

2016 Annual PFAC Report:

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

1. Hospital Name: Baystate Franklin Medical Center

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: Joanne Peterson
- 2b. Email: joanne.peterson@baystatehealth.org
- 2c. Phone: 413-773-2286
- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title: Heidi Streeter
- 3b. Email: hsstreeter@verizon.net
- 3c. Phone: 413-896-6293
- 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: via the patient relations complaint resolution process)
- We did these efforts AND 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: 11.

10. The name of the hospital department supporting the PFAC is: Process Improvement

11. The hospital position of the PFAC Staff Liaison/ Coordinator is Manager, Process Improvement

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: Franklin County plus bordering towns in the North Quabbin and northern Hampshire County regions as well as southern Vermont and New Hampshire border towns. 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	0.3%	1.6%	1.4%	0.1%	94.5%	n/a	3.9%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2016	0.2%	0.4%	1.2%	0.0%	80.0%	18.1%	3.7%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2016	We do not ask the racial and/or ethnic makeup of our member-advisors but believe our membership to be representational of our catchment area’s demographics.							<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	1.00% (FY 15)	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2016	0.00%	<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?

Total unduplicated patients served this fiscal year hospital wide:	34,104
Total inpatient encounters this fiscal year hospital wide:	5,103
Total outpatient encounters this fiscal year hospital wide:	109,043
Total Interpreter Service requests this fiscal year, including Face to Face, telephonic, video, ASL:	1,105
Total completed Interpreter Service requests this fiscal year, including Face to Face, telephonic, video, ASL:	1,105
Total number of ED visits this fiscal year:	26,053
Total number of ED Interpreter Service requests this fiscal year:	377
Total number of completed ED interpretation sessions this fiscal year:	377

Language	Number of requests	As a percentage of unduplicated patients
Arabic	3	< 1%
ASL	30	< 1%
Khmer/Cambodian	4	< 1%
Chinese-Mandarin	33	< 1%
French	5	< 1%
Greek	2	< 1%
Gujarati	4	< 1%
Hindi	32	< 1%
Japanese	1	< 1%
Korean	13	< 1%
Nepali	7	< 1%
Portuguese-Continental	8	< 1%
Portuguese-Brazilian	4	< 1%
Romanian	100	< 1%
Spanish	728	2%
Thai	3	< 1%
Tibetan	19	< 1%
Turkish	1	< 1%
Urdu	2	< 1%
Vietnamese	26	< 1%
Other	80	< 1%
Calculated Total	1,105	

15d. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0.00%
Portuguese	0.00%
Chinese	0.00%
Haitian Creole	0.00%
Vietnamese	0.00%
Russian	0.0%
French	0.00%
Mon-Khmer/Cambodian	0.00%
Italian	0.00%
Arabic	0.00%
Albanian	0.00%
Cape Verdean	0.00%
Moldovan	0.09%

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:

Our advisors are representative of our catchment area. We have members young and old, of different socio-economic backgrounds, and from all corners of our largely rural service area. Some of our members work, others are retired, and some live with a disability. We are proud to have an advisor who is an advocate for and has lived experience in the local mental health support community. We have learned from our Moldovan advisor, and will seek to apply those lessons to recruit one or more members from the Hispanic/Latino community.

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:

17b. If other process, please describe:

PFAC members are invited to email or call co-chairs with any agenda topics. We also allow for new agenda items to be suggested at the start of every meeting. Our agenda planning process is largely driven by goals established collaboratively with the member-advisors.

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. To provide insight to Surgical Building Modernization Project leaders
2. To determine feasibility of a program for patient rounding by PFAC advisors
3. To recruit additional advisors
4. To understand the goals set out by system leadership “Baystate Health 20/20 Goals and Measures”
5. To understand the systems, data, and committees in place at BFMC to support patient safety and patient experience (with long term goal of having patient/family advisors on these committees)
6. To collaborate with the PFACs of other Baystate Health hospitals on issues of mutual concern

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

None

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: PFAC submits semi-annual (twice a year) reports to the Quality Committee of the Baystate Health Board of Trustees.)
- 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 regularly for agendas, minutes, meeting reminders, new events of interest in-between meetings, staffing or leadership changes, and general communications amongst ourselves.

