



**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 1<sup>st</sup> 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](http://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](mailto: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](mailto:PFAC@hcfama.org).

**Reports should be completed by October 1, 2019.**

**2019 Patient and Family Advisory Council Annual Report Form**

**The survey questions concern PFAC activities in fiscal year 2019 only: (July 1, 2018 – June 30, 2019).**

## Section 1: General Information

1. Hospital Name: Brigham and Women's 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): The Brigham & Women's Hospital Patient and Family Advisory Steering Committee is co-chaired by the Chief Medical Officer, Chief Nursing Officer, the Senior Patient Advisor, and 12 patient advisors. This council is the overarching Council for each of the service line patient and family advisory councils, of which there are nine. All our PFACs are supported by the Patient Family Relations Department.

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: Ashley Narvaez, Program Manager for Patient Family Relations

2b. Email: [anarvaez1@bwh.harvard.edu](mailto:anarvaez1@bwh.harvard.edu)

2c. Phone: 617-525-9982

- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Martie Carnie, Senior Patient Experience Advisor

3b. Email: [martiecarnie@hotmail.com](mailto:martiecarnie@hotmail.com)

3c. Phone: 617-821-1144

- 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:

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): Several of our PFACs recruit through provider nominations. This works by educating providers on the qualities needed in a patient advisor. Providers will then recommend any patients that they think would be a good fit.

8. Total number of staff members on the PFAC: There are a total of 20 staff members that belong to our PFACs across the board. Below you'll find the distribution by PFAC:

PFAC Name	Staff Members
Jen Center PFAC	3
Fish Center PFAC	1
South Huntington PFAC	3
ED PFAC	1
Connors Center for Women and Newborns PFAC	1
Rheumatology PFAC	7
General Medical Services PFAC	1
NICU PFAC	3
Women's Council in Health PFAC	1

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

We have updated figures for the PFACs below. The rest of our PFACs run independently.

<b>PFAC</b>	<b>Advisors</b>
Jen Center	8
Rheumatology	11
South Huntington	9
Fish Center	7
ED	5
CWN	10
Steering	11

**10. The name of the hospital department supporting the PFAC is:** Patient and Family Relations

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

**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:** Greater Boston Area

**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	0.37%	9.48%	25.26%	0.03%	52.76%	7.16%	19.4%	<input type="checkbox"/> Don't know
14b. Patients the hospital provided care to in FY 2018								<input checked="" type="checkbox"/> Don't know
14c. The PFAC patient and family advisors in FY 2018	0%	4%	14%	0%	85%	0%	7%	<input type="checkbox"/> Don't know

**Note:** Not all the PFAC members were accounted for.

**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	<input checked="" type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2018	<input checked="" 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	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

Don't know

**15d. In FY 2019, what percentage of PFAC patient and family advisors spoke the following as their primary language?**

	%
Spanish	3%
Portuguese	
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:**

As the incoming Program Manager, I hope to better track these metrics going forward, both for our already existing members as well as those we on-board in the future. When we help PFACs with recruiting strategies, we usually attend their staff meetings and pitch a quick presentation on how to identify advisors in their patient population. Incorporating a piece on appropriate representation can educate providers and help us reach our recruitment goals.

### **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:**

For several of our PFACs, staff leadership will develop agenda items based on their needs and send them to the PFR Program Manager and Senior Patient Experience Advisor. From there, the PFR Program Manager and Senior Patient Experience Advisor will develop an agenda and send it to members of that PFAC.

**18. The PFAC goals and objectives for 2019 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 2019– **Skip to #20**

**19. The PFAC had the following goals and objectives for 2019:**

Long term goals for our steering PFAC include:

- advising on the infrastructure necessary to create and maintain a patient and family-centered care culture;
- continue to identify opportunities for improving the patient and family experience;
- advise on policies and practices to support patient and family-centered care;
- recommend how to better measure/quantify/evaluate patient and family centered-care evolution at BWH.

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

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:

We send meeting reminders and meeting minutes via e-mail. None of our PFACs utilize social media to communicate with members.

## Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: We had three new members join this year. They were recruited for the South Huntington and Fish PFACs.

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

**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

**Section 6: FY 2019 PFAC Impact and Accomplishments**

The following information only concerns PFAC activities in the fiscal year 2019.

**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><b>26a. Accomplishment 1:</b> The ED PFAC collaborated on the development of the Patient/Family Teaching Partner Program. This program established a working relationship between patient/family advisors and newly hired staff during the staff’s unit-based orientation. This experience was focused on developing a greater understanding of the patient experience in new staff. The program will soon be featured in Heart &amp; Science.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>
<p><b>26b. Accomplishment 2:</b> Early this year, the Jen Center started a PA/Resident co-management pilot. The advisors gave great feedback on outreach letters to patients and how to best communicate changes with patients.</p>	<p><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 type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p><b>26c. Accomplishment 3:</b> The Women’s in Health Council helped on the development of a Patient Education Brochure on trauma-informed approached and provided</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p>

feedback on asking patients about their trauma histories.	<input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<b>26d. Accomplishment 4:</b> NICU PFAC members, along with NICU staff, were trained by Hand to Hold in bedside support. This allows members to support families in need.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input 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 type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<b>26e. Accomplishment 5:</b> The Fish Center PFAC refined the new patient welcome packet. With their feedback a clarifying section on billing and appointment types was added. A push was made towards making sure the topics included were useful and language accessible.	<input 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 type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading

**27. The five greatest challenges the PFAC had in FY 2019:**

**27a. Challenge 1:** Our PFACs have experienced recruitment challenges. Primarily, it has been difficult to standardize the recruitment process since each PFAC has its own strategy. This is something we're hoping to change. Mostly, our PFAC recruit via provider nominations. Some have developed brochures.

**27b. Challenge 2:** There have been multiple leadership changes, both within the PFR department and Brigham itself. We have a new CMO. The CMO traditionally chairs the steering PFAC group, so there has been a lag in getting those meetings up and running.

**27c. Challenge 3:** Multiple PFACs have expressed frustrations with the current advisor onboarding process. Currently, advisors are brought on as volunteers. In that capacity, they have to complete an extensive orientation and an occupational health screening. This has dissuaded some patients from pursuing membership. The PFR department is actively trying to change this process.

**27d. Challenge 4:** As a standard, we're always trying recruit advisors that represent the communities we serve. With recruitment being low, this has been difficult to do.

**27e. Challenge 5:** N/A

**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):
- 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?**

For most of the PFAC groups, we maintain a database of all their meeting minutes. For the PFACs that run more independently, PFR will check-in a couple times a year to keep track of any projects or initiatives.

**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

**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):

**33. Please explain why the hospital shared only the data you checked in Q 32 above:** With the leadership changes that have occurred in the past year, it's been difficult to schedule Steering PFAC meetings. Steering PFAC meetings are where most of the above data would be shared. We're working to incorporate PFAC leads into these meetings and create a better structure.

**34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:** Discussion of this data was shared and led by the department of Quality & Safety.

**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):

**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

**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):** Martie Carnie, Senior Patient Experience Advisor

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