



HEALTH CARE FOR ALL



PFAC Annual Report Form

Health Care For All (HCFA) is a Massachusetts nonprofit consumer advocacy organization working to create a health care system that provides comprehensive, affordable, accessible and culturally competent care to everyone, especially the most vulnerable among us. HCFA works to achieve this mission through advocacy, education, direct service to consumers and collaboration with partners and consumers to develop strategies that empower the patient voice in improving the health care system.

- **Why complete an annual report for my PFAC?**

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1st each year. These reports must be made available to members of the public upon request. As in past years, HCFA is requesting a copy of each report and submitted reports will be posted on HCFA's website, www.hcfama.org. HCFA recommends using this template to assist with information collection, as well as the reporting of key activities and milestones.

- **What will happen with my report and how will HCFA use it?**

We recognize the importance of sharing of information across PFACs. Each year, we

- make individual reports available online
- share the data so that PFACs can learn about what other groups are doing
- Communicate with the Department of Public Health about report collection

- **Who can I contact with questions?**

- Please contact us at PFAC@hcfama.org or call us at 617-275-2982.

If you wish to use this Word document or any other form, please email it to PFAC@hcfama.org.

Reports should be completed by October 1, 2017.

The survey questions concern PFAC activities in fiscal year 2017 only: (July 1, 2016 – June 30, 2017).

Section 1: General Information

1. Hospital Name: Southcoast Health System (Charlton Memorial, St. Luke's and Tobey Hospitals)

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: ___Darcy Lackie, Chief Experience Officer

2b. Email: ___Lackied@southcoast.org_____

2c. Phone: ___508_973 5068_____

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: ___Kathleen Campanirio

3b. Email: ___klcampanirio@aol.com_____

3c. Phone: ___5088247142_____

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:

6a. Name and Title: _____

6b. Email: _____

6c. Phone: _____

X Not applicable

Section 2: PFAC Organization

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

- Case managers/care coordinators
- X Community based organizations
- Community events
- X Facebook, Twitter, and other social media
- Hospital banners and posters
- Hospital publications
- Houses of worship/religious organizations
- Patient satisfaction surveys
- X Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- X Recruitment brochures
- X Word of mouth/through existing members
- X Other (Please describe: Newspapers and radio)
- N/A – we did not recruit new members in FY 2017

8. Total number of staff members on the PFAC: 11

9. Total number of patient or family member advisors on the PFAC: 11

10. The name of the hospital department supporting the PFAC is: Patient Experience Department

11. The hospital position of the PFAC Staff Liaison/Coordinator is Chief Experience 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
- X Conference call phone numbers or “virtual meeting” options
- X Meetings outside 9am-5pm office hours
- X Parking, mileage, or meals
- X 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 3: 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: Southcoastal Region of Massachusetts extending from Cape Cod to eastern RI

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	1	5	0	83	4	7	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2017								X Don’t know
14c. The PFAC patient and family advisors in FY 2017	0	0	2	0	8	0	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 2017	304,099	<input type="checkbox"/> Don’t know

15b. PFAC patient and family advisors in FY2017	11	<input type="checkbox"/> Don't know
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15c. What percentage of patients that the hospital provided care to in FY 2017 spoke the following as their primary language?

	%
Spanish	11
Portuguese	5
Chinese	.004
Haitian Creole	.006
Vietnamese	.002
Russian	0
French	.001
Mon-Khmer/Cambodian	.001
Italian	0
Arabic	.005
Albanian	0
Cape Verdean	.05

Don't know

15d. In FY 2017, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	10
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 population or catchment area:

We are initiating contact with focused cultural groups in our area.

Continued...

Section 4: 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:

Members are able to request agenda items be scheduled. The Co-chairs develop monthly agenda with member input; monthly calls are held between meetings with encouraged community member attendance, to gauge interests. Co-chairs seek interests from members as well as ascertaining follow up from Hospital departments based on experiences and questions from group. Agendas, minutes and any relevant handouts are emailed to council members the week prior to each meeting.

17b. If other process, please describe:

_____ N/A _____

18. The PFAC goals and objectives for 2017 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 2017 – Skip to #20

19. The PFAC had the following goals and objectives for 2017:

75% of members will participate in system projects and activities

Community members will engage in 1-2 educational offerings regarding patient/family engagement.

12 Community members will serve on council

20. Please list any subcommittees that your PFAC has established:
Recruitment and Selection Process
Mystery Shoppers (outpatient physician practices and call center)

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: Staff Co-chair presents quarterly at Quality Steering Committee, which reports to Board Quality Committee)
- 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:

Communications, handouts, agendas and minutes, as well as notices about informational webinars, are sent via email. We receive information from National PFAC blogs. Southcoast Health notes PFAC information on their Facebook page. PFAC information, applications and annual reports are posted on southcoast.org website. We encourage but do not require members to use electronic media or devices.

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

Section 5: 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:

Orientation manual with base documents, policies and list of member responsibilities

5. 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/behavioral health 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:

Beverly Johnson, President/CEO IPFCC, provided informational session to the council during a site visit at Southcoast Health.

Epic Team Leader offered overview of MyChart (patient portal) during meeting in November and has since attended two additional meetings to provide overview of upcoming features with December 2017 upgrade.

