

2016 Annual PFAC Report: North Shore Medical Center

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="Anna S. Pelosi"/>
Email:	<input type="text" value="apelosi@partners.org"/>
Phone:	<input type="text" value="781-477-3679"/>

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="Ed Budelmann"/>
Email:	<input type="text" value="ebudelmann@gmail"/>
Phone:	<input type="text" value="617-818-5544"/>

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 type="checkbox"/> Promotional efforts within institution to patients or families | <input type="checkbox"/> Patient satisfaction surveys |
| <input checked="" type="checkbox"/> Promotional efforts within institution to providers or staff | <input type="checkbox"/> Community-based organizations |
| <input type="checkbox"/> Facebook and Twitter | <input checked="" 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:

16

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

9

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

Quality and Patient Safety

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

Manager Patient Experience

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 checked="" type="checkbox"/> Payment for attendance at other conferences or trainings |
| <input type="checkbox"/> Translator or interpreter services | <input checked="" 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 checked="" type="checkbox"/> Meetings outside 9am-5pm office hours |
| <input type="checkbox"/> Stipends | <input checked="" type="checkbox"/> Other |
| <input checked="" 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:

Participation in Enterprise Wide (Partners Healthcare) Patient Experience Summit

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"):

Northeastern Massachusetts with acute care hospitals in Salem and Lynn as well as satellite services in Swampscott, Peabody, Danvers, and Gloucester. Patient population reaches 10 general communities and over 330,000 patients each year.

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	0%
Asian	4%
Black or African American	6%
Native Hawaiian or other Pacific Islander	
White	65%
Other	15% Latino, 7% othe

Q91.

Don't know racial groups

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

15%

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	0%
Asian	2.6%
Black or African American	7.8%
Native Hawaiian or other Pacific Islander	0%
White	84.8%
Other	4.8%

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?

16.2%

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="11%"/>
Native Hawaiian or other Pacific Islander	<input type="text"/>
White	<input type="text" value="78%"/>
Other	<input type="text" value="11%"/>

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)?

15.1%

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="9.8%"/>
Portuguese	<input type="text" value="0.8%"/>
Chinese	<input type="text" value="0%"/>
Haitian Creole	<input type="text" value="0%"/>
Vietnamese	<input type="text" value="0%"/>
Russian	<input type="text" value="0.9%"/>
French	<input type="text" value="0%"/>
Mon-Khmer/Cambodian	<input type="text" value="0.5%"/>
Italian	<input type="text" value="0%"/>
Arabic	<input type="text" value="0.3%"/>
Albanian	<input type="text" value="0%"/>
Cape Verdean	<input type="text" value="0%"/>

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	6%
Portuguese	0
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:

Presentation to PFAC from our Director of Communications/Marketing to define our catchment area.
Partnership with our Director for Community Relations to create connections to community leaders for recruitment purposes.

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:

Meetings in person or via phone are conducted with hospital facilitator and PFAC community Chair in order to examine action items within the prior meeting minutes, work completed outside of the meeting and pending discussions or requested presentations.

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. Secure Executive Sponsorship 2. Recruit 2-4 new members 3. Develop and host a half day Retreat for existing PFAC hospital and community members in order to stabilize the committee. 4. Revise and approve a new Charter/Bylaws to support the committee's activities, including roles and responsibilities 5. Determine organizational priorities for PFAC for 2016-17

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

1. Retreat planning 2. Recruitment 3. Charter research, refinement

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 checked="" 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 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:

PFAC members use the HCFA list serve for webinar and conference notifications. Hospital facilitator uses email to communicate agenda, minutes, documents for review, and educational offerings including Schwartz Center Rounds hosted by the hospital and open to PFAC members. Hospital internet site was updated with a refreshed photo of the committee and contact information.

