

# 2016 Annual PFAC Report:

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

1. Hospital Name: Spaulding Hospital for Continuing Medical Care, Cambridge

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages you to fill out a separate template for the hospital-wide PFAC at each individual hospital.

2a. Which best describes your PFAC?

- We are the only PFAC at a single hospital – **skip to #3 below**
- We are a PFAC for a system with several hospitals – **skip to #2C below**
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals – **skip to #2C below**
- Other (Please describe: \_\_\_\_\_)

2b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

2c. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

2a. Name and Title: Anne-Marie Dattero, LICSW; Nancy Stiles, MSPT

2b. Email: [adattero@partners.org](mailto:adattero@partners.org); [nstiles@partners.org](mailto:nstiles@partners.org)

2c. Phone: 617-876-4344, x3578; 617-876-4344, x3548

- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: \_\_\_\_\_

3b. Email: \_\_\_\_\_

3c. Phone: \_\_\_\_\_

- Not applicable

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

- Yes – skip to #7 (Section 1) below
- No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

5a. Name and Title: \_\_\_\_\_

5b. Email: \_\_\_\_\_

5c. Phone: \_\_\_\_\_

Not applicable

## Section 1: PFAC Organization

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

- Case managers/care coordinators
- Community based organizations
- Community events
- Facebook and Twitter
- Hospital banners and posters
- Hospital publications
- Houses of worship
- Patient satisfaction surveys
- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Recruitment brochures
- Word of mouth / through existing members
- Other (Please describe: \_\_\_\_\_)
- N/A – we did not recruit new members in FY 2016

8. Total number of staff members on the PFAC: 5 .

9. Total number of patient or family member advisors on the PFAC: 6.

10. The name of the hospital department supporting the PFAC is: Quality and Compliance

11. The hospital position of the PFAC Staff Liaison/ Coordinator is Social Worker; Physical Therapist

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

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

## Section 2: Community Representation

The PFAC regulations require that patient and family members in your PFAC be “representative of the community served by the hospital.” If you are not sure how to answer the following questions, contact your community relations office or check “don’t know.”

**13. Our hospital’s catchment area is geographically defined as:** All of New England, especially Massachusetts, New Hampshire, Vermont, Maine; New York State; Multiple foreign countries. We are located in Cambridge, but Cambridge residents comprise only 3% of our admissions.

**14. Tell us about racial and ethnic groups in these areas (please provide percentages; if you are unsure of the percentages check “don’t know”):**

	RACE						ETHNICITY	
	%	%	%	%	%	%	%	
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Other	Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area		2	7		89	.5	1.5	<input type="checkbox"/> Don't know
14b. Patients the hospital provided care to in FY 2016		2	7		89	.5	1.5	<input type="checkbox"/> Don't know
14c. The PFAC patient and family advisors in FY 2016			9		91			<input type="checkbox"/> Don't know

15. Tell us about languages spoken in these areas (please provide percentages; if you are unsure of the percentages select “don’t know”):

	Limited English proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2016		<input checked="" type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2016	100% English speaking	<input type="checkbox"/> Don't know

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

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

Don't know

**15d. 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

Don't know

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

We're just trying to recruit members, in general....

### Section 3: PFAC Operations

**17. Our process for developing and distributing agendas for the PFAC meetings (choose):**

- 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. (Please describe below in #17a)
- PFAC members and staff develop agenda together and distribute it **at the meeting**. (Please describe below in #17a)
- Other process (Please describe below in #17b)
- N/A – the PFAC does not use agendas

**17a. If staff and PFAC members develop the agenda together, please describe the process:**

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**17b. If other process, please describe:**

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**18. The PFAC goals and objectives for 2016 were: (check the best choice):**

- Developed by staff alone
- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals for FY 2016 – **Skip to #18**

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

Recruit more patient/family advisors; Improve attendance at meetings; Have a member of the SHC board attend a PFAC meeting.

**20. Please list any subcommittees that your PFAC has established:**

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**21. How does the PFAC interact with the hospital Board of Directors (check all that apply):**

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- Action items or concerns are part of an ongoing "Feedback Loop" to the Board
- PFAC member(s) attend(s) Board meetings
- Board member(s) attend(s) PFAC meetings
- PFAC member(s) are on board-level committee(s)
- Other (Please describe: \_\_\_\_\_)
- N/A – the PFAC does not interact with the Hospital Board of Directors

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

Meeting minutes and meeting agendas are distributed to PFAC members via e-mail (regular mail for one member who does not use email); patient/family advisors email co-chairs with ideas/feedback

- N/A – We don't communicate through these approaches

## Section 4: Orientation and Continuing Education

23. Number of new PFAC members this year: 1

24. Orientation content included (check all that apply):

- "Buddy program" with experienced members
- Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- Health care quality and safety
- History of the PFAC
- Hospital performance information
- Immediate "assignments" to participate in PFAC work
- Information on how PFAC fits within the organization's structure
- In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- Other (Please describe below in #24a)
- N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe:

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**25. The PFAC received training on the following topics:**

- Concepts of patient- and family-centered care (PFCC)
- Health care quality and safety measurement
- Health literacy
- 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)
- Hospital performance information
- Patient engagement in research
- Types of research conducted in the hospital
- Other (Please describe below in #25a)

N/A – the PFAC did not receive training

**25a. If other, describe:**

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## Section 5: FY 2016 PFAC Impact and Accomplishments

