



PFAC Annual Report Form

Health Care For All (HCFA) advocates for health justice in Massachusetts by working to promote health equity 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 envisions a day when 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 which will be posted on HCFA's website, https://hcfama.org/pfac/. 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 atappan@hcfama.org or call us at 617-275-2982.

Please email completed forms to PFAC@hcfama.org.

Reports should be completed by October 1, 2022.

2022 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2022 only: (July 1, 2021 – June 30, 2022).

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 the completion of an individual report for each hospitals-wide PFAC.

 1a. 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):
1b. Will another PFAC at your hospital also submit a report? ☐ Yes ☐ No ☐ Don't know
1c. 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: Judy Van Tilburg, Senior Director Quality & Patient Safety 2b. Email: jvantilburg@bidplymouth.org 2c. Phone: 508-830-2101 □ Not applicable
4. Patient/Family PFAC Co-Chair Contact: 3a. Name and Title: Susan Grassie 3b. Email: suri3940@aol.com 3c. Phone: □ Not applicable
5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?
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	t 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	
☐ Recruitment brochares ☐ Word of mouth/through existing members	
☐ Other (Please describe):	
\square N/A – we did not recruit new members in FY 2022	
8. Total number of staff members on the PFAC: two (2)	
9. Total number of patient or family member advisors on the PFAC: seven (7)	
10. The name of the hospital department supporting the PFAC is: Administration	
11. The hospital position of the PFAC Staff Liaison/Coordinator is: Senior Director Quality & Patie	nt Safety
12. The hospital provides the following for PFAC members to encourage their participation in (check all that apply):	meetings
☐ 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): Standing agenda time for PFAC feedback from Community	
□ 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: Plymouth, Carver, Kingston, Duxbury, Bourr	۱e,
Sandwich, Wareham, Plympton, Middleboro, Halifax, Pembroke, Marshfield	
☐ Don't know	

14. The racial and ethnic groups in these areas include (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	1%	2%	2%	1%	91%	3%		□ Don't know
14b. Patients the hospital provided care to in FY 2022								☑ Don't know
14c. The PFAC patient and family advisors in FY 2022					100%			□ Don't know

15. The languages spoken in these areas include (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 2022	91%	□ Don't know
15b. PFAC patient and family advisors in FY 2022		⊠ Don't know

15c. What percentage of patients that the hospital provided care to in FY 2022 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 2022, what percentage of PFAC patient and family advisors spoke the following as their primary language?

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

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 PFAC spent one of our meetings discussing recruitment efforts including ways to reach a more diverse group including those who speak Portuguese. There has been effort in reaching out to BID-Plymouth's hospital interpreter who may

have suggestions for patients that may be interested. The group also discussed referrals from their communities, and local school systems for potential members.

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
\square Staff develops the agenda and distributes it at the meeting
\square 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)
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 2022 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 2022– Skip to #20
19. The PFAC had the following goals and objectives for 2022: PFAC Members participate in key hospital committees to provide the patients perspective on key topics.
20. Please list any subcommittees that your PFAC has established: None from July 1, 2021 to June 20, 2022
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 □ Board member(s) are on board-level committee(s)
N/

☐ Other (Please describe):
\square 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: one (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
$oxed{\boxtimes}$ 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: New PFAC members are provided 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 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.) (COVID)
☐ 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: PFAC also received presentations from department leaders on the following:

- Annual Quality and Patient Safety Presentation
- COVID-19 updates including safety protocols and vaccination
- Patient Experience and HCAHPS
- Infection Prevention and Control
- Behavioral Health Updates
- BID-Plymouth Strategic Update Surgery Center
- Cranberry Hospice Services
- Cancer Care Program
- Challenges in Critical Care with COVID
- Spiritual Care in the Hospital
- Antibiotic Stewardship
- Pain Stewardship
- Anticoagulation Stewardship

Section 6: FY 2022 PFAC Impact and Accomplishments

The following information concerns PFAC activities in the fiscal year 2022.

