



HEALTH CARE FOR ALL



PFAC Annual Report Form

Health Care For All (HCFA) promotes health justice in Massachusetts by working to reduce disparities and ensure coverage and access for all. HCFA uses direct service, policy development, coalition building, community organizing, public education and outreach to achieve its mission. HCFA's vision is that everyone in Massachusetts has the equitable, affordable, and comprehensive care they need to be healthy.

Why complete an annual report for my PFAC?

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1st each year. These reports must be made available to members of the public upon request. As in past years, HCFA is requesting a copy of each report and submitted reports will be posted on HCFA's website, www.hcfama.org. HCFA recommends using this template to assist with information collection, as well as the reporting of key activities and milestones.

What will happen with my report and how will HCFA use it?

We recognize the importance of sharing of information across PFACs. Each year, we

- make individual reports available online
- share the data so that PFACs can learn about what other groups are doing

Who can I contact with questions?

Please contact us at PFAC@hcfama.org or call us at 617-275-2982.

If you wish to use this Word document or any other form, please email it to
PFAC@hcfama.org.

Reports should be completed by October 1, 2019.

The survey questions concern PFAC activities in fiscal year 2019 only: (July 1, 2018 – June 30, 2019).

Section 1: General Information

1. Hospital Name:

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages you to fill out a separate template for the hospital-wide PFAC at each individual hospital.

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: **Aubrey Latessa, Manager Patient Experience & Service Excellence**

2b. Email: **latessaa@southcoast.org**

2c. Phone: **508-973-5536**

- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: **Kathleen Campanirio**

3b. Email: **klcampanirio@aol.com**

3c. Phone: **508-8247142**

- 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 **PFAC Application Question**
- Other (Please describe):
- N/A – we did not recruit new members in FY 2018

8. Total number of staff members on the PFAC: 9

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

10. The name of the hospital department supporting the PFAC is: Patient Experience & Service Excellence

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Manager, Patient Experience & Service Excellence

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 child care 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: Southcoastal Region of MA extending from Cape Cod to eastern RI

- Don’t know

14. Tell us about racial and ethnic groups in these areas (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	.6	2.4	5.4	.1	89.24		8	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2018								<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2018			10		80			<input type="checkbox"/> Don’t know

15. Tell us about languages spoken in these areas (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 2018	17%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2018		<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2018 spoke the following as their primary language?

	%
Spanish	46
Portuguese	23
Chinese	1
Haitian Creole	5
Vietnamese	.002
Russian	.001
French	.001
Mon-Khmer/Cambodian	2
Italian	0
Arabic	.003
Albanian	0
Cape Verdean	3

Don't know

15d. In FY 2019, what percentage of PFAC patient and family advisors spoke the following as their primary language? Our biggest challenge is recruiting to match the diversity of our geographical area.

	%
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:

Question on member application screens for diversity: It is important that our council membership reflects the diversity of the communities we serve. Question on survey is : Please tell us how your service on this council would enhance our diversity.

Our Director of Government Affairs is inquiring with locale leadership to engage member though appointment.

At meeting and presentation in our community, we always inquire if anyone is interest in being an PFAC member.

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:

In addition to monthly meetings, PFAC calls are held monthly. Standing agenda topic on monthly call is discussion about future meeting agenda topics. Monthly agendas are finalized by co-chairs and distributed via email prior to each meeting, for members input.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2019 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 2019– Skip to #20

19. The PFAC had the following goals and objectives for 2019:

Increase membership and diversity of membership. Council recruited 1 new member during this time frame reaching a total of 9 community advisors. Also during this period 1 community advisory left the council for time commitment reasons. Current membership includes 9 community members.

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

We did not have need for ad hoc sub-committees during this time period; topics that might ordinarily be addressed by a subcommittee were discussed with community members during monthly calls.

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 activities are reported to the Quality Steering Committee, which reports to Board Quality Steering Committee; PFAC submits annual report to CEO
- 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:

Communications, handouts, agendas and minutes, as well as notices about informational webinars, are sent via email. We receive information from National PFAC blogs. Southcoast Health notes PFAC information on their Facebook page. PFAC information, applications and annual reports are posted on southcoast.org website. We added virtual meeting options during this time period. We encourage but do not require members to use electronic media or devices.

- 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:

Orientation manual with base documents, policies and list of member responsibilities is provided to all new members.

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 2019 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2019.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
<p>26a. Accomplishment 1: PFAC presence on our President Awards Committee. President Awards are the highest form of recognition at Southcoast Health; committee members review nominations, research and select recipients.</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<p>26b. Accomplishment 2: PFAC participation pain scale revisions to be used in the inpatient setting</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
<p>26c. Accomplishment 3: Continued with role of MyChart Liaison, served by a community advisor. This advisor serves as a communication channel between our PFAC and IT leaders, participating in monthly calls to share issues/concerns brought forth by PFAC regarding our patient portal, and to learn about planned upgrades, and communicating information back to PFAC via email and PFAC meetings or calls.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
<p>26d. Accomplishment 4: PFAC participation in our new billing vendor. Took part in discussion with billing leadership and included in patient perspective.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective

		<input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading
26e. Accomplishment 5: PFAC attendance at each sites Accountability meeting weekly. Led by the ACNO and hospital dept leadership. Included participation in patient unit initiatives such as handwashing, review of designs plan for Tobey ED, and St. Luke's ICU.	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading

27. The five greatest challenges the PFAC had in FY 2019:

27a. Challenge 1: AS we become more successful in our imitative and endeavors, there are larger demands of PFAC members' time which is why recruitment is so important for us.

27b. Challenge 2:

27c. Challenge 3:

27d. Challenge 4:

27e. Challenge 5:

N/A – we did not encounter any challenges in FY 2019

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? On our monthly telephonic meeting we report back on our projects. President Awards Committee, weekly tri-site Leadership Accountability. Member participation on improvement teams/projects: Hardwiring Bedside Shift Report, ICOUGH (patient education), MyChart (patient portal), Facility Renovations, Signage/Wayfinding and Service Excellence Trainings

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 2018

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 (eg. 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:

Time restrictions continue to pose the greatest barrier to sharing more information with members. During the last year, council focused more on tailoring meeting agendas and engagement opportunities to topics of interest expressed by community members.

34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives: VP of Risk and Security Services led members in discussions about Fall Prevention; community advisors offered suggestions on patient and family education.

Staff co-chair presented system performance data on HCAHPS and Patient Experience metrics. Two community advisors attended leadership training sessions offered by new survey vendor. Three members participate in weekly Hospital Leadership Accountability meetings, where initiatives and results are reviewed, and community members have an opportunity to share their insights with leaders.

Staff co-chair presented on Complaints and Grievances, including themes and trends among complaints. One community member thereafter assisted with service excellence training offered to staff in outpatient physician practices.

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):

Southcoast Health PFAC staff members: Dr. Ana Laus, Aubrey Latessa, Beth Sylvia, Brad Silverman, Dr. Dilip Sthapit, Julie Lizotte, Dr. Nitya Bhattarai, Traci McNeil, Steven Canessa, William Burns.

PFAC Community Advisors: Amy Chaves, Brian O'Hare, Den DeMarinis, Joan Menard, Kathy Campanirio, Michael Cavanaugh, Michelle Bullock, Pam Ellis and Sandi Montour.

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://www.southcoast.org/for-patients-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:
- No

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

- Yes, link: <https://www.southcoast.org/for-patients-visitors/patient-family-advisory-council/>
- No, we don't have such a section on our website

