2024 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2024 only: (July 1, 2023 – June 30, 2024).

Section 1: General Information

NOTE: Massachusetts law requires every hospital to make a report about its PFAC activities publicly available by October 1 each year. Submitting the report to Betsy Lehman Center for inclusion on its website will fulfill that requirement.

1. Hospital Name: Massachusetts General for Children, Pediatric Oncology

2. PFAC Name:
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
\square No
☐ Don't know
3. Staff PFAC Co-Chair Contact:
3a. Name and Title: Elyse Levin-Russman, LICSW, OSW-C Clinical Social Worker
3b. Email: elevinrussman@mgb.org
3c. Phone: 617-724-0757
□ Not applicable
4. Patient/Family PFAC Co-Chair Contact:
4a. Name and Title: Dawn Regan, Parent
4b. Email: dcregan519@gmail.com
4c. Phone: 508-717-7348
□ Not applicable
5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?
\boxtimes Yes – skip to #7 (Section 1) below
\square 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 wear	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):
	\square N/A – we did not recruit new members in FY 2024
8. Total num	ber of staff members on the PFAC: 3
9. Total num	ber of patient or family member advisors on the PFAC: 8/4 alumni members as advisors
10. The name	e of the hospital department supporting the PFAC is: Pediatric Hematology-Oncology
11. The hosp	ital position of the PFAC Staff Liaison/Coordinator is: Clinical Social Worker
12. The hosp	ital provides the following for PFAC members to encourage their participation in meetings at 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
Γ	
	☐ Provision/reimbursement for childcare or elder care
L	☐ Stipends
	☐ Translator or interpreter services
	Other (Please describe): Virtual meetings/hybrid model
	\square 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:	Boston and greater	Boston, New	Hampshire,
Maine and extended areas for specialty care			
☐ 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 America n	% Native Hawaiian or other Pacific Islander	% White	% Othe r	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	.1%	4.3%	6.8%	0	71.2%	.8%	15.6%	□ Don't know
14b. Patients the hospital provided care to in FY 2024								⊠ Don't know
14c. The PFAC patient and family advisors in FY 2024	0	.08%	0	0	84%	0	.08%	□ Don't know

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 2024		⊠ Don't know
15b. PFAC patient and family advisors in FY 2024	English	□ Don't know

15c. What percentage of patients that the hospital provided care to in FY 2024 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

15d. In FY 2024, 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: Ongoing efforts to recruit diverse

members by ethnicity. Diversity has varied over the years with continued efforts by staff to engage interest from diverse groups of patient families. When not available, have used surveys and personal meetings with diverse members to gain input for Advisory Committee activities.

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
\square 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 describelow 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: Co-chairs develop agenda together (staff and parent) and solicit input from members prior to the meeting to add to the agenda.
18. The PFAC goals and objectives for 2024 were: (check the best choice):
☐ Developed by staff alone
☐ Developed by staff and reviewed by PFAC members
Developed by PFAC members and staff
\square N/A – we did not have goals for FY 2024 – Skip to #20
19. The PFAC had the following goals and objectives for 2024:
1. Provide guidance to clinical staff for program initiatives to support parents during their child's cancer
treatment. 2. Identify ways to engage parents for mutual support through groups, networking, and events.
3. Parents of the Family Advisory Committee to develop staff appreciation program to recognize the work of
the clinical staff
4. Investigate resources for additional integrative therapies to support patient care in the outpatient clinic.