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

2

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

- | | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Meeting with hospital staff | <input type="checkbox"/> Other |
| <input type="checkbox"/> General hospital orientation | <input checked="" type="checkbox"/> In-person training |
| <input checked="" type="checkbox"/> Hospital performance information | <input checked="" 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 checked="" type="checkbox"/> Check-in or follow-up after the orientation |
| <input checked="" 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:

Electronic Medical Record implementation (EPIC), HCAHPS, Campus Consolidation/Construction efforts, Partners Patient Experience Summit (structure of patient centered strategy)

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:

Planning and execution of a half day on-site retreat.

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:

Securing senior leader level Executive Sponsors (CMO and CNO)

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:

Stabilization of committee and recruitment efforts resulting in education as well as refreshing of application, interview, and onboarding processes.

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:

PFAC Charter researched and revised including input from fellow Partners hospital (Brigham and Women's Hospital)

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:

Board of Trustees to receive PFAC meeting minutes.

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:

PFAC transitioned facilitators in late 2015 resulting in missed meetings. Once meetings resumed and a new facilitator team was assigned, the committee resumed its mission (January through September).

Q25b. Challenge 2:

Shift in executive sponsorship required orientation to the committee and a refreshed view of organizational priorities and desire to involve PFAC input.

Q25c. Challenge 3:

Recruitment of a more diverse population is challenging but promising. Word of mouth from PFAC members results in more of the same geographic and ethnic makeup.

Q25d. Challenge 4:

Encouraging roles outside of the meeting required work as many PFAC members are busy with their own work lives. All have participated in follow up work or research outside of in-person meetings by end of this period.

Q25e. Challenge 5:

Defining roles within the community members to ensure succession planning, term limits, and the creation of a pool of improvement advisors.

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 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 checked="" 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?

Agenda items are created to have PFAC members report back on their experiences to the group. Hospital improvement priorities were shared including the desire to have patient/family advisors on every event. We use Lean principles and week long Rapid Process Improvement Workshops (RPIWs) focused on pieces of large value streams. This work impact patient experience scores (HCAHPS), infection rates (CAUTI) and transitions of care (ED to Inpatient).

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 type="checkbox"/> Task forces | <input checked="" type="checkbox"/> N/A – the PFAC members did not participate in any of these activities |
| <input type="checkbox"/> Award committees | <input 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 type="checkbox"/> Selection of reward and recognition programs |
| <input type="checkbox"/> Search committees and in the hiring of new staff | <input 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 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 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

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Patient experience/satisfaction scores (eg. <input checked="" type="checkbox"/> HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems) | <input type="checkbox"/> Inpatient care management (such as electronically <input checked="" type="checkbox"/> ordering medicine, specially trained doctors for ICU patients) |
| <input type="checkbox"/> Resource use (such as length of stay, readmissions) | |

Q30d. Other

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

The goals for 2015-16 were to stabilize and enhance PFAC operations. Although many topics were discussed, actual reports of data were not shared and will be planned for in the next year.

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

Inpatient Welcome Packets, including patient rights and educational materials were shared with PFAC for their input. Educational materials for staff emphasizing communications and patient safety during the implementation of the new electronic medical record were presented to the committee for their input along with an overview of the intent and purpose of the implementation. Improvement efforts are open to the PFAC members at all times and topics/timing of events are shared openly for their input. NSMC celebrated its first ever Patient Experience Week with input from members.

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 type="checkbox"/> Preventing infection |
| <input checked="" type="checkbox"/> Using medicines safely | <input 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 checked="" type="checkbox"/> Team training |
| <input type="checkbox"/> Checklists | <input checked="" type="checkbox"/> Electronic Health Records –related errors |
| <input type="checkbox"/> Fall prevention | <input 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 type="checkbox"/> Informed decision making/informed consent | <input type="checkbox"/> Health care proxies |
| <input 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

- | | |
|---------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Rapid response teams | <input 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 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):

Ed Budelmann, PFAC Community Chair Evelyn Wilson, PFAC Community Recruitment Anna S. Pelosi, NSMC Facilitator, Manager Patient Experience

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:
978-354-3543 NSMCPatientFamilyAdvisory@partners.org
- 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