

2023 Patient and Family Advisory Council Annual Report Form

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

Section 1: General Information

1. **Hospital Name** Mass General Brigham, Salem Hospital
81 Highland Ave.
Salem MA, 01970

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.

2a. **Which best describes your PFAC?**

- We are the only PFAC at a single hospital – **skip to #3 below**
 We are a PFAC for a system with several hospitals – **skip to #2C below**
 We are one of multiple PFACs at a single hospital
 We are one of several PFACs for a system with several hospitals – **skip to #2C below**
 Other (Please describe):

2b. Will another PFAC at your hospital also submit a report?

- Yes
 No
 Don't know

2c. Will another hospital within your system also submit a report?

- Yes
 No
 Don't know

3. **Staff PFAC Co-Chair Contact:**

2a. Name and Title:

2b. Email:

2c. Phone:

- Not applicable

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

3a. **Name and Title:** Jim Feldman, Community Chair

3b. **Email:** jamesFLD@msn.com

3c. **Phone:** 978-998-5223

- 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:** Jessica Connick, CPXP; Patient Experience Specialist and Human Rights Officer

6b. **Email:** jacconnick@partners.org

6c. **Phone:** 978-354-3227

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): Patient and Family Relations department
- N/A –

8. Total number of staff members on the PFAC: 7

9. Total number of patient or family member advisors on the PFAC: 6

10. The name of the hospital department supporting the PFAC is: Quality and Patient Safety Department

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Patient Experience Specialist, Human Rights Officer

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:

Salem Hospital’s primary service area includes the cities/towns of Lynn, Salem, Peabody, Marblehead, Swampscott, Danvers, Saugus, Lynnfield, and Nahant.

- Our secondary service area spans cities and towns within Route 93, north and west of Malden.
- 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	0.3%	3.4%	6.9%	0.0%	75.2%	14.2%	20.0%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2023	0.1%	3.2%	6.9%	0.1%	80.0%	9.7%	19.6%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2023	8%	0%	0%	0%	92%	0%	0%	<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) %
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15a. Patients the hospital provided care to in FY 2023	13.3%	<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	12.4%
Portuguese	1.1%
Chinese	0.1%
Haitian Creole	0.4%
Vietnamese	0.2%
Russian	0.6%
French	0.1%
Mon-Khmer/Cambodian	0.4%
Italian	0.1%
Arabic	0.3%
Albanian	0.2%
Cape Verdean	0.0%

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:

- PFAC designed a PowerPoint for the patient facing monitors displayed throughout the hospital, to recruit patients and/or family members (waiting final approval).
- PFAC developed postcards to be mailed by the Patient and Family Relations Department to those patients and families that call with feedback to increase community recruitment (waiting final approval).

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)
 - The next month's agenda is drafted at the end of each meeting with input from all members. Agenda items may be added during the month by emailing the chair prior to the next meeting. The final agenda is emailed to all members prior to the meeting.
- 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:

The next month's agenda is drafted at the end of each meeting with input from all members. Agenda is emailed to all members prior to the meeting.

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 — Skip to #20

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

1. Recruitment of new community members
2. Need for diversity recruitment on our PFAC
3. Use of social media to promote PFAC

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

1. Membership and Recruitment
2. Executive Committee

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:

The Salem Hospital PFAC uses email for communicating among members between meetings.

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

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 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
- 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:

