

# 2016 Annual PFAC Report: South Shore 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?

- Yes
- No
- Don't know

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="Sandra Geiger, VP F"/>
Email:	<input type="text" value="sandra_geiger@ssho"/>
Phone:	<input type="text" value="(781) 624-8795"/>

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: Julie Kembel  
Email: jakembel@NLAbooks  
Phone: (781) 749-5315

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

Name and Title: Michele Driscoll, Ad  
Email: michele\_driscoll@ss  
Phone: (781) 624-4047

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
- 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
- Case managers / care coordinators
- 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:

14

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

Performance Excellence

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

Michele Driscoll

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"):

White

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	<1%
Asian	7%
Black or African American	3%
Native Hawaiian or other Pacific Islander	<1%
White	87%
Other	1%

Q91.

Don't know racial groups

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

2%

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	<1%
Asian	1%
Black or African American	3%
Native Hawaiian or other Pacific Islander	<1%
White	92%
Other	2%

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?

1%

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"/>
Native Hawaiian or other Pacific Islander	<input type="text"/>
White	<input type="text" value="100%"/>
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)?

6%

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	0.27%
Portuguese	0.65%
Chinese	0.07%
Haitian Creole	0.11%
Vietnamese	0.14%
Russian	0.02%
French	0.04%
Mon-Khmer/Cambodian	0.01%
Italian	0.05%
Arabic	0.24%
Albanian	0.08%
Cape Verdean	0.03%

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	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:

1. Investigating ways we can increase diversity of members in our current recruitment efforts
2. Alignment of PFAC efforts with health system strategic plan to move to population health

**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:

The council hospital leadership, Chief Medical Officer and Vice President Performance Excellence meet with the co-chairs to create the monthly agenda. A drafted agenda is sent to the co-chairs for review and approval, a pre-meeting message is created by the co-chairs and sent to all council members.

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. Advance to a council that supports a system of care 2. Advance the principles of patient and family centered care throughout the system 3. Strengthen the legacy of the council and its advisors

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

1. HR interviewing committee works with the Human Resources department to interview candidates for leadership positions. 2. Nominating committee identifies current council members for the position of PFAC chair(s). 3. Recruitment committee is responsible for recruiting new community and staff members for council seats. 4. Education committee is responsible providing education on the principles of patient and family centered care to all staff including new employees through general hospital orientation, providing education and mentorship to new community and staff council members. 5. Strategic Planning committee convenes annually to develop the strategic goals of the council 6. Bylaws committee convenes annually to review the council bylaws and recommend revisions as needed.

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 checked="" 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 checked="" 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:

South Shore Hospital's PFAC utilizes a distribution list (PDL) which allows internal hospital staff to communicate with all members of the council at the same time, in addition there is individual contact information available for each member.

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 checked="" type="checkbox"/> Meeting with hospital staff                                      | <input checked="" type="checkbox"/> Other  |
| <input checked="" type="checkbox"/> General hospital orientation                                     | <input type="checkbox"/> In-person training  |
| <input 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 checked="" 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 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:

Active alumni group meet monthly and assists with recruitment and on-boarding new members.

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Concepts of patient- and family-centered care (PFCC) | <input checked="" type="checkbox"/> Health care quality and safety measurement  |
| <input type="checkbox"/> Patient engagement in research                                  | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Types of research conducted in the hospital                     | <input checked="" type="checkbox"/> Other   |
| <input checked="" type="checkbox"/> Hospital performance information                     | <input type="checkbox"/> Health literacy  |
| <input type="checkbox"/> Not Applicable  |   |

Q116. Please describe other topics:

Mentoring from alumni (experienced advisors) on ways to be most effective at collaborating with hospital colleagues and leaders.

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:

South Shore hospital continues on the Lean journey and believes that our customer defines the value of our services, PFAC members have been involved with the surgical value stream and emergency department value stream(s) to help us identify value add and non-value added to our processes. PFAC members play an important role providing the view of the patient but also in helping make sure the principles of patient and family centered care are always present as we make changes to create exceptional experiences for our patients and families.