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

5. Continue to address diversity in the committee through outreach and engagement with parents

None this year

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:
\bowtie N/A – We don't communicate through these approaches
Section 5: Orientation and Continuing Education
23. Number of new PFAC members this year: 3
24. Orientation content included (check all that apply):
☐ "Buddy program" with experienced members
$oxed{\boxtimes}$ Check-in or follow-up after the orientation
☐ Concepts of patient- and family-centered care (PFCC)
$oxed{\boxtimes}$ General hospital orientation
\square 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)

9	issue in the news in relation to the hospital (e.g., simultaneous surgeries, mental/behavioral health patient discharge, etc.) information research ucted in the hospital below in #25a)		
25a. If other, describe:			
	2024 PFAC Impact and Accomplishments		
, ,	mation concerns PFAC activities in the fiscal year 2024.		
26. Please share the following informa	ation on the PFACs accomplishments and impacts:		
26a. What were the three greate or perspective?	est accomplishments/impacts of the PFAC related to providing feedback		
Accomplishment/Impact	Idea came from (choose one)		
Accomplishment/Impact 1: Provided guidance around communication with families in clinic for information sharing	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input		
Accomplishment/Impact 2:Provided guidance, and then support during programs for parents including group for parents when a child completes treatment, parents of children newly diagnosed and Celebrating Amazing Moms.	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input		
Accomplishment/Impact 3: (Ongoing) Identifying resources for adding more time for integrative therapies into the clinic to enhance patient care	☐ 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?			
mstitution's intancial and prog			
Accomplishment/Impact	Idea came from (choose one)		
	Idea came from (choose one) □ Patient/family advisors of the PFAC		

The state of the s	☐ Patient/family advisors of the PFAC
	\square Department, committee, or unit that requested PFAC input
A 11 1 17 12	
Accomplishment/Impact 3:	Patient/family advisors of the PFAC
	☐ Department, committee, or unit that requested PFAC input
26c. What were the three great	est 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
Duplicate of initial goals	☐ 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 P	FAC had in FY 2024:
Challenge 1: Attracting new member	ers, particularly those who represent diverse populations
Challenge 2: Engaging clinical staff	's interest in the work of the Committee
Challenge 3: Limited ability to influ	ence change within the institution
	embers due to many competing demands, often as parents of sick
children	
Challenge 5:	
\square N/A – we did not enco	unter any challenges in FY 2024
= 14/11 we did not ches	unter any chancinges in 1 1 2024
28. The PFAC members serve on the fe	ollowing hospital-wide committees, projects, task forces, work groups,
or Board committees:	
or Board committees: ☐ Behavioral Health/Substance	
or Board committees: ☐ Behavioral Health/Substance ☐ Bereavement	
or Board committees: ☐ Behavioral Health/Substance	
or Board committees: ☐ Behavioral Health/Substance ☐ Bereavement ☐ Board of Directors ☐ Care Transitions ☐ Code of Conduct	
or Board committees: ☐ Behavioral Health/Substance ☐ Bereavement ☐ Board of Directors ☐ Care Transitions	
O The DEAC magnificant course out the C	allowing boomital wide committees and to tall farms and a second

☐ 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):
\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): □ 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 2024
Advice is provided to the Pediatric Oncology practice leadership, not the larger hospital
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)

	☐ 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 (e.g. 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 scope of our program is limited. We meet 5X/year and offer guidance and advice to the Pediatric Oncolo program only. We are not a hospital-wide Advisory Group, although there are those programs already established at MGH	
34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives: Relevant reports are shared with our PFAC related to Pediatric Oncology specific data, which represents the scope of their interest	
35. The	PFAC participated in activities related to the following state or national quality of care initiatives
(check program	all that apply): Please see data from other PFACs at MGH, which is more relevant to the adult
	all that apply): Please see data from other PFACs at MGH, which is more relevant to the adult

	35c. Decision-making and advanced planning
	☐ End of life planning (e.g., hospice, palliative, advanced directives)
	☐ Health care proxies
	oxtimes 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. 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:
	☐ 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. Ho	w 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
	I None of our members are involved in research studies
	38a. If other, describe:
39. Ab	out how many studies have your PFAC members advised on?
~	\Box 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): Elyse Levin-Russman, LICSW, OSW-c
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. Will defer to those that direct the PFAC program
☐ Yes, link:
□ 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:
□ No, we don't have such a section on our website