

# 2023 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2022 only: (July 1, 2022 – June 30, 2023).

## Section 1: General Information

### 1. Hospital Name: Carney Hospital

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. The Center strongly encourages the completion of an individual report for each hospital-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: Linda Sacenti, staff OT in Behavioral Health and Peer Support Specialist

2b. Email: linda.sacenti@steward.org

2c. Phone: 617-506-4986

Not applicable

### 4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Karen Barnard, former patient

3b. Email: kbarnard214b@msn.com

3c. Phone: 617-352-1704

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):
- N/A – we did not recruit new members in FY 2022

**8. Total number of staff members on the PFAC: 4**

**9. Total number of patient or family member advisors on the PFAC: 4**

**10. The name of the hospital department supporting the PFAC is:** Department of Psychiatry.

**11. The hospital position of the PFAC Staff Liaison/Coordinator is:** Staff Occupational Therapist in Behavioral Health; Peer Support Specialist.

**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 childcare 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:

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	0.5	11	33	0	44	2	9.5	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2023	0.13	15.2	35.67	0	37.05	11.9		<input checked="" type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2023	0	0	33.33	0	66.66			<input type="checkbox"/> Don’t know

15. The languages spoken in these areas include (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 2023	Spanish, Portuguese, Cantonese, Mandarin, Vietnamese, Haitian Creole, Cape Verdean, Russian, Arabic	<input type="checkbox"/> Don’t know
15b. PFAC patient and family advisors in FY 2023	Only English spoken	<input type="checkbox"/> 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	5.83
Portuguese	0.39
Chinese	0.81
Haitian Creole	3.71
Vietnamese	7.29
Russian	0.12
French	0.17
Mon-Khmer/Cambodian	0.02
Italian	0.27
Arabic	0.27
Albanian	0.06
Cape Verdean	0.58

Don't know

15d. In FY 2023, 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:

#### 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:

- Staff member distributes minutes of previous meeting
- PFAC members recommend which topics/ projects they like to develop further in next meeting
- PFAC members request guest presenters, or staff member may recommend a guest presenter
- Staff member emails/calls all PFAC members prior to next meeting if a guest speaker, (from Risk Management, Patient Care Directors, Medical Director, Senior Director of Psychiatric Services, Psych ED), has agreed to present

17b. If other process, please describe:

18. The PFAC goals and objectives for 2023 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 2022– Skip to #20

19. The PFAC had the following goals and objectives for 2023:

- Improve communication between administrative attendees to PFAC and volunteer members.
- Putting together resource packets for our homeless population separated by geographic area. It was brought to our attention that it is overwhelming to give these patients a long list of the resources when they tend to go to an area and stay in that geographic area.
- Welcome packet/flyer for the Behavior Health Patient explaining what to expect and how their days will look. These will be unit based, one for each area Adult, Older Adult and Adolescence

- packets that we will put together for our Psych Patients in our BHU area. This will include a journal and coloring activity books with crayons/pencils to go with this. This will help them to pass the long wait times.

**20. Please list any subcommittees that your PFAC has established:** PFAC will convene as hoc committees as needed.

**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:** PFAC members communicate via in person, emails, text messages, phone calls and virtually.

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

### **Section 5: Orientation and Continuing Education**

**23. Number of new PFAC members this year:** 2, Director of Behavioral Health and COO/CNO

**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: **New** members are given a packet that includes a summary of the 6-year history of this Advisory Council, projects completed, ongoing projects, orientation to roles of different administration and management personnel.

**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: members share personal stories or stories about the care loved ones have received.

**Section 6: FY 2023 PFAC Impact and Accomplishments**

*The following information concerns PFAC activities in the fiscal year 2023.*

**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?

- Ongoing/not complete: Presented overview of how our unique perspectives can benefit program development to administrative staff.
- Ongoing/not complete: lobbying administrative staff to include PFAC input on general hospital.
- Ongoing/not complete: presenting rationale for PFAC involvement in ED planning.

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b> Included COO, Director of Behavioral Health, Director of Quality, HRO, and Risk Manager to committee	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

<b>Accomplishment/Impact 2:</b> Presented TJC special survey on Health Care disparities and Carney Hospital's ongoing project.	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3:</b> Introduction of new ED Director to work in collaboration with PFAC for future projects	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> 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?

- Not complete/ongoing: lobbied for Peer Support Specialists to be added to workforce.
- Ongoing: working with administrative staff on scheduling support services from the outside to give presentations to patients.
- Complete: review and update of PFAC bylaws and charter

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b> Continue to lobby for peer support specialists as budget allows	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2:</b> With less COVID restrictions able to resume AA, OA	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3:</b> Committee review of bylaws and charter	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b> Completed in collaboration of TJC special survey of healthcare equity	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2:</b> Annually and on new hire staff on Behavioral health and ED receive education on trauma informed care	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

**Accomplishment/Impact 3:**

management and administrative representation at quarterly meetings

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

**27. The five greatest challenges the PFAC had in FY 2023:**

**Opportunity 1: Ensuring inclusion in the process of changing policies and programmatic initiatives.**

**Opportunity 2: Encouraging greater administrative attendance at meetings to enhance collaboration.**

**Opportunity 3: Promoting administrative follow-up and support for PFAC proposals.**

**Opportunity 4: Increase the utilization of the advisory role of PFAC members.**

**Opportunity 5: Increasing the collaborative approach between Administrators & PFAC as we work together on projects.**

N/A – we did not encounter any challenges in FY 2023

**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?**

**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 2022

**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 (e.g. 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:**

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

**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):** Karen Barnard, patient member; Ishmael Shaheed, patient member; Roy Lynch, family member. Amanda Cinelli- Smith, Staff member Submitted by Linda Sacenti, staff member.

**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: [Betsy Lehman Center | Patient and Family Advisory Councils](https://www.betsylehmancenterma.gov)  
([betsylehmancenterma.gov](https://www.betsylehmancenterma.gov))

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