We do have advisors who do not or cannot communicate by email (for example, section of Franklin County not yet served by internet; limited access to technology) so we communicate via telephone and/or mail.

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

Section 4: Orientation and Continuing Education

23. Number of new PFAC members this year: 0

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:

Just Culture Principles/Medical Error Algorithm/Culture of Patient Safety

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:</p> <p>Advisors had multiple opportunities to participate in influencing design decisions of the Surgical Building Modernization Project, including tours prior to the opening so that feedback was on the actual experience instead of theoretical.</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26b. Accomplishment 2:</p> <p>PFAC advisors met and welcomed BFMC's new President and Chief Administrative Officer, Cindy Russo. It was an open forum; advisors asked questions about changes, including budget and potential for reductions in force. Ms. Russo also heard from advisors on issues of concern to them (such as changes to valet program.)</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26c. Accomplishment 3:</p> <p>Given the opioid crisis in Western Massachusetts, the nurse leaders of our Birthplace Unit presented their Perinatal Substance Abuse Program to the PFAC. This program aims to improve the care for mother and babies and to reduce the risk of harm and has become a best-practice model statewide</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26d. Accomplishment 4:</p> <p>Across Baystate Health, the radiology scheduling system was impacted by a system upgrade that resulted in unusually long wait times on hold and related issues. Leaders sought counsel from the advisors regarding communication strategies</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26e. Accomplishment 5:</p> <p>The BFMC PFAC is excited to be hosting the Bi-Annual Baystate Health PFAC Collaborative at BFMC on October 24, 2016. A tour will be given of the facility for those PFAC members attending from other hospitals.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>

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

27a. Challenge 1:

Recruitment continues to be a challenge. It is difficult to find interested parties who are available on a consistent basis. This is a particular challenge for parents of young children and working families, whom we very much want to engage in patient and family centered care initiatives.

27b. Challenge 2:

The idea of a patient rounding program was of interest to some advisors but not to others. Gaining consensus to close the discussion and not move forward was a challenge, in some part because of one advisor's particular interest. Strong meeting facilitation helped in this area.

27c. Challenge 3:

Baystate Franklin Medical Center has experienced multiple changes in leadership which has impacted the council's ability to move from one of reactive advising to one of leading.

27d. Challenge 4:

The council and guidance of our advisors is often sought, particularly by the nursing departments, as different written material (such as signage for units or educational material) is developed and tested. This is not a bad challenge – it is good to be in demand – and we hope to move towards more proactive involvement with these groups.

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
- 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?

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: _____)

- 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 amount and types of data shared is limited largely by advisor appetite for these data as well as for time on the agenda. Our PFAC has increased the frequency of meetings and still cannot cover all of these materials as well as other the agenda items.

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

More and more data are being shared with the advisors. The advisors were educated about the history and context for some of these measures (for example, perusing Hospital Compare together in a meeting) as well as having the data provided. Our PFAC benefits from having a direct connection to quality, process improvement, and patient relations functions. The PFAC co-chair is the manager for these areas and is able to be a conduit between the clinical teams and the advisors.

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):

This report was viewed in final draft form and approved by Heidi Streeter, patient co-chair, as well as Gina Campbell, director of quality and council member.

This report will also be shared electronically and/or via mail with all advisors after approval from Ms. Streeter and Ms. Campbell, and will be on the agenda for the September 29, 2016 meeting.

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: <http://www.baystatehealth.org/about-us/community-programs/health-initiatives/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: Hyperlink to an email
- No

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

- Yes, link: <http://www.baystatehealth.org/about-us/community-programs/health-initiatives/patient-family-advisory-council>
- No, we don't have such a section on our website