

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: Brigham and Women's Faulkner 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: Cori Loescher, Chief Nursing Officer

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

2c. Phone: 617-983-7996

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Bonnie Fallon

3b. Email: maverick7533@gmail.com

3c. Phone:

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: Nichole Aguiar; Director of Patient Experience

6b. Email: nlaguiar@bwh.harvard.edu

6c. Phone: 617-983-4507

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: 8

9. Total number of patient or family member advisors on the PFAC: 14

10. The name of the hospital department supporting the PFAC is: Patient Experience/Patient Family Relations

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Director Patient Experience Department

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: City of Boston’s Community Neighborhoods: Jamaica Plain, West Roxbury, Hyde Park, and Roslindale.

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								<input checked="" type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2023	.66%	7.3%	24.6%	.33%	53%		14%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2023								<input checked="" 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	16%	<input type="checkbox"/> Don’t know
15b. PFAC patient and family advisors in FY 2023	0%	<input type="checkbox"/> Don’t know

15c. What percentage of patients that the hospital provided care to in FY 2023 spoke the following as their primary language?

	%
Spanish	16%
Portuguese	.6%
Chinese	.48%
Haitian Creole	1.4%
Vietnamese	.18%
Russian	.89%
French	<.1%
Mon-Khmer/Cambodian	<.1%
Italian	<.1%
Arabic	.87%
Albanian	<.1%
Cape Verdean	<.1%

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:

To build on our membership goals of FY22, PFAC is continuing efforts to ensure diversity and appropriate representation of our membership. Some of these efforts include:

- Partnership with the hospital's Diversity, Equity, and Inclusion Council to continue to align recruitment strategies.
- Targeted recruitment in a wider range of medical services provided in the hospital including ambulatory clinics and services.

- Continuing to partner with nursing leaders and medical providers to identify diverse patients and family for PFAC.

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:

- 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 Coordinator compiles the agenda material, which is reviewed by the Executive Sponsors, Staff Co-Chair and the Patient/Family Co-Chair prior to each meeting to confirm the agenda.
- All members are sent a survey following every meeting requesting their feedback and suggestions for future meetings.
- Set agendas are distributed in advance to all PFAC members via email. Any materials that will be covered during the meeting are sent in advance for review and preparation.

17b. If other process, please describe: N/A

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:

- Train and on-board all new members
- Update PFAC By-Laws

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): PFAC reports into the Quality Steering Committee, which reports into 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 PFAC members via 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 PFAC members to solicit their feedback prior to the next scheduled meeting.
 - Following every meeting, a survey is sent to all members asking for their feedback and questions.
- N/A – We don't communicate through these approaches

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 13

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 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?

Accomplishment/Impact	Idea came from (choose one)
Accomplishment/Impact 1: New Building/Hospital Expansion: PFAC tested furniture and provided input and feedback for hospital expansion and renovation.	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Extended Recovery Unit (ERU): PFAC had an opportunity to provide input on amenities in the Extended Recovery Unit to support patient centered care.	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" 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?

Accomplishment/Impact	Idea came from (choose one)
<p>Accomplishment/Impact 1:</p> <p>Recruitment Initiative: Our ongoing member recruitment initiatives are to ensure the patient and family voice in hospital infrastructure.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<p>Accomplishment/Impact 2:</p> <p>Retention/Experience Committee:</p> <p>PFAC member serve on the Exceptional Experience Committee, a group accountable for improving Patient Experience metrics including HCAHPS that are tied to reimbursement</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<p>Accomplishment/Impact 3:</p> <p>PFAC On-Boarded and oriented 13 new members this year.</p>	<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)
<p>Accomplishment/Impact 1:</p> <p>Summit Attendance:</p> <p>Incorporated patient PFAC member at Exceptional Experience Summit that was attended by 60+ hospital leaders. Member shared story connecting patient voice and perspective to Patient Experience improvement.</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<p>Accomplishment/Impact 2:</p> <p>Patient Experience Week:</p> <p>PFAC member was featured in a staff recognition video. The video highlighted the importance of self-care and the link between a healthy</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

workforce and a positive patient experience.

Accomplishment/Impact 3:

Service Recovery:

PFAC members staffed an information table during Patient Experience Week providing education and the patient voice to over 200 community members.

- 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:

Challenge 1: Getting new patient and family advisors trained and ensuring that new members have baseline information as they begin their work with the committee.

Challenge 2: Finding a balance between providing all necessary training and information while keeping meeting agendas manageable.

Challenge 3: Staffing level changes in the Patient Experience Department. The PX Department welcomed a new Patient and Family Relations Specialist during the FY, as well as said farewell to the Patient and Family Relations Manager who oversees the PFAC.

Challenge 4: Recruiting diverse patient/family members who are reflective of the hospital's patient and community population.

Challenge 5: Prioritizing concerns and suggestions brought to the committee by PFAC members.

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): Exceptional Experience Committee; New Building Addition Plans.
- 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? PFAC members share their work and participation on the committees with the Manager of Patient and Family Relations, have a standing agenda item to describe their work during the PFAC meetings, and report into the Quality Steering Committee.

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:

During this FY, our PFAC welcomed many new members therefore, most of our time was focused on onboarding and training. Due to limited time, we were only able to cover a some of the hospital performance data.

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

Hospital leadership presented and reviewed information with PFAC during the PFAC meetings, which allowed the council opportunities to engage and provide their input and ideas for future efforts.

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):

Director of Patient Experience: Nichole Aguiar (staff) PFAC Patient/Family Co-Chair: Bonnie Fallon.

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://partnershealthcare.sharepoint.com/sites/VitalsBWFHPatientExperience/SitePages/Patient-and-Family-Advisory-Council-\(PFAC\).aspx](https://partnershealthcare.sharepoint.com/sites/VitalsBWFHPatientExperience/SitePages/Patient-and-Family-Advisory-Council-(PFAC).aspx)

- 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:

[https://partnershealthcare.sharepoint.com/sites/VitalsBWFHPatientExperience/SitePages/Patient-and-Family-Advisory-Council-\(PFAC\).aspx](https://partnershealthcare.sharepoint.com/sites/VitalsBWFHPatientExperience/SitePages/Patient-and-Family-Advisory-Council-(PFAC).aspx)

- No

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

- Yes, link:

[https://partnershealthcare.sharepoint.com/sites/VitalsBWFHPatientExperience/SitePages/Patient-and-Family-Advisory-Council-\(PFAC\).aspx](https://partnershealthcare.sharepoint.com/sites/VitalsBWFHPatientExperience/SitePages/Patient-and-Family-Advisory-Council-(PFAC).aspx)

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