2022 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2022 only: (July 1, 2021 – June 30, 2022).

Section 1: General Information

1. Hospital Name: Newton-Wellesley Hospital

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages the completion of an individual report for each hospitals-wide PFAC.

    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: Sandy Muse, DNP, FNP-BC, Associate Chief Nurse
    2b. Email: smuse@mgh.harvard.edu
    2c. Phone: 617-243-6927
    ☐ 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?
    ☐ Yes – skip **to #7 (Section 1)** below
    ☒ No – describe below in **#6**

6. Staff PFAC Liaison/Coordinator Contact:
    6a. Name and Title: Audrey Bosse, Director, Office of Experience & Engagement
    6b. Email: acbosse@partners.org
    6c. Phone: 617-243-6163
    ☐ 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): NWH website
☐ N/A – we did not recruit new members in FY 2022

8. Total number of staff members on the PFAC: 5

9. Total number of patient or family member advisors on the PFAC: 19

10. The name of the hospital department supporting the PFAC is: Office of Experience & Engagement

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Director, Office of Experience & Engagement, Patient Experience 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):
☐ 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: Eastern Massachusetts and MetroWest areas, including the towns of Brookline, Dedham, Dover, Framingham, Lincoln, Medfield, Millis, Natick, Needham, Newton, Norwood, Sherborn, Walpole, Waltham, Watertown, Wellesley, Weston, Westwood

☐ Don't know

14. The racial and ethnic groups in these areas include (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	0.1%*	7.1%*	4.3%*	0.1%*	72.4%*	5.5%*	10.6%*	☐ Don't know
14b. Patients the hospital provided care to in FY 2022	0.1%	6.4%	5.1%	0.1%	73.4%	5.6%	9.3%	☐ Don't know
14c. The PFAC patient and family advisors in FY 2022								☒ Don't know

* Represents percent of NWH patients in our catchment area by race/ethnicity

15. The languages spoken in these areas include (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 2022	8%	☐ Don't know

15b. PFAC patient and family advisors in FY 2022	0	☐ Don't know

15c. What percentage of patients that the hospital provided care to in FY 2022 spoke the following as their primary language?

	%*
Spanish	1.3%
Portuguese	.12%
Chinese	.64%
Haitian Creole	.15%
Vietnamese	.07%
Russian	.47%
French	.01%
Mon-Khmer/Cambodian	.01%
Italian	.22%
Arabic	.16%
Albanian	.06%
Cape Verdean	0.005%

Based on inpatient encounters only

☐ Don't know

15d. In FY 2022, 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:

- Follow the steps and actions suggested by colleagues via the Beryl Institute and the Institute of Patient- and Family-Centered Care
- We currently host virtually meetings and members can participate via phone or Zoom.
- Encourage current members to speak with friends and members of their community, religious organizations and civic groups they may attend about PFAC

- Feature PFAC on the hospital's website to invite patients, family members and members of the community to apply for membership
- Created an electronic PFAC Application Form on the website to increase the ease and accessibility of applying to become a member
- Attend various departmental meetings to advertise PFAC and to seek assistance from staff in soliciting new, diverse members
- PFAC recruitment goals have been presented at a variety of forums within the hospital, including leadership meetings that include senior leaders, department chiefs, directors and managers.

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:

17b. If other process, please describe:

- Consultation requests come from departments, directors and managers, as well as the MGB system as their committees seek input from the communities we serve.
- Regularly scheduled updates on patient safety data, patient complaint statistics and risk management and quality improvement initiatives are covered on an annual basis
- Regular updates on new programs, treatments, technology and messaging that will improve the quality, safety and patient experience
- The PFAC Liaison compiles the agenda material, which is reviewed by the PFAC co-chairs prior to each meeting to confirm the agenda
- Set agendas are distributed in advance to all PFAC members by email. Any materials that will be covered during the meeting are sent in advance for review and preparation

18. The PFAC goals and objectives for 2022 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 2022– **Skip to #20**

19. The PFAC had the following goals and objectives for 2022:
NWH tries to ensure that all new programs, initiatives and targeted communications are vetted by our PFAC. We want to increase PFAC members' presence in subcommittees to ensure our patients' voices are represented.

20. Please list any subcommittees that your PFAC has established:
Members participate on subcommittees, but they don't establish subcommittees.

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:
We use email, and PFAC members sometimes contact us via phone.
- ☐ N/A – We don't communicate through these approaches

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: We have conversations with our new members to explain the role of the PFAC, and go over the history and have introductions during their first meeting.

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: Covid policies, visitor policies, Laura's Law, patient Real-time surveys

Section 6: FY 2022 PFAC Impact and Accomplishments
The following information concerns PFAC activities in the fiscal year 2022.

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: Provided feedback on various communication initiatives: - Provided key input and feedback on patient and family visitor policies. - Provided feedback on visiting hours to best accommodate family/friend needs. - Provided feedback on our screening desks at entrances. - Reviewed our electronic screening pass initiative	☐ Patient/family advisors of the PFAC ☒ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: PFAC members gave their feedback on Patient Gateway and its various functions.	☐ Patient/family advisors of the PFAC ☒ Department, committee, or unit that requested PFAC input

- using the landing page for important messaging - Two-step verification - Improved navigation - Email alerts for new messages - Advised on the Patient Gateway check-in process and how we could streamline it to improve the patient experience	
Accomplishment/Impact 3: Patient Belongings, Valuables and Dependent Items PFAC gave feedback on: - patient responsibility when bringing personal items into the hospital - Responsibility of the hospital for loss of patient dependent items - Financial reimbursement categories (belongings, valuables, dependent items) and amounts for loss or damage.	☐ 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?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: The PFAC provided insight into the reimbursement ranges for patient lost belongings, dependent items, including eye glasses, hearing aids and dentures.	☐ Patient/family advisors of the PFAC ☒ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: The PFAC weighed in and recommended use of a patient compliment kiosk to help recognize and motivate staff, as well as share all of the positive feedback with patients and the greater community.	☐ Patient/family advisors of the PFAC ☒ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: PFAC advised on enhancements for the planned patient discharge lounge, including information on software-enabled transportation options.	☐ 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:	☐ 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

27. The five greatest challenges the PFAC had in FY 2022:

Challenge 1: Recruiting diverse patient/family members reflective of the hospital's patient and community population

Challenge 2: Attendance – not all were able to participate in every meeting.

Challenge 3:

Challenge 4:

Challenge 5:

☐ N/A – we did not encounter any challenges in FY 2022

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): MGB Digital Voice; Laura's Law Subcommittee; MGH Cancer Center at NWH subcommittee
☐ 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?
They have not reported back this past year. We will be implementing a feedback process in the coming year.

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 2022

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:

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

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:

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 <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): Sandy Muse, DNP, FNP-BC, Associate Chief Nurse

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.nwh.org/about-us/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:
    ☒ No

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