

# 2016 Annual PFAC Report: Falmouth Hospital

Q130. Which best describes your PFAC?

- We are the only PFAC at a single hospital
- We are a PFAC for a system with several hospitals
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals
- Other (please describe):

Q126. Will another PFAC at your hospital also submit a report?

*This question was not displayed to the respondent.*

Q127. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

Q2. Staff PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Paula Cronin RN MS"/>
Email:	<input type="text" value="pcronin@capecodhe"/>
Phone:	<input type="text" value="978-766-6531"/>

Q2a. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

- Yes
- No
- N/A

Q3. Patient/Family PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Paula Cronin"/>
Email:	<input type="text" value="pcronin@capecodhe"/>
Phone:	<input type="text" value="978-766-6531"/>

Q4. Staff PFAC Liaison/Coordinator Contact (if applicable):

*This question was not displayed to the respondent*

Q23.

**Section 1: PFAC Organization**

Q6. This year, the PFAC recruited new members through the following approaches (check all that apply):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Word of mouth / through existing members                       | <input type="checkbox"/> Case managers / care coordinators               |
| <input checked="" type="checkbox"/> Promotional efforts within institution to patients or families | <input type="checkbox"/> Patient satisfaction surveys                    |
| <input type="checkbox"/> Promotional efforts within institution to providers or staff              | <input type="checkbox"/> Community-based organizations                   |
| <input type="checkbox"/> Facebook and Twitter  | <input type="checkbox"/> Houses of worship                               |
| <input type="checkbox"/> Recruitment brochures   | <input type="checkbox"/> Community events                                |
| <input type="checkbox"/> Hospital publications   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Hospital banners and posters  | <input type="checkbox"/> N/A - we did not recruit new members in FY 2016 |

Q6a. Please describe other recruitment approach:

*This question was not displayed to the respondent*

Q7. Total number of staff members on the PFAC:

15

Q8. Total number of patient or family member advisors on the PFAC:

8

Q9. The name of the hospital department supporting the PFAC is:

Administration

Q10. The hospital position of the PFAC Staff Liaison/ Coordinator is:

Previous Director of Maternity Services

Q11. The hospital provides the following for PFAC members to encourage their participation in meetings (click all that apply):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Parking, mileage, or meals                  | <input type="checkbox"/> Payment for attendance at other conferences or trainings              |
| <input type="checkbox"/> Translator or interpreter services                     | <input type="checkbox"/> Annual gifts of appreciation  |
| <input type="checkbox"/> Assistive services for those with disabilities         | <input checked="" type="checkbox"/> Conference call phone numbers or "virtual meeting" options |
| <input type="checkbox"/> Provision / reimbursement for child care or elder care | <input type="checkbox"/> Meetings outside 9am-5pm office hours                                 |
| <input type="checkbox"/> Stipends   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Payment for attendance at annual PFAC conference       | <input type="checkbox"/> N/A - the hospital does not reimburse PFAC members                    |

Q11a. Please describe other provision by the hospital for PFAC members:

*This question was not displayed to the respondent.*

## Q24. Section 2: Community Representation

Q108. The PFAC regulations require every PFAC to represent the community served by the hospital, which is described below.

Q12. Our catchment area is geographically defined as (if you are unsure select "don't know"):

Cape Cod

Q12D.

- Don't know catchment area

Q121.

Tell us about racial and ethnic groups in your area (please provide percentages; if you are unsure of the percentages select "don't know").

Q13aR. Our defined catchment area is made up of the following racial groups (please provide percentages; if you are unsure of percentages please select "don't know"):

American Indian or Alaska Native	<input type="text" value="0.7%"/>
Asian	<input type="text" value="1.4%"/>
Black or African American	<input type="text" value="2.7%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0"/>
White	<input type="text" value="91.4%"/>
Other	<input type="text"/>

Q91.

Don't know racial groups

Q13aE. What percentage of people in the defined catchment area are of Hispanic, Latino, or Spanish origin?

1.8%

Q92.