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

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from...	PFAC role can be best described as...
<p><b>26a. Accomplishment 1:</b>  <b>Provided feedback on employee safety survey and process improvements developed as a result of the findings</b></p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC  <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic  <input type="checkbox"/> Providing feedback or perspective  <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda  <input type="checkbox"/> Leading/co leading</p>
<p><b>26b. Accomplishment 2:</b>  <b>Provided feedback on what should be included in a patient/family library</b></p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC  <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic  <input checked="" type="checkbox"/> Providing feedback or perspective  <input type="checkbox"/> Discussing and influencing decisions/agenda  <input type="checkbox"/> Leading/co leading</p>
<p><b>26c. Accomplishment 3:</b>  <b>Provided feedback on Quality Report to the Board</b></p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC  <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic  <input checked="" type="checkbox"/> Providing feedback or perspective  <input type="checkbox"/> Discussing and influencing decisions/agenda  <input type="checkbox"/> Leading/co leading</p>
<p><b>26d. Accomplishment 4:</b>  <b>Provided feedback on PFAC brochure, orientation process for new members and discussed what should be included and how to implement an effective orientation process</b></p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC  <input type="checkbox"/> Department, committee, or unit that requested PFAC input  <input checked="" type="checkbox"/> PFAC co-chairs</p>	<p><input type="checkbox"/> Being informed about topic  <input type="checkbox"/> Providing feedback or perspective  <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda  <input type="checkbox"/> Leading/co leading</p>

<p><b>26e. Accomplishment 5:</b></p> <p><b>Provided feedback through the Community Health Assessment Tool regarding needs of the disabled in our community</b></p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
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**27. The five greatest challenges the PFAC had in FY 2016:**

**27a. Challenge 1:**

**Patient/family advisor recruitment**

**27b. Challenge 2:**

**Meeting attendance**

**27c. Challenge 3:**

**Getting member input re: ideas/topics to pursue**

**27d. Challenge 4:**

**27e. Challenge 5:**

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

**28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:**

- Behavioral Health/substance use
- Bereavement
- Board of Directors
- Care Transitions
- Code of Conduct
- Community Benefits
- Critical Care
- Culturally competent care
- Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care
- Patient Care Assessment
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe: \_\_\_\_\_)

N/A – the PFAC members do not serve on these – **Skip to #30**

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

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

- Institutional Review Boards
- Patient and provider relationships
- Patient education on safety and quality matters

Quality improvement initiatives

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

**31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):**

Advisory boards/groups or panels

Award committees

Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees

Search committees and in the hiring of new staff

Selection of reward and recognition programs

Standing hospital committees that address quality

Task forces

N/A – the PFAC members did not participate in any of these activities

**32. The hospital shared the following public hospital performance information with the PFAC (check all that apply):**

**32a. Complaints and serious events**

Complaints and investigations reported to Department of Public Health (DPH)

Healthcare-Associated Infections (National Healthcare Safety Network)

Patient complaints to hospital

Serious Reportable Events reported to Department of Public Health (DPH)

**32b. Quality of care**

High-risk surgeries (such as aortic valve replacement, pancreatic resection)

Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)

Medicare Hospital Compare (such as complications, readmissions, medical imaging)

Maternity care (such as C-sections, high risk deliveries)

**32c. Resource use, patient satisfaction, and other**

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

Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)

Resource use (such as length of stay, readmissions)

Other (Please describe: \_\_\_\_\_)

N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

**33. Please explain why the hospital shared only the data you checked in Q 32 above:**

Some data does not apply to our hospital

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**34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:**

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

**35a. National Patient Safety Hospital Goals**

- Identifying patient safety risks
- Identifying patients correctly
- Preventing infection
- Preventing mistakes in surgery
- Using medicines safely
- Using alarms safely

**35b. Prevention and errors**

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
- Electronic Health Records –related errors
- Hand-washing initiatives
- Human Factors Engineering
- Fall prevention
- Team training
- Safety

**35c. Decision-making and advanced planning**

- End of life planning (e.g., hospice, palliative, advanced directives)
- Health care proxies
- Improving information for patients and families
- Informed decision making/informed consent

**35d. Other quality initiatives**

- Disclosure of harm and apology

- Integration of behavioral health care
- Rapid response teams
- Other (Please describe \_\_\_\_\_)

N/A – the PFAC did not work in quality of care initiatives

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

- Yes
- No – Skip to #40 (Section 6)

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

- Educated about the types of research being conducted
- Involved in study planning and design
- Involved in conducting and implementing studies
- Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways
- Involved in policy decisions about how hospital researchers engage with the PFAC (e.g. they work on a policy that says researchers have to include the PFAC in planning and design for every study)

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

- Researchers contact the PFAC
- Researchers contact individual members, who report back to the PFAC
- Other (Please describe below in #38a)
- None of our members are involved in research studies

**38a. If other, describe:**

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**39. About how many studies have your PFAC members advised on?**

- 1 or 2
- 3-5
- More than 5
- None of our members are involved in research studies

## Section 6: PFAC Annual Report

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

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

Staff-Joanne Fucile, Mary O'Quinn, Anne-Marie Dattero, Michael Gregory, Nancy Stiles;  
Patient/family advisors-Charlie Atkinson, Ruth Dziadul, Carol Miller, Ralph Marino, Lonnie Williams, Marianne McGanty

41. 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 (Please describe: \_\_\_\_\_)

Massachusetts law requires that each hospital's annual PFAC report be made available to the public upon request. Answer the following questions about the report:

42. We post the report online.

- Yes, link: Website still under construction, but should be available here soon.  
 No

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

- Yes, phone number/e-mail address:  
\_\_\_\_\_  
 No

44. 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