

2016 Annual PFAC Report:

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

1. Hospital Name: ____UMassMemorial HealthAlliance Hospital_____

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: Mary Fortunato-Habib
- 2b. Email: _mfortunatohabib@healthalliance.com_
- 2c. Phone: ___978-466-2175_

4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title: __Mary Lotze
- 3b. Email: _frederick.lotze@verizon.net
- 3c. Phone: 978-345-0055
- 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: Diane Hamilton
- 5b. Email: __dhamilton@healthalliance.com

5c. Phone: 978-466-2184

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
- XWord 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: 6 .

9. Total number of patient or family member advisors on the PFAC: 10 .

10. The name of the hospital department supporting the PFAC is: Patient Care Services

11. The hospital position of the PFAC Staff Liaison/ Coordinator is Chief Nursing Officer

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: Light snacks_at meetings)
- 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: North Worcester County_

Don’t know

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	0	2	3	0	86.5		8.5	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2016								<input checked="" type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2016	0	0	11.2	0	87		1.1	<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		X <input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2016	0	<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	

X Don't know

15d. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

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

X 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:

___ The PFAC strives to recruit members representing our diversity. This is one of the struggles we face. Presently, there are two members who are Spanish speaking.

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:

At the end of each meeting, the PFAC plans together for the next meeting and identify the areas of business requiring closure or future work. The collective group also identifies what services or guests the PFAC would like to attend to provide information etc. The Patient/Family co-chair and the Hospital Co-chair finalize the agenda two weeks prior to the meeting.

17b. If other process, please describe:

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:

- ❖ Increase PFAC membership especially with representation of diversity
- ❖ Establish membership on Hospital Committees especially on Patient Quality and Safety Committee and Board Committee.
- ❖ Continue to develop PFAC members as active members on hospital task forces aimed at Quality Improvement (Example: Discharge Delay Task force, Patient Education and Transitions of Care Task forces)
- ❖ Respond to hospital charges related to the effects on patient experience (example: staff reductions, staffing model changes, new programs)

- ❖ Increase participation with the Patient Experience Team
 - ❖ Improve patient centered stewardship by increasing accountability for hospital in addressing critical patient/family related issues.
 - ❖ Identify approaches to improve the billing processes for patients
 - ❖ Increase knowledge of hospital services for the purpose of identifying strengths or gaps for patients/families.
 - ❖ Monitor the status of the support and programs the hospital provides to Mental Health and Substance patients. Monitor the effects on the general population related to the patient experience in the shared space in the ED.
-

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

No _____

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:

____ Email is widely used for meeting reminders, agendas, minutes and other activities. We also use SKYPE for our members who are not able to physically attend the meetings. The Hospital uses Facebook and Twitter to highlight activities and events.

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

Section 4: Orientation and Continuing Education

23. Number of new PFAC members this year: 3_

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
- X History of the PFAC
- X Hospital performance information
- Immediate "assignments" to participate in PFAC work
- X Information on how PFAC fits within the organization's structure
- X In-person training
- X Massachusetts law and PFACs
- X Meeting with hospital staff
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- X Other (Please describe below in #24a)
- N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe: CORI checks and Confidentiality Agreement

25. The PFAC received training on the following topics:

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

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>26a. Accomplishment 1:</p> <p>Increased community outreach and awareness of HealthAlliance and the PFAC</p> <p>Provided the patient voice and patient/family needs in the healthcare management at HA</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Leading/co leading</p>
<p>26b. Accomplishment 2:</p> <p>Increased patient centeredness</p> <p>Related to hospital Foster Wing redesign to include improved patient comfort and improved patient experience</p> <p>Patient centered updates to ensure patient satisfaction with Urgent care, Interpreter Services, Surgery/Oncology/Pastoral Care/Swanson Model of care</p>	<p><input checked="" type="checkbox"/> <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 checked="" type="checkbox"/> <input type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Leading/co leading</p>
<p>26c. Accomplishment 3:</p> <p>Improved understanding of patient billing practices</p> <p>Ensured financial processes were not burdensome or a barrier to care at the time care was being provided</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Leading/co leading</p>
<p>26d. Accomplishment 4:</p> <p>Enhanced patient voice through increased participation in hospital committees and task forces</p>	<p><input type="checkbox"/> <input checked="" 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"/> <input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Discussing and</p>

Quality Patient Safety Patient Experience Committee Regulatory Readiness Patient Readmission Committee		influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26e. Accomplishment 5: Patient Experience Partnership: Palliative and EOL care needs prior to and after program implementation, Revision of Patient Handbook	<input checked="" type="checkbox"/> <input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> <input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> <input type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> <input type="checkbox"/> Leading/co leading

27. The five greatest challenges the PFAC had in FY 2016:

27a. Challenge 1:

Increasing diversity of PFAC membership

27b. Challenge 2:

Fiscal challenges related to available resources for new construction or other amenities

27c. Challenge 3:

Excessive Boarding of ED Mental Health and Substance abuse patients awaiting bed search for placement

27d. Challenge 4:

ED Space : Overcrowding, poor experience, patient in the hallways.

Need new ED

27e. Challenge 5:

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

Monthly PFAC meetings

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
- X Patient and provider relationships
- X Patient education on safety and quality matters
- X 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:

All requests for info are shared whenever requested. Hospital updates are provided regularly and topics mentioned above are included.

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

_____ Committees and reports are reviewed , discussed_ and evaluated.

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

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

35b. Prevention and errors

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

35c. Decision-making and advanced planning

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

35d. Other quality initiatives

- Disclosure of harm and apology
- X Integration of behavioral health care
- X 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:

N/A

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):

Chair, Co-Chair of committee, and PFAC Committee (Entire membership- Staff members and PFAC members)

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: __On hospital Web site _____
- No

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

- X Yes, phone number/e-mail address: _____
- No

44. Our hospital has a link on its website to a PFAC page.

- X Yes, link: _____
- No, we don't have such a section on our website