Don't know origins

Q13bR. In FY 2016, the hospital provided care to patients from the following racial groups (please provide percentages):

American Indian or Alaska Native	<input type="text" value=".7%"/>
Asian	<input type="text" value=".24%"/>
Black or African American	<input type="text" value="2.4%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0"/>
White	<input type="text" value="89.2%"/>
Other	<input type="text"/>

Q93.

Don't know racial groups

Q13bE. What percentage of patients that the hospital provided care to in FY 2016 are of Hispanic, Latino, or Spanish origin?

34%

Q95.

Don't know origins

Q13cR. In FY 2016, the PFAC **patient and family advisors** came from the following racial groups (please provide percentages):

American Indian or Alaska Native	<input type="text" value="0"/>
Asian	<input type="text" value="0"/>
Black or African American	<input type="text" value="0"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0"/>
White	<input type="text" value="88%"/>
Other	<input type="text"/>

Q97.

Don't know racial groups

13cE. What percentage of **PFAC patient and family advisors** in FY 2016 were of Hispanic, Latino, or Spanish origin?

6%

Q99.

Don't know origins

Q122. Tell us about languages spoken in your area (please provide percentages; if you are unsure of the percentages select "don't know").

Q117. What percentage of patients that the hospital provided care to in FY 2016 have limited English proficiency (LEP)?

dont know

Q118.

Don't know percentage that have limited English proficiency (LEP)

Q126. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

Spanish	<input type="text" value="don't know"/>
Portuguese	<input type="text" value="not sure of percentag"/>
Chinese	<input type="text" value="don't know"/>
Haitian Creole	<input type="text" value="don't know"/>
Vietnamese	<input type="text" value="don't know"/>
Russian	<input type="text" value="don't know"/>
French	<input type="text" value="don't know"/>
Mon-Khmer/Cambodian	<input type="text" value="don't know"/>
Italian	<input type="text" value="don't know"/>
Arabic	<input type="text" value="don't know"/>
Albanian	<input type="text" value="don't know"/>
Cape Verdean	<input type="text" value="don't know"/>

Q127.

Don't know primary languages

Q119. What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)?

0%

Q120.

Don't know percentage that have limited English proficiency (LEP)

Q123. In FY 2016, what percentage of PFAC **patient and family advisors** spoke the following as their primary language?

Spanish	0
Portuguese	1
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0
Albanian	0
Cape Verdean	0

Q124.

Don't know primary languages

Q14.

The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area:

We will be reaching out to our Wompanaug Native American population as well as the patients who are employed or studying at Woods Hole Institute.

**Q110. Section 3: PFAC Operations**

Q15. Our process for developing and distributing agendas for the PFAC meetings (click the best choice):

- 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
- PFAC members and staff develop agenda together and distribute it **at the meeting**
- Other
- N/A – the PFAC does not use agendas

Q112. If staff and PFAC members develop the agenda together, please describe the process:

*This question was not displayed to the respondent*

Q113. If other process, please describe:

*This question was not displayed to the respondent*

Q16.

The PFAC goals and objectives for 2016 were: (select the best choice):

- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals and objectives for FY 2016
- Developed by staff alone

Q17. The PFAC had the following goals and objectives for 2016:

1. Reviewing the Patient Complaint Process.
2. Receiving updates on Quality Outcomes
3. Understanding Throughput the Admission to Discharge Process.
4. Reviewing Membership and Recruitment Process

Q18. Please list any subcommittees that your PFAC has established:

Q19. How does the PFAC interact with the hospital Board of Directors (click all that apply):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> PFAC submits annual report to Board     | <input type="checkbox"/> PFAC member(s) are on board-level committee(s)                               |
| <input type="checkbox"/> PFAC submits meeting minutes to Board              | <input type="checkbox"/> N/A – the PFAC does not interact with the Hospital Board of Directors        |
| <input checked="" type="checkbox"/> PFAC member(s) attend(s) Board meetings | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Board member(s) attend(s) PFAC meetings            | <input type="checkbox"/> Action items or concerns are part of an ongoing “Feedback Loop” to the Board |

Q114. Please describe other interactions with the hospital Board of Directors.