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:

PFAC members actively participated in the 2016 Walk for Hospice, with the assistance of the staff liaisons' a team was created. The teams fundraising goal was reached by individual donations and by hosting a bake sale. The team offered an informational table at the walk consisting of brochures, posters and buttons which was manned by a co-chair and other council members

Q24b1. 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 Home Care Division PFAC presented at the International Patient and Family Centered Care conference in July 2016, their topic was "Going Home with PFCC". The team prepared a power point presentation, talking points, video and "take away" materials for their presentation. The Cancer Center PFAC's abstract for a poster presentation was also accepted by the Institute for Patient and Family Centered Care; their poster board presentation titled "A Design in Time: The Architectural Project that Established a Patient – and-Family Centered Culture.

Q24c1. 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 members that are part of the HR Interviewing committee were involved in interviewing candidates for high level positions (i.e. Medical Chiefs, Vice Presidents and Directors)

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:

PFAC advisors provided significant input on the planning and design phases of the new ICU and "step down" unit; including accommodations for families and visitors.

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:**

As we strive to have a diverse PFAC, recruitment remains to be a challenge

**Q25b. Challenge 2:**

Matching system improvement priorities with patient advisement activity

**Q25c. Challenge 3:**

Council education and mentorship

**Q25d. Challenge 4:**

Identifying future leaders of the hospital PFAC

**Q25e. Challenge 5:**

Engaging and educating all staff at all levels about Patient and Family Centered Care and the principles

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 checked="" type="checkbox"/> Bereavement  | <input checked="" type="checkbox"/> Emergency Department Patient/Family Experience Improvement |
| <input checked="" type="checkbox"/> Care Transitions                                     | <input checked="" type="checkbox"/> Ethics   |
| <input type="checkbox"/> Code of Conduct   | <input type="checkbox"/> Institutional Review Board (IRB)                                      |
| <input checked="" type="checkbox"/> Community Benefits                                   | <input type="checkbox"/> Patient Care Assessment   |
| <input type="checkbox"/> Critical Care   | <input checked="" type="checkbox"/> Patient Education  |
| <input checked="" 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 checked="" 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 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:

Front line falls committee, Opioid task force, My Chart (Epic) work group, Critical care expansion and redesign

Q27.

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

Members participating in the hospital wide committees or projects report on their progress to PFAC during the monthly meetings (advisement updates). There is also continuous communication by members (community and staff) / co-chairs and coordinator on these and other topics.

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 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 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 checked="" type="checkbox"/> Serious Reportable Events reported to Department of Public Health (DPH) | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems) | <input type="checkbox"/> Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients) |
| <input checked="" 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:

Data is shared openly with our PFAC; agendas this year were shared equally with education, advisement and information distribution. Time constraints only allow us to do so much.

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

Subject matter experts lead discussions and take PFAC feedback to hospital leaders working on performance improvement in those areas. PFAC members also sit on the Quality Council and Board Level Patient Care Assessment Committee where data and feedback is exchanged with full transparency.

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 checked="" type="checkbox"/> Using alarms safely | <input checked="" type="checkbox"/> Preventing mistakes in surgery   |

Q33b. Prevention and errors

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Hand-washing initiatives   | <input type="checkbox"/> Team training  |
| <input checked="" type="checkbox"/> Checklists   | <input checked="" type="checkbox"/> Electronic Health Records –related errors |
| <input checked="" 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 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

- |  |   |
|--|---|
| <input checked="" 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 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):

Sandra Geiger, VP Performance Excellence Sr. Leader liaison, Timothy Quigley VP Nursing / CNO Sr. Leader liaison, Julie Kembel patient / family advisor, Richard Elliott patient / family advisor, Bill Curtis patient / family advisor, Stephanie Peters patient / family advisor, Linda Wells patient / family advisor, Julie Hurley PA staff liaison, Pauline Powers staff liaison and Jackie Kilrain staff liaison.

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:

Michele Driscoll, (781) 624-4047, michele\_driscoll@sshosp.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