Compliance Officer presented on HIPAA/Privacy Laws during a monthly meeting.

Food & Nutrition and Employee Wellness leaders presented on their efforts to promote wellness and healthy nutrition among hospital patients, guests and staff.

Continued...

Section 6: FY 2017 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2017.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
<p>26a. Accomplishment 1:</p> <p>Engaged council members in recruitment efforts and revising screening/interview/selection process</p>	<p>X Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p>X Being informed about topic</p> <p>X Providing feedback or perspective</p> <p>X Discussing and influencing decisions/agenda</p> <p>X Leading/co leading</p>
<p>26b. Accomplishment 2:</p> <p>Engaged community members in Mystery Shopper program to evaluate service excellence during telephone interactions with MD practices and call center</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p>X Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p>X Providing feedback or perspective</p> <p>X Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26c. Accomplishment 3:</p> <p>Established PFAC representation at weekly Leadership Accountability meetings at 2/3 hospitals and on system Community Benefits Committee</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p>xx <input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> xx Providing feedback or perspective</p> <p><input type="checkbox"/> xx Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26d. Accomplishment 4:</p> <p>Engaged 2 members in Hospitalist Ambassador Pilot; this program was first to engage PFAC members in patient rounding and was designed to evaluate patient satisfaction with hospitalists</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p>X Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p>X Providing feedback or perspective</p> <p>X Discussing and influencing decisions/agenda</p> <p>X Leading/co leading</p>
<p>26e. Accomplishment 5:</p> <p>Established quarterly discussions about safety/quality, co- facilitated by Chief Nursing Officer and Executive Director of Risk Mgt Services during monthly</p>	<p>X Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p>X Being informed about topic</p> <p>X Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>

meetings		
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27. The five greatest challenges the PFAC had in FY 2017:

27a. Challenge 1: The council successfully recruited 7 new members in FY16 and 1 new member in FY17, but member retention has presented a challenge; the council lost 4 members due to personal/family health, and inability to meet time commitments. In response to this challenge, members worked to revise screening and selection process.

27b. Challenge 2: Recruiting members reflective of community diversity has been a long standing challenge. In response, our PFAC application was revised to include information about candidate diversity early in the year. We recently compiled a listing of local organizations that may know of candidates and are developing talking points for member contact.

27c. Challenge 3: We are fortunate to have high levels of member engagement during meeting discussions, however this has created challenges with time management and we struggle to cover all agenda topics during monthly meetings. In response, in February we initiated monthly calls for community members between meetings. Agendas specify time allotted for each topic and we have engaged members in assisting with staying on schedule. Beginning in September, we also limited ourselves to one external presentation during our 90 minute meetings, with remaining time devoted to quarterly topics (Patient Satisfaction, Complaints/Grievances, Community Member Engagement updates) and internal PFAC business (ie, recruitment, etc)

27d. Challenge 4: In light of the numerous interests, activities and educational needs of our panel, we have addressed multiple topics during the last year. Tracking and sharing updates on all follow up items has been another challenge. Most recently, we added "Follow Up Items" as a standing agenda item; we also initiated a tracking list, which is managed by our community co-chair.

27e. Challenge 5: We are fortunate to have both longstanding members (up to 7 years) and new members, which lends itself to robust discussions and creative energy. Balancing the interests and engagement levels with organizational needs and resources has been a challenge. In the last year, we have relied more heavily on our community co-chair and our staff council members as a means of addressing this challenge.

N/A – we did not encounter any challenges in FY 2017

Continued...

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: Leadership Accountability, Charlton Memorial and Tobey Hospital
- 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?

On a quarterly basis, the monthly meeting agenda allows time for members to report out on organizational engagements.

Continued...

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 2017

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:

Time restrictions, as noted under challenges, pose greatest barrier to sharing more information with members. Including Chief Nursing Officer(CNO) and Executive Director of Risk Management in quarterly meetings was action step taken to initiate educational discussions about Quality and Safety with community members. Fall and Pressure Ulcer rates were discussed during these meetings.

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

In meetings with CNO and Executive Director of Risk Management, members offered feedback on educating and engaging patients and families in reducing falls. This advisement was shared with our Fall Prevention Committee for consideration and will be incorporated into revised patient informational documents.

Regarding patient satisfaction performance, in addition to survey results, PFAC was presented with detailed information on our Quietness performance. Members shared feedback based on personal experiences which is currently under review as we consider improvement strategies for FY2018. Additionally, two members attend hospital Leadership Accountability meetings, where respective leaders report on efforts to improve patient experience; PFAC members offer 'in the moment' advisement during these meetings, which are held on a weekly basis.

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) Members reviewed and provided feedback on Pain Scale revisions as presented by Director of Professional Development

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:

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 7: 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):

PFAC Annual Report Template was shared with all members for input, discussed at September meeting and final version was distributed via email for any final advisement two days prior to submission.

Staff members: Darcy Lackie, Julie Lizotte, Kerry Mello, Susan Mangini, Beth Sylvia, William Burns

Community Members: Kathy Campanirio, Pam Ellis, Diane Gouveia, Dennis DeMarinis, Joan Menard

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: www.southcoast.org
- 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: <https://www.southcoast.org/pfac>
- No, we don't have such a section on our website