



HEALTH CARE FOR ALL



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.

Section 1: General Information

1. Hospital Name: Brigham and Women's Faulkner 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: Katherine Santos, Director of Service Excellence and Performance Improvement

2b. Email: ksantos@bwh.harvard.edu

2c. Phone: (617) 983-7613

- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Jane Maier

3b. Email: pmaier30@aol.com

3c. Phone: (617) 967-6930

- 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: Jaimie Paolucci, MSW, LICSW, Patient Family Relations Manager

6b. Email: jlpaolucci@partners.org

6c. Phone: (617) 983-7425

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
- Word of mouth/through existing members
- Other (Please describe):
- N/A – we did not recruit new members in FY 2018

8. Total number of staff members on the PFAC: 6

9. Total number of patient or family member advisors on the PFAC: 8

10. The name of the hospital department supporting the PFAC is: Service Excellence/ Patient Family Relations and Patient Care Services

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Patient Family Relations Manager

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

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

Translator or interpreter services

Other (Please describe):

N/A

Section 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: City of Boston’s community neighborhoods: Jamaica Plain, West Roxbury, Hyde Park and Roslindale
BWFH primarily serves residents of Eastern MA. However, many of our patients come from throughout New England for care and treatment at our destination practices, such as the Brigham and Women’s Faulkner Breast Centre and the Brigham and Women’s Orthopaedic Center.

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		4.8	22.9		49.8	3.1	19.4	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2018	0.2	2.5	10.6	0.1	71.3	10.0 Unavailable or declined	5.3	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2018			.9		99.1			<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 2018	11.4	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2018	0	<input type="checkbox"/> 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	4.8
Portuguese	0.1
Chinese	0.1
Haitian Creole	0
Vietnamese	0.1
Russian	0.3
French	0.1
Mon-Khmer/Cambodian	0
Italian	0.1
Arabic	0.2
Albanian	0.1
Cape Verdean	0

Don't know

15d. In FY 2018, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0
Portuguese	0
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0
Albanian	0
Cape Verdean	0

Don't know

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

- Follow the steps and actions suggested by colleagues via the Beryl Institute and the Institute of Patient- and Family-Centered Care.
- Give members an option to participate virtually on an ad hoc basis by phone, email etc. rather than attend regular 90-minute meetings every other month. Goal is to target a wider range of demographics and interest and commitment levels.
- Encourage current members to speak with friends and members of their community, religious organizations and civic groups they may attend about PFAC.
- PFAC is featured on the hospital's website to invite patients, family members and members of the community to apply for membership.
- Develop a promotional PFAC Fact Sheet to highlight the work of the Council and distribute throughout the hospital in pamphlet racks and physician office waiting rooms.
- Host tables outside the hospital's cafeteria to showcase PFAC's work to staff and patients/family members

- PFAC recruitment goals have been presented at a variety of forums within the hospital, including Leadership Council, which is comprised of department chiefs, directors and senior leadership staff, the Manager and Supervisor Forum, which is comprised of department managers and supervisors, and the Quality Steering Committee, which includes members of the board, senior leadership and department chiefs and directors.

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:

- PFAC members will propose agenda material related to current topics of interest in the media, a follow-up progress report on an earlier presentation, or based on their participation in public health initiatives and standing hospital-wide committee work
- Consultation requests come from throughout the hospital, including Leadership Council, the Exceptional Experience Committee, unit-based councils and all department directors and managers
- Regularly scheduled updates on patient safety data, patient complaint statistics and risk management and quality improvement initiatives are covered on an annual basis
- The PFAC Liaison compiles the agenda material, which is reviewed by the two executive sponsors, staff co-chair and the patient/family co-chair prior to each meeting to confirm the agenda
- Set agendas are distributed in advance to all PFAC members by email. Any materials that will be covered during the meeting are sent in advance for review and preparation

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
- N/A – we did not have goals for FY 2018 – Skip to #20

