



PFAC Annual Report Form

Health Care For All (HCFA) promotes health justice in Massachusetts by working to reduce disparities and ensure coverage and access for all. HCFA uses direct service, policy development, coalition building, community organizing, public education and outreach to achieve its mission. HCFA's vision is that everyone in Massachusetts has the equitable, affordable, and comprehensive care they need to be healthy.

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

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, 2018.

2018 Patient and Family Advisory Council Annual Report Form

Section 1: General Information

1. Hospital Name: Beth Israel Deaconess Hospital-Plymouth, Inc.
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: Andrea Holleran, Vice President Strategic Planning & External Affairs
2b. Email: aholleran@bidplymouth.org
2c. Phone: 508-830-2029
☐ Not applicable
4. Patient/Family PFAC Co-Chair Contact:
3a. Name and Title: Susan Grassie
3b. Email: suri3940@aol.com
3c. Phone: 781-953-6804
☐ 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:

☐ 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
☐ Community based organizations
☐ Community events
☐ Facebook, Twitter, and other social media
☐ Hospital banners and posters
☐ Hospital publications
☐ Houses of worship/religious organizations
☐ Patient satisfaction surveys
Promotional efforts within institution to patients or families
Promotional efforts within institution to providers or staff
Recruitment brochures
Other (Please describe): Requests at Hospital Committee Meetings
\square N/A – we did not recruit new members in FY 2018
8. Total number of staff members on the PFAC: four (4)
9. Total number of patient or family member advisors on the PFAC: Nine (9)
10. The name of the hospital department supporting the PFAC is: Administration
11. The hospital position of the PFAC Staff Liaison/Coordinator is: VP Strategic Planning & External Affairs
12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):
(check all that apply):
(check all that apply): Annual gifts of appreciation
(check all that apply): Annual gifts of appreciation Assistive services for those with disabilities
(check all that apply): ☐ Annual gifts of appreciation ☐ Assistive services for those with disabilities ☐ Conference call phone numbers or "virtual meeting" options
(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
(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
(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
(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
(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

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: Plymouth, Carver, Kingston, Duxbury, Bourne, Sandwich, Wareham, Plympton, Middleboro, Halifax, Pembroke, Marshfield

☐ 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 America n	% Native Hawaiian or other Pacific Islander	% White	% Other	% Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area		1.0	2.0		95.0	2.0		Don't know
14b. Patients the hospital provided care to in FY 2018								⊠ Don't know
14c. The PFAC patient and family advisors in FY 2018					100			Don't know

15. Tell us about languages spoken in these areas (please provide percentages; <u>if you are unsure of the percentages select "don't know")</u>:

	Limited English Proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2018		⊠ Don't know
15b. PFAC patient and family advisors in FY 2018		⊠ Don't know

15c. What percentage of patients that the hospital provided care to in FY 2018 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 2018, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	

Portuguese	
8	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

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:

Our catchment area closely resembles our PFAC representation. We continue to recruit for PFAC Members and would welcome a diverse representation.

Section 4: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):	
\square 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	
\square 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)	<u>;</u>
☐ 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: A standing agenda template that the group developed and agreed upon is used at each meeting. In addition, the upcoming meeting agenda is discussed and issues are added to the standing agenda items, as needed. Educational presentations are provided by Hospital staff to PFAC members on a routine basis to provide ongoing education about key hospital issues.	
17b. If other process, please describe:	
18. The PFAC goals and objectives for 2018 were: (check the best choice):	
Developed by staff alone	
☐ Developed by staff and reviewed by PFAC members	
Developed by PFAC members and staff	
\square N/A – we did not have goals for FY 2018 – Skip to #20	
19. The PFAC had the following goals and objectives for 2018: The PFAC will continue to recruit for two (2) additional community members. We will also seek direction from the CEO on any key strategic issues he would like the council to focus on, determine the course of action that will be most impactful, and execute on that course of action.	
20. Please list any subcommittees that your PFAC has established: There are 2 subcommittees: ICI Conversation Ready and Recruitment	
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:
The PFAC has a webpage on the hospital's website where: Committee information is shared with the community and the community is able to contact the PFAC through an email link on that webpage.
□ 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):
24. Orientation content included (check all that apply):
"Buddy program" with experienced members
☐ "Buddy program" with experienced members ☐ Check-in or follow-up after the orientation
 □ "Buddy program" with experienced members □ Check-in or follow-up after the orientation ☒ Concepts of patient- and family-centered care (PFCC)
 □ "Buddy program" with experienced members □ Check-in or follow-up after the orientation ☒ Concepts of patient- and family-centered care (PFCC) ☒ General hospital orientation
 □ "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
 □ "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
 □ "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
 □ "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
 □ "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
 □ "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
 □ "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
 □ "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
 □ "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
 □ "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

24a. If other, describe:

Members of the PFAC recruitment subcommittee meet with the new PFAC members, provide them with an orientation and manual that covers: Hospital physical layout, organizational structure, website, policies and procedures, hospital responses to PFAC recommendations form, meeting structure, meeting minutes, timekeeper, secretary, process for community feedback, portal use, current composition of PFAC members and contact information, previous PFAC projects, current PFAC efforts.