*This question was not displayed to the respondent*

Q20. Describe the PFAC's use of email, listservs, or social media for communication:

Meeting dates, times and agendas are sent out prior to the meeting one week in advance. Members correspond to the chair via email. Occasionally a member uses facebook to ask for her friends feedback on various topics, questions or concerns. Annual report is posted on Cape Cod Healthcare web site.

Q109.

#### Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

4

Q22. Orientation content included (click all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Meeting with hospital staff   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> General hospital orientation  | <input type="checkbox"/> In-person training  |
| <input checked="" type="checkbox"/> Hospital performance information                                 | <input type="checkbox"/> Massachusetts law and PFACs   |
| <input type="checkbox"/> Patient engagement in research  | <input checked="" type="checkbox"/> Concepts of patient- and family-centered care (PFCC)       |
| <input checked="" type="checkbox"/> PFAC policies, member roles and responsibilities                 | <input type="checkbox"/> Skills training on communication, technology, and meeting preparation |
| <input type="checkbox"/> Health care quality and safety  | <input type="checkbox"/> Immediate "assignments" to participate in PFAC work                   |
| <input checked="" type="checkbox"/> History of the PFAC  | <input type="checkbox"/> Check-in or follow-up after the orientation                           |
| <input type="checkbox"/> "Buddy program" with experienced members                                    | <input type="checkbox"/> N/A – the PFAC members do not go through a formal orientation process |
| <input checked="" type="checkbox"/> Information on how PFAC fits within the organization's structure |  |

Q115. Please describe other orientation content:

*This question was not displayed to the respondent.*

Q23. The PFAC received training on the following topics (click all that apply):

Concepts of patient- and family-centered care (PFCC)

Health care quality and safety measurement

Patient engagement in research

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)

Types of research conducted in the hospital

Other

Hospital performance information

Health literacy

Not Applicable

Q116. Please describe other topics:

*This question was not displayed to the respondent.*

### Q111. Section 5: FY 2016 PFAC Impact and Accomplishments

Q83. The following information only concerns PFAC activities in the fiscal year 2016.

Q24. The five greatest accomplishments of the PFAC were:

Q24a. Accomplishment 1:

Improving membership, attendance and communication. We recruited two new community members and 2 new hospital department representatives. Meeting agenda, date and times were sent out a week in advance so that community members could adjust their schedules, improving attendance at the meetings.

Q24a1. The idea for Accomplishment 1 came from:

Patient/family advisors of the PFAC

Department, committee, or unit that requested PFAC input

Q24b. Accomplishment 2:

Review of the many hospital performance improvement initiatives. To name a few. 1. The new Emergency Department facility and waiting room procedures. 2. Throughput overview and data on our goals for admission to discharge from the ED. 3. Falls prevention improvement process and outcomes.

Q24bl. The idea for Accomplishment 2 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24c. Accomplishment 3:

The Patient Grievance Process. Many of the community members brought concerns and complaints to the PFAC meeting not knowing the appropriate grievance process. The formal grievance process was reviewed and the PFAC members were pleased to know how seriously we looked at complaints and that there was a specific way to address each one.

Q24cl. The idea for Accomplishment 3 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24d. Accomplishment 4:

Overview of Cape Cod Healthcare's achievement, awards and quality outcomes. Overview of strategic goals for Cape Cod Healthcare and specifically Falmouth Hospital. New facility projects, i.e., renovation of the Medical Surgical Units to include more private rooms, and the renovation of JML our rehabilitation facility.

Q24d. The idea for Accomplishment 4 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24e. Accomplishment 5:

Setting up goals for next three PFAC meeting in 2017. Collaborating with the PFAC members to determine areas of interest that they would like to have as agenda items for our upcoming meetings.

Q24e. The idea for Accomplishment 5 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q25. **The five greatest challenges the PFAC had in FY 2016:**

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

Q25a. Challenge 1:

Participation on hospital sub committees. Over 2017 we will try to perk interest for a community PFAC members to join in a process improvement committee as their input is very important.

