### 2016 Annual PFAC Report:

2016 Patient and Family Advisory Council Annual Report Form

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

1. Hospital Name: _Carney Hospital	
2a. Are you completing this report for a hospital-wide PFAC?	
X Yes	
☐ No (Please provide name of your smaller PFAC:	
2b. Will another PFAC at your hospital also submit a report?	
☐ Yes	
X No	
☐ Don't know	
3. Staff PFAC Co-Chair Contact:	
2a. Name and Title: Barbara	
Couzens	
2b. Email: barbara.couzens@steward.org 2c. Phone: 617-506-2197	
☐ Not applicable	
4. Patient/Family PFAC Co-Chair Contact:	
3a. Name and Title: _Claire	
Foster	_
3b. Email: _cnm@comcast.net	
3c. Phone: _617-555-5555	
☐ 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**

	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
Safety	e of the hospital department supporting the PFAC is: Quality and ital position of the PFAC Staff Liaison/ Coordinator is_Manager of Community Relations and
_	ocacy
12. The hosp (check all tha	ital provides the following for PFAC members to encourage their participation in meetings
Į.	at apply):
	•
	at apply):  Annual gifts of appreciation
[	At apply):  Annual gifts of appreciation  Assistive services for those with disabilities
[	At apply):  Annual gifts of appreciation  Assistive services for those with disabilities  Conference call phone numbers or "virtual meeting" options
[	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
[	Annual gifts of appreciation  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
[	Annual gifts of appreciation  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
[	Annual gifts of appreciation  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

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: _	
☐ 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 America n	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area		6.3	36.7		51.5			Don't know
14b. Patients the hospital provided care to in FY 2016		6	34		54			Don't know
14c. The PFAC patient and family advisors in FY 2016			64		27		9	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 2016		□ Don't know
15b. PFAC patient and family advisors in FY2016		☐ Don't know

15c. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

	<b>%</b>
Spanish	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

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

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

# **Section 3: PFAC Operations**

17. Our process for developing and distributing agendas for the PFAC meetings (choose):
$\square$ Staff develops the agenda and sends it out prior to the meeting
☑ Staff develops the agenda and distributes it at the meeting
$\square$ 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:
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
$\square$ 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. Expand membership 2.Increase sharing of Quality and Safety data with recommendations from PFAC for improvements. 3.Redesigning the patient welcome packet
20. Please list any subcommittees that your PFAC has established:
_A subcommittee was established to review and redesign the patient welcome packet.

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
$\square$ 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
$\square$ 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:
_The PFAC uses email to schedule and confirm meetings. Memebers that do not use email are contacted by telephone and/or mail
□ N/A – We don't communicate through these approaches

## **Section 4: Orientation and Continuing Education**

entation content included Buddy program" wi	** *
☐ Check-in or follow-up	
☐ Concepts of patient- a	nd family-centered care (PFCC)
☐ General hospital orien	ntation
☐ Health care quality ar	nd safety
☐ History of the PFAC	
☐ Hospital performance	information
☐ Immediate "assignme	nts" to participate in PFAC work
☐ Information on how I	PFAC fits within the organization's structure
☐ In-person training	
☐ Massachusetts law an	d PFACs
Meeting with hospital	l staff
☐ Patient engagement in	n research
☐ PFAC policies, memb	er roles and responsibilities
☐ Skills training on com	munication, technology, and meeting preparation
Other (Please describe	e below in # <b>24a</b> )
$\square$ N/A – the PFAC mem	bers do not go through a formal orientation process
. 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
26a. Accomplishment 1:  The Quality and Safety	☑ Patient/family   advisors of the PFAC	☑ Being informed about topic
department shared an overview of	☐ Department,	Providing feedback or
the department's role within the	committee, or unit that	perspective
hospital and discussed how the PFAC can be more involved in the	requested PFAC input	Discussing and influencing
process.		decisions/agenda
		Leading/co leading
26b. Accomplishment 2: The Quality and Safety department	☑ Patient/family	Being informed about
present a training about the	advisors of the PFAC	topic
complaint and grievance	Department, committee, or unit that	Providing feedback or perspective
department at the hospital.	requested PFAC input	Discussing and influencing
	1	decisions/agenda
		Leading/co leading
26c. Accomplishment 3:	☐ Patient/family	☐ Being informed about
	advisors of the PFAC	topic
	Department,	Providing feedback or
	committee, or unit that	perspective
	requested PFAC input	$\square$ Discussing and influencing
		decisions/agenda
		☐ Leading/co leading
26d. Accomplishment 4:	☐ Patient/family	☐ Being informed about
	advisors of the PFAC	topic
	☐ Department,	☐ Providing feedback or
	committee, or unit that	perspective
	requested PFAC input	☐ Discussing and influencing
		decisions/agenda
		☐ Leading/co leading

	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input	☐ Being informed about topic ☐ Providing feedback or perspective ☐ Discussing and influencing decisions/agenda ☐ Leading/co leading
The five greatest challenges the PFA  27a. Challenge 1: Changes in leader different strategic priorities. It has the organizational change.	rship has been challenging	
27b. Challenge 2: The members we	ere unable to complete the r	new patient welcome guide
because of leadership changes.		

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)
$\square$ 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:)
$\square$ N/A – the PFAC members do not serve on these – <b>Skip to #30</b>
29. How do members on these hospital-wide committees or projects report back to the PFAC about their work?
Hospital departments are asked to attend the PFAC meeting to report and discuss initiatives in their departments.
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

$oxed{oxed}$ 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 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
$\square$ High-risk surgeries (such as aortic valve replacement, pancreatic resection)
$\square$ 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
$\square$ Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
$\square$ 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 – <b>Skip to #35</b>

33. Please e	xplain why the hospital shared only the data you checked in Q 32 above:
	escribe how the PFAC was engaged in discussions around these data in #32 above and any rality improvement initiatives:
discuss	uality and Safety department reviewed the patient complaint process with the members and ed specific ints.
initiatives (	C participated in activities related to the following state or national quality of care check all that apply):  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	e 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)
$\square$ N/A – th	ne PFAC did not work in quality of care initiatives
36. Were an	y 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 ever study)
38. How are	e 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 l	now 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 <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):	!ľ
_Marissa McLean	
<del>-</del>	
41. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option).	
$\square$ 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.	
X Yes, link:	
□ No	
43. We provide a phone number or e-mail address on our website to use for requesting the report.	
Xes, phone number/e-mail address:	
□ No	
44. Our hospital has a link on its website to a PFAC page.  X Yes, link:	
No, we don't have such a section on our website	

5. The PFAC received training on the following topics:
$\square$ Concepts of patient- and family-centered care (PFCC)
$\square$ Health care quality and safety measurement
☐ Health literacy
$\square$ 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)
$\square$ Hospital performance information
☐ Patient engagement in research
$\square$ 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: