 8. The PFAC members serve on the sor Board committees: Behavioral Health/Substance Bereavement Board of Directors Care Transitions Code of Conduct Community Benefits Critical Care	following hospital-wide committees, projects, task forces, work groups, ce Use
Challenge 5: N/A – we did not encount of the serve on th	following hospital-wide committees, projects, task forces, work groups, ce Use
Challenge 5: N/A – we did not encountered. Standard Committees: Behavioral Health/Substance Bereavement Board of Directors Care Transitions Code of Conduct Community Benefits Critical Care Culturally Competent Care Discharge Delays	following hospital-wide committees, projects, task forces, work groups, ce Use
Challenge 5: N/A – we did not encount of the serve on th	following hospital-wide committees, projects, task forces, work groups, ce Use

☐ 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):	
\boxtimes 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?	
30. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply):	ıe
☐ Institutional Review Boards	
☐ Patient and provider relationships	
☑ 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	
2020	
31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all	
that apply):	
☐ Advisory boards/groups or panels (Ethics)	
☐ 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	
\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	
☐ 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)	
	10

Modience Heavital Company (such as assumed that and modifications are disclined in a single
✓ 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):
\square 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:
Regular committee meetings were on hold for a large portion of this reporting period due to the ongoing
pandemic.
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
☐ Preventing infection
☐ Preventing mistakes in surgery
☐ Using medicines safely
☐ Using alarms safely
25h Dravantian and arrays
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
☐ Health care proxies ☐ Improving information for patients and families
☐ Informed decision making/informed consent
in informed decision making/informed consent
35d. Other quality initiatives
☐ Disclosure of harm and apology
- Disclosure of nature apology

☐ Integration of behavioral health care
☐ Rapid response teams
☐ Other (Please describe):
\square 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
\square 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
□ Notice 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
\square More than 5
\square None of our members are involved in research studies
Section 7: PFAC Annual Report
We <u>strongly</u> 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):
Yvonne Cheung, Staff
Gary Cormier, Patient
Kathy Howard, Staff
Meridith Hobson, Staff
Heather Gibbons, Staff
Mary Decourcey, Staff