26. Please share the following information on the PFACs accomplishments and impacts:

26a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: PFAC Participation with BILH system forums. This provided the voice of a community hospital in larger system programming and provided our PFAC to learn from and engage with other PFAC members from BILH hospitals.	 ☑ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Review of Patient Family Guidebook in Program	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3:	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input

 $26b. \ What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution's financial and programmatic decisions?$

Accomplishment/Impact	Idea came from (choose one)		
Accomplishment/Impact 1: PFAC	☐ Patient/family advisors of the PFAC		
assistance with Community Communication	☐ Department, committee, or unit that requested PFAC input		
Communication			
Accomplishment/Impact 2:	☐ Patient/family advisors of the PFAC		
Around the development of the	Department, committee, or unit that requested PFAC input		
new Surgery Center			
Accomplishment/Impact 3:	☐ Patient/family advisors of the PFAC		
	☐ Department, committee, or unit that requested PFAC input		
26c. What were the three great programs and initiatives?	est accomplishments/impacts of the PFAC related leading/co-leading		
. 0			
Accomplishment/Impact	Idea came from (choose one)		
Accomplishment/Impact 1: Role of the Family in Patient Care – in	☐ Patient/family advisors of the PFAC		
progress	Department, committee, or unit that requested PFAC input		
A second link we set //www est 2.			
Accomplishment/Impact 2:	☐ Patient/family advisors of the PFAC		
	☐ Department, committee, or unit that requested PFAC input		
A 12 -1 2			
Accomplishment/Impact 3:	☐ Patient/family advisors of the PFAC		
	☐ Department, committee, or unit that requested PFAC input		
27. The five greatest challenges the I	PFAC had in FY 2022:		
Challenge 1: Recruitment of new P	FAC members		
Challenge 2: Recruitment of divers	se members that mirror the community BID-Plymouth serves		
Challenge 3: Ensuring continue	d engagement of PFAC members.		
Challenge 4: Recruitment of ESL community members for PFAC			
Challenge 5:			
□ N/A – we did not encounter any challenges in FY 2022			
= 14,11 We did not encounted any chancinges in 1 2022			
28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups,			
or Board committees:			
☐ Behavioral Health/Substance Use			
	0		

□ 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): Workplace Violence Committee, Patient Rights Committee, and Infection
Prevention & Control Committee
\square N/A – the PFAC members do not serve on these – Skip to #30
□ N/A – the FFAC members do not serve on these – Skip to #50
29. How do members on these hospital-wide committees or projects report back to the PFAC about their work? Members report out monthly at the PFAC meeting about relevant work and updates from the committees they are involved with. These updates are a standing agenda item for the PFAC monthly meetings.
29. How do members on these hospital-wide committees or projects report back to the PFAC about their work? Members report out monthly at the PFAC meeting about relevant work and updates from the committees they are involved with. These updates are a standing agenda item for the PFAC monthly

☐ 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) Leapfrog ☑ Resource use (such as length of stay, readmissions)
☐ Other (Please describe):
\Box N/A – the hospital did not share performance information with the PFAC – Skip to #35
11/11 – the hospital did not share performance information with the 11/12 – 5kip to #55
33. Please explain why the hospital shared only the data you checked in Q 32 above:
34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any
resulting quality improvement initiatives: PFAC has offered suggestions for improving patient experience
and HCAHPS scores as it relates to MD/RN Communication. PFAC shares monthly feedback that they have
received in the community about patient safety issues or overall hospital experiences. Many of our PFAC
members have vast healthcare experience and are engaged in discussions around patient safety and quality
improvement efforts.
35. The PFAC participated in activities related to the following state or national quality of care initiatives
(check all that apply):
(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 coordinations)	on, and follow up between care
settings)	
☐ Checklists ☐ Electronic Health Records –related errors	
☐ Electronic Fleatht Records – related errors ☐ Hand-washing initiatives	
☐ Human Factors Engineering	
☐ Team training	
⊠ Safety	
35c. Decision-making and advanced planning	
☐ End of life planning (e.g., hospice, palliative, advanced directives)	
☐ Health care proxies	
\square 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):	
\square 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 thev
☐ Educated about the types of research being conducted	studies. The they.
\square Involved in study planning and design	
☐ Involved in conducting and implementing studies	
☐ Involved in advising on plans to disseminate study findings and to ensure the understandable, usable ways	nat findings are communicated in
☐ 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 ever	y study)
38. How are members of your PFAC approached about advising on research st	udios?
50. How are members of your Time approached about advising on rescarch st	uuics.
☐ Researchers contact the PFAC	
☐ Researchers contact individual members, who report back to the PFA	AC
☐ 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 <u>strongly</u> 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): All PFAC members were provided with 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.
□ No
12 We provide a phone number or a mail address on our typhoite to use for requesting the report
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 ☐ No
44. Our hospital has a link on its website to a PFAC page.
☑ Yes, link: http://bidplymouth.org/patientfamilyadvisorycouncil☑ No, we don't have such a section on our website
ino, we don thave such a section on our website