Q25b. Challenge 2:

A PFAC project. The membership of our PFAC enjoys coming to the meeting to receive information about the hospital rather than work on a specific project. They are very interested about the quality measures, new initiatives and performance improvements that we present. The community members offer wonderful feedback to our hospital PFAC members.

Q25c. Challenge 3:

Membership: Many changes in leadership over the past year has left a need to recruit new hospital representatives.

Q25d. Challenge 4:

Q25e. Challenge 5:

Q26. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees (click all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral Health/substance use                                 | <input checked="" type="checkbox"/> Eliminating Preventable Harm                    |
| <input type="checkbox"/> Bereavement   | <input type="checkbox"/> Emergency Department Patient/Family Experience Improvement |
| <input type="checkbox"/> Care Transitions  | <input checked="" type="checkbox"/> Ethics  |
| <input checked="" type="checkbox"/> Code of Conduct                                      | <input type="checkbox"/> Institutional Review Board (IRB)                           |
| <input type="checkbox"/> Community Benefits  | <input checked="" type="checkbox"/> Patient Care Assessment                         |
| <input checked="" type="checkbox"/> Critical Care  | <input type="checkbox"/> Patient Education  |
| <input type="checkbox"/> Other   | <input checked="" type="checkbox"/> Patient and Family Experience Improvement       |
| <input type="checkbox"/> N/A – the PFAC members do not serve on these                    | <input type="checkbox"/> Pharmacy Discharge Script Program                          |
| <input type="checkbox"/> Board of Directors  | <input checked="" type="checkbox"/> Quality and Safety                              |
| <input type="checkbox"/> Discharge Delays  | <input checked="" type="checkbox"/> Quality/Performance Improvement                 |
| <input type="checkbox"/> Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care | <input checked="" type="checkbox"/> Surgical Home                                   |
| <input type="checkbox"/> Drug Shortage   | <input type="checkbox"/> Culturally competent care                                  |

Q117. Please describe other committees, projects, task forces, work groups, or Board committees:

*This question was not displayed to the respondent.*

Q27.

How do members on these hospital-wide committees or projects report back to the PFAC about their work?

The hospital chair invites members of these committee to come to the PFAC and share their process improvement initiatives. Some committee and departments come to the PFAC meeting for feedback and ideas about the impact their service has on community and patient care.

Q28. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (click all that apply):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Quality improvement initiatives                 | <input type="checkbox"/> Institutional Review Boards  |
| <input checked="" type="checkbox"/> Patient education on safety and quality matters | <input type="checkbox"/> N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016 |
| <input checked="" type="checkbox"/> Patient and provider relationships              |   |

Q29. PFAC members participated in the following activities mentioned in the Massachusetts law (click all that apply):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Task forces                                      | <input type="checkbox"/> N/A – the PFAC members did not participate in any of these activities  |
| <input checked="" type="checkbox"/> Award committees                                 | <input checked="" type="checkbox"/> Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees |
| <input type="checkbox"/> Advisory boards/groups or panels                            | <input checked="" type="checkbox"/> Selection of reward and recognition programs  |
| <input checked="" type="checkbox"/> Search committees and in the hiring of new staff | <input checked="" type="checkbox"/> Standing hospital committees that address quality   |

Q30. The hospital shared the following public hospital performance information with the PFAC (click all that apply):

Q30a. Complaints and serious events

- |  |   |
|--|---|
| <input type="checkbox"/> Complaints and investigations reported to Department of Public Health (DPH) | <input checked="" type="checkbox"/> Healthcare-Associated Infections (National Healthcare Safety Network) |
| <input type="checkbox"/> Serious Reportable Events reported to Department of Public Health (DPH)     | <input type="checkbox"/> Patient complaints to hospital   |

Q30b. Quality of care

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care) | <input type="checkbox"/> Maternity care (such as C-sections, high risk deliveries)                    |
| <input type="checkbox"/> Medicare Hospital Compare (such as complications, readmissions, medical imaging)                          | <input type="checkbox"/> High-risk surgeries (such as aortic valve replacement, pancreatic resection) |