1. Update on hospital's updated wayfinding efforts - new signage and color identifications system for each floor that has begun. The new signage will be clean and neat and strategically placed with an explanation of every department. In addition, greeters will be positioned at entrances and in the ER to assist visitors to the hospital. (February 2023)
2. Explanation provided by VP of Quality and Patient Safety and the Director of Risk, PFR, and Patient Safety regarding the new MGB organizational structure of community division hospitals and physician groups. These changes will achieve more efficient, less layered, and duplicative management. (February 2023)
3. Update on adjustments that have been made throughout the hospital to keep patients moving and reduce times in ED due to high volume. (Feb. 2023)
4. Presentation by the Chief of Police and Security and Security Manager on the Patient Code of Conduct (regarding hospital violence and workforce safety). Explanation of the system-wide Safety Flag in Epic for staff awareness with accompanying Safety Plan for how best to manage and provide treatment for patient. Presentation also included updates on the current strategy such as a safer matrix on how to address issues when they arise; standardizing reporting; staff safety report and manager follow up, emphasizing EAP support. (March 2023)
5. Relationship Based Care update about the Caregiver's Cart. All carts are being well received by the caregivers. The cart includes tea, hot chocolate, angel cards, etc. (April 2023)
6. Falls Collaborative update. There is new signage regarding fall prevention. Patients assessed at high risk have flags outside of their rooms. (April 2023)
7. Administrative Nursing Supervisor presented the "Mobility Speedometer Pilot". It is a collaborative effort in development, design, and innovation between MGB and Population Health and Springboard conducted on inpatient floors Phippen 6 and 7 and Davenport 8. The pilot started January 8, 2023. The study involved having posters in each patient room of assessment and daily progress of patient's observed mobility with visuals that allow the patient and family to see daily progress moving toward safe ambulation and avoidance of falls. Modifications made during the study on the size of the visual progress to motivate daily patient engagement in increasing safe mobility. A detailed PDF was shared about all the phases of the pilot and the ongoing progress and impact. Data collection is ongoing, but the goal was to demonstrate baseline at admission and discharge goals. (April 2023)

6. Relationship Based Care update -all four governances are now meeting together. Disability binders are now available and being used on all nursing units. Upcoming presentation at Leadership meeting with discussion to expand binders to all departments and online.(May 2023)
7. Presentation by the Director of Community Health for Salem Hospital on DEI accomplishments and initiatives. Discussed MGB Salem/NSPG DEI Council. (June 2023)

Section 6: FY 2021 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: We started reviewing and updating the PFAC Charter. This will be an ongoing project as time allows at each meeting.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: We were able to meet seven times during this fiscal year.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: We added a new member.	<input checked="" 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?**

Accomplishment/Impact	Idea came from (choose one)
	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2:	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3:	<input 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)
Accomplishment/Impact 1: We carried on virtual meetings to continue being the voice of the patient.	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 2: Provided feedback to the Falls Collaborative	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3: Continued focus on improving accommodation needs for patients with physical disabilities	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

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

Challenge 1: Recruiting new members.

Challenge 2: Increasing the diversity of PFAC members

Challenge 3: Trying to increase our visibility among the hospital-wide community.

Challenge 4: Given the rise in patients in the hospital and the shortage of staff, at times made it difficult for our hospital members to attend meetings.

Challenge 5: Many hospital committees that PFAC members attend were put on hold due to the same as above.

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?

The information is verbally reported at monthly meetings.

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 –

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:

Information requested by PFAC was shared.

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

Information was presented to PFAC at monthly meetings as requested, discussed, and feedback was provided.

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):

Jessica Connick, Staff PFAC Liaison/Coordinator
 Carrie Arietta, staff
 Donna Barrett, staff
 Kathleen Clune, staff
 Rosemary Henchey, staff
 Ralph McHatton, staff

Suzanne Nevins, staff
James Feldman, PFAC Chair (patient/family advisor)
Evelyn Wilson, PFAC Vice Chair (patient/family advisor)
Carol Dullea, patient/family advisor
Dr. Brian Rachmaciej, patient/family advisor
Mary Ellen Tobey, patient/family advisor
Bonnie Weiss, patient/family 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:
https://saalem.massgeneralbrigham.org/patients_and_visitors/patient_family_advisory_council
- 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: 978-354-3543
https://saalem.massgeneralbrigham.org/patients_and_visitors/patient_family_advisory_council
- No

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

- Yes, link:
https://saalem.massgeneralbrigham.org/patients_and_visitors/patient_family_advisory_council
- No, we don't have such a section on our website