

2016 Annual PFAC Report:

The survey questions concern PFAC activities in fiscal year 2016 only.

1. Hospital Name: __Beth Israel Deaconess Hospital Needham_(BID-N)_

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 – **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
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

2a. Name and Title: __Carolyn Gifford RN, MS_____

2b. Email: __cgifford@bidneedham.org_____

2c. Phone: __781-453-6042_____

- 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:

5a. Name and Title: _____

5b. Email: _____

5c. Phone: _____

Not applicable

Section 1: 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 and Twitter
- Hospital banners and posters
- Hospital publications
- Houses of worship
- 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 2016

8. Total number of staff members on the PFAC: 3 .

9. Total number of patient or family member advisors on the PFAC: 5 .

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

11. The hospital position of the PFAC Staff Liaison/ Coordinator is Risk Manager and Patient Liaison

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 2: 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: _Needham, Dover, Westwood, Dedham, Medfield

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		10%	7%		82%	1%		<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2016								<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2016					100%			<input type="checkbox"/> Don’t know

15. Tell us about languages spoken in these areas (please provide percentages; if you are unsure of the percentages select “don’t know”):

	Limited English proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2016	1%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2016	0%	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language? ** *Please note source: of Total Inpt and outpatient encounters last year, 0.6% required interpreter services. Of total ED encounters, 0.7% required and received interpreter services. Of those requiring interpreter services the following breakdown by language:

	%
Spanish	18%
Portuguese	
Chinese	26%
Haitian Creole	
Vietnamese	
Russian	30%
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

Don't know

15d. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language? All PFAC members spoke English as 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 or catchment area:

Continued outreach to current patients/families, physicians, clinical department heads and community outreach

Section 3: 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:

At the end of each meeting, agenda for the next meeting is drafted. Between meetings, some new items may be added as needed. Members understand that there may be additional agenda topics added. Attempt is made to send agenda with meeting reminders as possible.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2016 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 2016 – **Skip to #18**

19. The PFAC had the following goals and objectives for 2016:

1) Identify projects and activities of interest to PFAC members;
2) Begin to provide feedback to Hospital operations: review and edit patient education and information offerings;
3) Review IPFCC resource tools to identify potential areas of interest and future review
3) Continue to provide reports and information to PFAC of Hospital goals, initiatives and progress

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

NA

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 (CNO/COO on Board committees)
- 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:

_____ **Email is used for scheduling and reminders for meetings.** _____

- N/A – We don't communicate through these approaches

Section 4: Orientation and Continuing Education

23. Number of new PFAC members this year: 1

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 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 5: FY 2016 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2016.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from...	PFAC role can be best described as...
<p>26a. Accomplishment 1: Extensive review and edits of Patient Information Brochure</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading</p>
<p>26b. Accomplishment 2: Review and edits for Heart Failure patient education booklet</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading</p>
<p>26c. Accomplishment 3: Review of IPFCC Resource materials and tools: overview of potential topics/areas of input for future projects</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading</p>
<p>26d. Accomplishment 4: Maintain membership</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading</p>
<p>26e. Accomplishment 5: Improving ways to facilitate PFAC members able to attend meetings</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading</p>

27. The five greatest challenges the PFAC had in FY 2016:

27a. Challenge 1:

Recruiting: BID-N is a very small community hospital serving primarily a suburban adult and specifically elderly population. Recruiting diverse membership able and willing to participate represents a complex challenge.

27b. Challenge 2:

Meeting Participation: Planning meetings that are convenient and accessible for members to attend. Late in the day is difficult for members who prefer not to drive at night; daytime is difficult for working members. Telephonic participation has facilitated members' ability to participate in meetings

27c. Challenge 3:

Balance for Committee Members and Hospital: Identifying projects and Hospital committee assignments that respect PFAC members' time commitments

27d. Challenge 4:

Identifying Hospital committees for PFAC membership – this is part of the above challenge as well, respecting the time expectations for PFAC volunteers

27e. Challenge 5:

N/A – we did not encounter any challenges in FY 2016

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 – Ad Hoc
- 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?

 This is currently under planning

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 2016

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: _Hospital Goals and Performance toward goals that included some elements of publically reported data, such as outcomes and patient experience___

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:

Data shared was specific to Hospital initiatives based on data trends and analysis, so as to inform the PFAC committee of potential future involvement in quality initiatives. _____

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

__On the basis of these discussions, potential topics and Hospital projects to include PFAC members include continued involvement in patient education materials, review and process improvement projects regarding discharge transition process and medication education for hospitalized patients, advance directives

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 6: 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):

____Kathy Davidson, RN MS: staff; Connie Crowley Ganser RN,MS: staff_____

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: _____
- 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:
__781-453-6042_____
- No

44. Our hospital has a link on its website to a PFAC page.

- Yes, link: <http://www.bidneedham.org/your-visit/patient-rights-and-responsibilities/patient-and-family-advisory-council>
- No, we don't have such a section on our website