Q30c. Resource use and patient satisfaction

- Patient experience/satisfaction scores (eg.  
 HCAHPS - Hospital Consumer Assessment of  
Healthcare Providers and Systems)  
 Resource use (such as length of stay,  
readmissions)

- Inpatient care management (such as electronically  
 ordering medicine, specially trained doctors for  
ICU patients)

Q30d. Other

- N/A – the hospital did not share performance  
information with the PFAC  Other

Q 119. Please describe other hospital performance information:

*This question was not displayed to the respondent.*

Q31. Please explain why the hospital shared only the data you checked in the previous questions:

As we meet every other month, we try to share as much as possible about quality outcomes, patient experience and our improvement initiatives at these meetings.

Q32. Please describe how the PFAC was engaged in discussions around these data above and any resulting quality improvement initiatives:

We discuss the initiatives and outcomes and the PFAC members contribute great ideas and feedback along with recommendations on each of these topics.

**Q33. The PFAC participated in activities related to the following state or national quality of care initiatives (click all that apply):**

Q33a. National Patient Safety Hospital Goals

- |   |  |
|---|--|
| <input type="checkbox"/> Identifying patients correctly | <input checked="" type="checkbox"/> Preventing infection             |
| <input type="checkbox"/> Using medicines safely         | <input checked="" type="checkbox"/> Identifying patient safety risks |
| <input type="checkbox"/> Using alarms safely            | <input type="checkbox"/> Preventing mistakes in surgery              |

Q33b. Prevention and errors

- |  |  |
|--|--|
| <input type="checkbox"/> Hand-washing initiatives  | <input type="checkbox"/> Team training                             |
| <input type="checkbox"/> Checklists  | <input type="checkbox"/> Electronic Health Records –related errors |
| <input checked="" type="checkbox"/> Fall prevention  | <input type="checkbox"/> Safety                                    |
| Care transitions (e.g., discharge planning,<br><input checked="" type="checkbox"/> passports, care coordination, and follow up<br>between care settings) | <input type="checkbox"/> Human Factors Engineering                 |

Q33c. Decision-making and advanced planning

- |   |  |
|---|--|
| <input type="checkbox"/> Informed decision making/informed consent                  | <input checked="" type="checkbox"/> Health care proxies  |
| <input checked="" type="checkbox"/> Improving information for patients and families | <input checked="" type="checkbox"/> End of life planning (e.g., hospice, palliative,<br>advanced directives) |

Q33d.

Additional quality initiatives

- |   |   |
|---|---|
| <input type="checkbox"/> Rapid response teams           | <input checked="" type="checkbox"/> Integration of behavioral health care |
| <input type="checkbox"/> Disclosure of harm and apology |   |

Q33e. Other

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> N/A – the hospital did not share performance<br>information with the PFAC | <input type="checkbox"/> Other |
|--|--------------------------------|

Q 120. Please describe other initiatives:

*This question was not displayed to the respondent.*

Q34. Were any members of your PFAC engaged in advising on research studies?

- Yes  
 No

Q35. In what ways are members of your PFAC engaged in advising on research studies? Are they:

*This question was not displayed to the respondent.*

Q36.

How are members of your PFAC approached about advising on research studies?

*This question was not displayed to the respondent.*

Q121. Please describe other ways that members of your PFAC are approached about advising on research studies:

*This question was not displayed to the respondent.*

Q37.

About how many studies have your PFAC members advised on?

*This question was not displayed to the respondent.*

Q104.

## **Section 6: PFAC Annual Report**

Q107.

**We strongly suggest that all PFAC members approve reports prior to submission.**

Q37.5. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

Susan Abril RN, Executive Director of Nursing, PFAC staff member

Q38. 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

Q122. Please describe other process:

*This question was not displayed to the respondent.*

Q106.

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:

Q39. We post the report online.

Yes, link:

No