

2016 Annual PFAC Report: Kindred Hospital Boston

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):

Q2. Staff PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Gail Custado"/>
Email:	<input type="text" value="Gail.Custado@kindred.com"/>
Phone:	<input type="text" value="617-254-1100"/>

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="n/a"/>
Email:	<input type="text" value="Gail.Custado@Kindred.com"/>
Phone:	<input type="text" value="617-254-1100"/>

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):

- Word of mouth / through existing members
- Case managers / care coordinators

- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Facebook and Twitter
- Recruitment brochures
- Hospital publications
- Hospital banners and posters
- Patient satisfaction surveys
- Community-based organizations
- Houses of worship
- Community events
- Other
- 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:

5

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

4

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

Administration

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

Patient Ambassador

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

- Parking, mileage, or meals
- Translator or interpreter services
- Assistive services for those with disabilities
- Provision / reimbursement for child care or elder care
- Stipends
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Annual gifts of appreciation
- Conference call phone numbers or "virtual meeting" options
- Meetings outside 9am-5pm office hours
- Other
- 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"):

Boston and the Greater Boston Area

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"):

This question was not displayed to the respondent

Q91.

Don't know racial groups

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

This question was not displayed to the respondent

Q92.

Don't know origins

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

This question was not displayed to the respondent

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?

This question was not displayed to the respondent.

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"/>
Asian	<input type="text"/>
Black or African American	<input type="text" value="25%"/>
Native Hawaiian or other Pacific Islander	<input type="text"/>
White	<input type="text" value="75%"/>
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?

0%

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)?

This question was not displayed to the respondent.

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?

This question was not displayed to the respondent.

Q127.

- Don't know primary languages

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

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?

This question was not displayed to the respondent.

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:

Demographic data is collected, however Kindred Hospital Boston did not during this period have an internal system for collating and reporting the demographic data. As of September 1, 2016 there will be a system in place for collating demographic/language data. To assure representation of patient or catchment area, Kindred encourages the participation of current patients and their families via word of mouth, leadership rounding and printed material.

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:

Purchase of new hospital furniture for patients and staff Add additional items (books, magazines, board games etc.) to the hospital family room. Upgrade Wi-Fi access for the building Increase Case Management Department accessibility. Extend Rehab hours to include weekend

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

N/A

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

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- PFAC member(s) attend(s) Board meetings
- PFAC member(s) are on board-level committee(s)
- N/A – the PFAC does not interact with the Hospital Board of Directors
- Other

Board member(s) attend(s) PFAC meetings

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:

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

4

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

Meeting with hospital staff

General hospital orientation

Hospital performance information

Patient engagement in research

PFAC policies, member roles and responsibilities

Health care quality and safety

History of the PFAC

"Buddy program" with experienced members

Information on how PFAC fits within the organization's structure

Other

In-person training

Massachusetts law and PFACs

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

Skills training on communication, technology, and meeting preparation

Immediate "assignments" to participate in PFAC work

Check-in or follow-up after the orientation

N/A – the PFAC members do not go through a formal orientation process

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

Types of research conducted in the hospital

Hospital performance information

Not Applicable

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)

Other

Health literacy

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:

Upgrade to Hospital Wi-Fi Connection

Q24aI. The idea for Accomplishment 1 came from:

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

Q24b. Accomplishment 2:

Extended Rehab hours to include weekend

Q24bI. The idea for Accomplishment 2 came from:

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

Q24c. Accomplishment 3:

Initiation of replacement of patient and staff furniture

Q24c*l*. The idea for Accomplishment 3 came from:

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

Q24d. Accomplishment 4:

Hired additional Case Managers

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:

Purchase of books, magazines and newspapers for use by patients and their families

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:

Maintaining patient and family membership.

Q25b. Challenge 2:

Scheduling Meeting dates and times that work for members.

Q25c. Challenge 3:

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 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 type="checkbox"/> Code of Conduct | <input type="checkbox"/> Institutional Review Board (IRB) |
| <input type="checkbox"/> Community Benefits | <input type="checkbox"/> Patient Care Assessment |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Patient Education |
| <input type="checkbox"/> Other | <input 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 type="checkbox"/> Quality and Safety |
| <input type="checkbox"/> Discharge Delays | <input type="checkbox"/> Quality/Performance Improvement |
| <input type="checkbox"/> Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care | <input 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?

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

- Quality improvement initiatives
- Patient education on safety and quality matters
- Patient and provider relationships

- Institutional Review Boards
- N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016

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

- Task forces
- Award committees
- Advisory boards/groups or panels
- Search committees and in the hiring of new staff
- N/A – the PFAC members did not participate in any of these activities
- Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Selection of reward and recognition programs
- 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

- Complaints and investigations reported to Department of Public Health (DPH)
- Serious Reportable Events reported to Department of Public Health (DPH)
- Healthcare-Associated Infections (National Healthcare Safety Network)
- Patient complaints to hospital

Q30b. Quality of care

- 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)
- 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

Q119. 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:

Kindred Hospital Boston thought it was pertinent to the membership to present all data collected and rationale which is to promote patient safety and quality of care.

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

Data were presented by Kindred and members were given the opportunity to discuss and ask questions regarding the information presented.

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

Q33b. Prevention and errors

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

Q33c. Decision-making and advanced planning

- | | |
|---|---|
| <input checked="" 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, advanced directives) |

Q33d.

Additional quality initiatives

Rapid response teams

Integration of behavioral health care

Disclosure of harm and apology

Q33e. Other

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

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.

Q 121. 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):

Gail Custado - Staff Jacqueline Dasilva - Staff Jacqueline Levesque - Staff

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

Q40. We provide a phone number or e-mail address on our website to use for requesting the report.

- Yes, phone number/e-mail address:
To join Kindred Hospital's PFAC, please contact: Pamela Bourque Area Director of Quality 781-297-8613 Pamela.Bourque@kindred.com
- No

Q41. 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

Q113. Please provide an email address if you would like to receive a confirmation with a copy of this report after the report is submitted:

Jacqueline.Dasilva@kindred.com