19. The PFAC had the following goals and objectives for 2018:

1. Recruit new PFAC Patient/Family Co-Chair
2. Revise PFAC Charter and Bylaws
3. Improve awareness of the value of PFAC engagement across the hospital
4. Expand the number of patient/family members

5. Increase the diversity of patient/family members in terms of demographics and patient type/ service area where they receive care
6. Provide different methods of engaging PFAC members in hospital initiatives whether virtually or in-person
7. Explore embedding more patient/family members in hospital-wide committees in alignment with their interests
8. Ensure patient/family input in major hospital strategic efforts

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

Emergency Department PFAC - established October 2016

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): PFAC reports in to the Quality Steering Committee, which reports in to the Brigham Health Board of Directors
- 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:

- Communication of meeting schedules, minutes and the agenda for each upcoming meeting are sent to patients by email along with any documents for their review and feedback

- On occasion, when a consultation request requires an expedited turnaround time, work groups and additional meetings may be arranged and documents are forwarded by email to patient members to solicit their feedback

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

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 2

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:

25. The PFAC received training on the following topics:

- Concepts of patient- and family-centered care (PFCC)
- Health care quality and safety measurement
- Health literacy
- A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental/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:

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 hospital space redesign, expansion and renovations: 1) 2South Inpatient Psychiatry Unit and new outdoor terrace, 2) Special Testing and Outpatient Infusion Center and 3) Emergency Department and new Result Pending Area	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading

<p>26b. Accomplishment 2: Contribution to the Brigham Health Hospital Without Stigma Statement, which is intended to reduce stigma and raise awareness around language used when referring to patients</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading</p>
<p>26c. Accomplishment 3: Communication and wayfinding initiatives: 1) Hospital website update, 2) Improvements to Wayfinding Web App and Blue Dot Technology and 3) Informing patients about delays and wait times in outpatient areas and the Emergency Department</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading</p>
<p>26d. Accomplishment 4: Service Excellence initiative: Input on iRounds, which involves collecting real-time actionable feedback from patients while they are in the hospital</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading</p>
<p>26e. Accomplishment 5: Involvement in patient education materials: Using antiseptic soap prior to surgery instructions and the Weiner Center for Pre-Operative Evaluation's Patient Education Video to prepare for surgery</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading</p>

27. The five greatest challenges the PFAC had in FY 2018:

27a. Challenge 1: Increase the number of patient/family members in PFAC

27b. Challenge 2: Recruit diverse patient/family members reflective of our hospital's patient population

27c. Challenge 3: Personal commitments and scheduling issues make it difficult for members to commit to consistent attendance at meetings

27d. Challenge 4:

27e. Challenge 5:

N/A – we did not encounter any challenges in FY 2018

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): Patient Safety Committee, Brigham Health Community Engagement Steering Committee, Emergency Department PFAC
- 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?

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 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

- 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:

The data collected and shared represents a broad spectrum of information. Some items listed are not applicable since we do not have our own Institutional Review Board or Labor and Delivery service line

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

Every PFAC meeting provides the opportunity for members to discuss the hospital's quality improvement initiatives, which are presented by various department directors.

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

35a. National Patient Safety Hospital Goals

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

35b. Prevention and errors

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

35c. Decision-making and advanced planning

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

35d. Other quality initiatives

- Disclosure of harm and apology
- Integration of behavioral health care
- Rapid response teams
- Other (Please describe):

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

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

- Yes
- No – Skip to #40 (Section 6)

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

- Educated about the types of research being conducted
- Involved in study planning and design
- Involved in conducting and implementing studies

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

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

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

38a. If other, describe:

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 Staff Member Co-Chair: Katherine Santos, PFAC Patient/Family Member Co-Chair: Jane Maier and ED PFAC Staff Liaison/Coordinator: Eunice Charles

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: <https://www.hcfama.org/patient-and-family-advisory-councils-pfacs>

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: jlpalucci@partners.org

No

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

Yes, link: <https://www.brighamandwomensfaulkner.org/patients-and-families/patient-family-advisory-council>

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