25. The 1	PFAC received training on the following topics:
	☐ Concepts of patient- and family-centered care (PFCC)
	Health care quality and safety measurement
	☐ Health literacy
	oxtimes 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:

Quality & Safety - Public Health vision in our community, Plymouth Youth Development Collaborative overview, Superintendent of Schools discussing youth challenges, new patient room's tour & discussion, behavioral health, surgical services presentation & tour. Institutional Review Board training for a PFAC member who joined that committee.

Section 6: FY 2018 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2018.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
26a. Accomplishment 1: Participation in ICI Community Event for Community Education - approx. 100 people attended.	☐ Patient/family advisors of the PFAC ☑ Department, committee, or unit that requested PFAC input	 ☒ Being informed about topic ☒ Providing feedback or perspective ☒ Discussing and influencing decisions/agenda ☒ Leading/co leading
26b. Accomplishment 2: Participate in 6 educational presentations to become informed and provide feedback on key issues.	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input	 ☑ Being informed about topic ☑ Providing feedback or perspective ☑ Discussing and influencing decisions/agenda ☐ Leading/co leading
26c. Accomplishment 3: Successfully recruiting and integrating one (1) new member.	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input	☐ Being informed about topic ☐ Providing feedback or perspective ☐ Discussing and influencing decisions/agenda ☐ Leading/co leading

PFAC Subgroups provided feedback on hospital produced educational videos: Surgery-What to expect; Emergency Room Wait Times; Breast Cancer	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input	☐ Being informed about topic ☐ Providing feedback or perspective ☐ Discussing and influencing decisions/agenda ☐ Leading/co leading		
26e. Accomplishment 5:	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input	☐ Being informed about topic ☐ Providing feedback or perspective ☐ Discussing and influencing decisions/agenda ☐ Leading/co leading		
The five greatest challenges the PFAC had in FY 2018: 27a. Challenge 1: Committee determined they wished to return to monthly meetings to develop bonds and remain engaged.				
27c. Challenge 3: The group has	a particular interest in Be	ts for the group to take on.		
want to be duplicative of work already being done in our community. 27d. Challenge 4:				
27d. Challenge 4:	already being done in our			
· 	already being done in our			
· 	already being done in our			

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 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?

Reports out at PFAC meeting for most committee members.

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		
\square N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2018		
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 $oxed{\boxtimes}$ Search committees and in the hiring of new staff		
Selection of reward and recognition programs		
☐ Selection of reward and recognition programs ☐ Standing hospital committees that address quality		
☐ Standing hospital committees that address quanty ☐ Task forces		
\square 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 – th	ne hospital did not share performance information with the PFAC – Skip to #35
33. Plea	se explain why the hospital shared only the data you checked in Q 32 above:
	e hospital provides an annual quality and safety update to the PFAC. In addition, one PFAC mber sits on the Patient Care Assessment Committee.
	se describe how the PFAC was engaged in discussions around these data in #32 above and any g quality improvement initiatives:
See	e above, no quality improvement initiative resulted from this educational session.
initiativ	PFAC participated in activities related to the following state or national quality of care res (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
	35c. Decision-making and advanced planning

☑ End of life planning (e.g., hospice, palliative, advanced directives)		
Health care proxies		
$oxed{\boxtimes}$ Improving information for patients and families		
☐ Informed decision making/informed consent		
35d. Other quality initiatives		
\square Disclosure of harm and apology		
☐ Integration of behavioral health care		
☐ Rapid response teams		
☑ Other (Please describe): Hospital PFAC members have reviewed and revised patient education for the Emergency Department that is on a continuous loop in the Emergency Department. They have also collaborated on a patient education video for surgical services.		
N/A – the PFAC did not work in quality of care initiatives		
5. Were any members of your PFAC engaged in advising on research studies?		
Yes		
☑ No – Skip to #40 (Section 6)		
7. In what ways are members of your PFAC engaged in advising on research studies? Are they:		
☐ Educated about the types of research being conducted		
\square Involved in study planning and design		
\square Involved in conducting and implementing studies		
\square 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		
\square Researchers contact individual members, who report back to the PFAC		
Other (Please describe below in #38a)		
\square 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.

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

☐ No, we don't have such a section on our website

Yes, link: http://www.bidplymouth.org/patientfamilyadvisorycouncil

40. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor): All PFAC members were provided this report for review, editing and approval. 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: http://www.bidplymouth.org/annual-reports \square 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: dnorris@bidplymouth.org or 508-830-2006 \square No