

2024 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2024 only: (July 1, 2023 – June 30, 2024).

Section 1: General Information

NOTE: Massachusetts law requires every hospital to make a report about its PFAC activities publicly available by October 1 each year. Submitting the report to Betsy Lehman Center for inclusion on its website will fulfill that requirement.

1. Hospital Name: Emerson Health

2. PFAC Name:

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
- ☒ No¹
- ☐ 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:

3a. Name and Title: Mark Mahnfeldt, CNO and Christi Barney, VP of Quality and Patient Safety

3b. Email: mmahnfeldt@emersonhealth.org and cbarney@emersonhealth.org

3c. Phone: 978-287-3219

☐ Not applicable

4. Patient/Family PFAC Co-Chair Contact:

4a. Name and Title: Cheri Carey and Carole Greenfield (Co-chairs)

4b. Email: nursespike@yahoo.com and carolegreenfield3@gmail.com

4c. 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:

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 2024

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

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

10. The name of the hospital department supporting the PFAC is: There are two departments that directly support PFAC. They are Patient Care Services Department and the Department of Quality and Patient Safety.

11. The hospital position of the PFAC Staff Liaison/Coordinator is: N/A

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: Middlesex county

☐ 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”): Please note that we do not inquire nor require PFAC members to disclose race and ethnicity data. Data from admitted inpatients and ED patients to calculate care provided percentages is all patients, including those from outside defined catchment area.

| | 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 | 0.1% | 13.5% | 2.1% | 0.0% | 77.3% | 1.5% | 3.8% | <input type="checkbox"/> Don’t know |
| 14b. Patients the hospital provided care to in FY 2024 | 0.1% | 4.5% | 3.5% | 0.0% | 81.5% | 10.4% | 4.9% | <input type="checkbox"/> Don’t know |
| 14c. The PFAC patient and family advisors in FY 2024 | | | | | | | | <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 2024 | 3.1% | <input type="checkbox"/> Don’t know |
| 15b. PFAC patient and family advisors in FY 2024 | 0.0% | <input type="checkbox"/> Don’t know |

15c. What percentage of patients that the hospital provided care to in FY 2024 spoke the following as their primary language?

| | % |
|---------------------|-------|
| Spanish | 0.87% |
| Portuguese | 0.87% |
| Chinese | 0.26% |
| Haitian Creole | 0.30% |
| Vietnamese | 0.01% |
| Russian | 0.10% |
| French | 0.01% |
| Mon-Khmer/Cambodian | 0.01% |
| Italian | 0.02% |
| Arabic | 0.05% |
| Albanian | 0.00% |

☐ Don't know

15d. In FY 2024, what percentage of PFAC patient and family advisors spoke the following as their primary language?

| | % |
|---------------------|-------|
| Spanish | 0.00% |
| Portuguese | 0.00% |
| Chinese | 0.00% |
| Haitian Creole | 0.00% |
| Vietnamese | 0.00% |
| Russian | 0.00% |
| French | 0.00% |
| Mon-Khmer/Cambodian | 0.00% |
| Italian | 0.00% |
| Arabic | 0.00% |
| Albanian | 0.00% |
| Cape Verdean | 0.00% |

☐ 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 patient population and catchment area are primarily English speaking. We have evaluated this using census data, our updated CHNA, our internal data collected from visits and our interpreter vendor use data. We would welcome membership of persons who are not primarily English speaking on our PFAC to help us understand the perspective of our patients who seek care and navigate language issues. As a proxy at present, members of Leadership team have interviewed patients with non-English primary languages, including those with residence in temporary shelters in the area, to learn from their experience and invite them to participate.

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:

The two co-chairs of patient family, advisory committee meet with the two hospital leaders (VP of Patient Quality and Safety and the CNO) to review the minutes from the previous meeting and discuss priority topics and any followup actions. The agenda is then developed and shared with the full committee.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2024 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 2024 – **Skip to #20**

19. The PFAC had the following goals and objectives for 2024:

Goals

- Ongoing recruitment of new and diverse members
- Increase hospital and committee memberships opportunities and participation
- Update and vote on the PFAC Bylaws

Objectives:

- Increase education and awareness of for new PFAC members
- Create a PFAC onboarding handbook (2024-2025 goals)
- Leverage PFAC as a resource to review and edit education materials for patients and families (2024-2025 goals)
- Review the current PFAC bylaws and update the document to reflect current, contemporary PFAC best practices.

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 Quality
- ☒ 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:

- ☒ N/A – The use of email is our primary communication platform.

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year:

3 new members added in 2024

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 2024 PFAC Impact and Accomplishments

The following information concerns PFAC activities in the fiscal year 2024.

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: Recruitment of 3 new members in 2024 | <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2: Implementation of new bylaws | <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 3: 3. Feedback on several policies including lost belongings process. 4. Feedback on several ED throughput initiatives 5. Review of Laura’s Law requirements and assistance with evaluation of current Emergency Department signage around the hospital and on campus. 6. Input into the language (literacy level, clarity) and content on updated General Consent document. | <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input |

| | |
|--|--|
| 7. Review of Endoscopy services for input into the DON process to consider opening an additional room. | |
| 8. Review of Equity work within the organization. | |

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: Input into the language (literacy level, clarity) and content on updated General Consent document. This review pushed us to clarify language on split billing to support transparency and understanding for the community. | <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2: Review of Endoscopy services for input into the DON process to consider opening an additional room. | <input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 3: Feedback on several ED throughput initiatives | <input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" 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: Recruitment of 3 new members in 2024 | <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2: Implementation of new bylaws | <input checked="" 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 |

27. The five greatest challenges the PFAC had in FY 2024:

Challenge 1: Diversity of membership and barriers to recruitment. As seen in the language, race and ethnicity data, the surrounding catchment area is not as diverse as some other parts of the state. As a result, while the PFAC would like to include a diverse membership, we have not yet been able to recruit persons from a more diverse language background or those who identify with greater diversity of race and ethnicity.

Challenge 2: Continued need for hybrid meetings which was both positive for flexibility and at times a barrier to more direct engagement of some members.

Challenge 3: Time commitment/availability (daytime hospital committees) impacting participation of PFAC in hospital committees. This is particular challenge for members of PFAC with young children or currently in workforce but impacts all members due to availability and primary scheduling for staff during work day.

Challenge 4:

Challenge 5:

☐ N/A – we did not encounter any challenges in FY 2024

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): Stroke, Nursing Professional Practice
- ☐ 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?

It is part of our standing agenda

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 2024

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): Stroke
- ☐ 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: We are a community hospital and high risk surgeries are outside the scope of the care we provide.

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

This discussion is part of our standing agenda and monthly report. As noted in accomplishments section, input from PFAC directly shaped and enhanced the revised General Consent document, impacted type and placement of external Emergency Department signage and helped clarify important patient messaging for ED throughput quality improvements.

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? We do not conduct formal IRB patient research studies at this time.

- ☐ 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):

The Chief Nursing Officer (CNO) and Vice President of Quality and Patient Safety are the staff members and advisors of the PFAC. They submitted a draft for review and approval of the PFAC committee. The PFAC then approved this report prior to submission.

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