

2016 Annual PFAC Report: Southcoast Hospital Group Inc., St. Lukes

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="Darcy Lackie"/>
Email:	<input type="text" value="lackied@southcoast."/>
Phone:	<input type="text" value="508-973-5068"/>

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="Kathleen Campanirio"/>
Email:	<input type="text" value="KLcampanirio@aol.com"/>
Phone:	<input type="text" value="508-973-5068"/>

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 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 checked="" type="checkbox"/> Community-based organizations |
| <input checked="" type="checkbox"/> Facebook and Twitter | <input type="checkbox"/> Houses of worship |
| <input checked="" type="checkbox"/> Recruitment brochures | <input type="checkbox"/> Community events |
| <input checked="" type="checkbox"/> Hospital publications | <input checked="" 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:

Press releases, hospital based receptions, WBSM radio ad

Q7. Total number of staff members on the PFAC:

10

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

10

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

Patient Experience

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

Chief Experience Officer

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

Parking, mileage, or meals

Payment for attendance at other conferences or trainings

Translator or interpreter services

Annual gifts of appreciation

Assistive services for those with disabilities

Conference call phone numbers or "virtual meeting" options

Provision / reimbursement for child care or elder care

Meetings outside 9am-5pm office hours

Stipends

Other

Payment for attendance at annual PFAC conference

N/A - the hospital does not reimburse PFAC members

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

Annual PFAC conference registration

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"):

South Coast Region

Q12D.

Don't know catchment area

Q121.

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

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

American Indian or Alaska Native	<input type="text" value=".04"/>
Asian	<input type="text" value="1.9"/>
Black or African American	<input type="text" value="3.3"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0"/>
White	<input type="text" value="88.4"/>
Other	<input type="text" value="N/A"/>

Q91.

Don't know racial groups

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

6.0

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" value="0"/>
Asian	<input type="text" value="0"/>
Black or African American	<input type="text" value="10"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0"/>
White	<input type="text" value="90"/>
Other	<input type="text" value="0"/>

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)?

336,366

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	8.3
Portuguese	4.4
Chinese	.003
Haitian Creole	.002
Vietnamese	.003
Russian	0
French	.002
Mon-Khmer/Cambodian	.01
Italian	0
Arabic	0
Albanian	0
Cape Verdean	.07

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	<input type="text" value="0"/>
Portuguese	<input type="text" value="0"/>
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"/>
French	<input type="text" value="0"/>
Mon-Khmer/Cambodian	<input type="text" value="0"/>
Italian	<input type="text" value="0"/>
Arabic	<input type="text" value="0"/>
Albanian	<input type="text" value="0"/>
Cape Verdean	<input type="text" value="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:

October 2017 meeting presentation: Regional Diversity New member application revision to include information regarding how prospective members reflect the diversity of our region

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:

Recruit 7 community members by 9/30/16. Develop and operationalize new member orientation program
Engage members in 1-2 organizational initiatives

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

Recruitment and Orientation subcommittee

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

- | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PFAC submits annual report to Board | <input type="checkbox"/> PFAC member(s) are on board-level committee(s) |
| <input type="checkbox"/> PFAC submits meeting minutes to Board | <input type="checkbox"/> N/A – the PFAC does not interact with the Hospital Board of Directors |
| <input type="checkbox"/> PFAC member(s) attend(s) Board meetings | <input checked="" 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.

CEO receives annual report Staff co-chair presents at Quality Steering Committee meeting quarterly; this committee reports up to Board Quality

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

PFAC member email distribution list for internal council communications Southcoast e-news is a weekly internal/external newsletter Facebook, Twitter are used for external communication

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

6 community; 6 staff

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 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 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 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:

Two new community members attended annual PFAC conference. New member orientation program includes orientation manual, mentorship and program evaluation

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:

Community co-chair researches and routinely shares information regarding patient/family engagement in the form of articles, reports of other organizations' PFAC activities and webinar opportunities. Members received copies of patient surveys, information regarding HCAHPs and organization wide satisfaction survey results.

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:

Recruited 6 community members and 6 staff members to the council

Q24a. The idea for Accomplishment 1 came from:

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

Q24b. Accomplishment 2:

Developed and operationalized formal orientation program and process.

Q24b. The idea for Accomplishment 2 came from:

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

Q24c. Accomplishment 3:

Mystery Shop Program training and implementation with full community member participation; the objective of this program is to ensure that telephone interactions with our community based providers and call center are conducted in accordance with our service excellence standards.

Q24c. The idea for Accomplishment 3 came from:

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

Q24d. Accomplishment 4:

Participation in development of ED Bereavement brochures, to be distributed to families following loss of a loved one in our ED settings.

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:

Established PFAC presence at site-based leadership Accountability meetings, placing the voice of our patients at the table as leaders review and evaluate patient experience improvement efforts.

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:

Community representation declined to 5 members, and not all members could routinely attend meetings in person; this detracted from group cohesiveness. At the same time, staff vacancies on the council resulted from personnel changes and were not back-filled, due to low community member representation. Consequently, our primary goals for 2016 were focused on recruitment and retention.

Q25b. Challenge 2:

Maintaining engagement and morale while working to recruit new members presented a challenge, as community member interest gravitated to organizational work rather than active participation in recruitment. Ultimately, all did participate and our efforts have been successful.

Q25c. Challenge 3:

On-boarding new community members while simultaneously working to design a formal orientation process hindered our ability to provide timely and efficient orientation. Fortunately, our new members have contributed meaningful input into this process and their evaluation of the program will ensure that any necessary program improvements are implemented in the coming year.

Q25d. Challenge 4:

Initiating a new program (Mystery Shop) at a time when 60% of community members were new to the council presented the challenge of keeping all participants abreast of information to successfully implement; fortunately, this challenge has been offset by member commitment to and enthusiasm for the project.

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 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 checked="" 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:

Patient/Family experience improvement (via Accountability meetings); Mystery Shop Program

Q27.

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

Appropriate updates are provided at monthly PFAC meetings

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

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Quality improvement initiatives | <input type="checkbox"/> Institutional Review Boards |
| <input 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 checked="" 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

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

Resource use (such as length of stay, readmissions)

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

Q30d. Other

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

Other

Q 119. Please describe other hospital performance information:

This question was not displayed to the respondent.

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

In light of decline in membership, monthly meetings and group efforts focused largely on revitalizing the council.

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

Information was presented with opportunities for discussion at monthly meetings; PFAC members provided feedback to leaders at Accountability meetings. PFAC members also toured Care Connect (our call center) and offered input into improvement initiatives.

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

Identifying patients correctly

Using medicines safely

Using alarms safely

Preventing infection

Identifying patient safety risks

Preventing mistakes in surgery

Q33b. Prevention and errors

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Hand-washing initiatives | <input type="checkbox"/> Team training |
| <input type="checkbox"/> Checklists | <input type="checkbox"/> Electronic Health Records –related errors |
| <input type="checkbox"/> Fall prevention | <input type="checkbox"/> Safety |
| <input 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 checked="" type="checkbox"/> Improving information for patients and families | <input 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 checked="" type="checkbox"/> Other |
|-------------------------------------------------------------------------------------------------|-------------------------------------------|

Q120. Please describe other initiatives:

Feedback on Bereavement brochures, Accountability initiatives and call center improvements, all of which are largely focused on enhancing communication and provision of information to patients/families.

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):

Co-Chairs: Darcy Lackie, Kathleen Campanirio
Community Members: Pam Ellis, Cecil Hickman, Sue Whitney
Staff Members: William Burns, Kerry Mello

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:

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