PFAC Annual Report Form

Annual reports are an opportunity for Patient and Family Advisory Councils to summarize their work in the prior year, track progress toward goals, and share successes as well as challenges with the broader community.

Why complete an annual report for my PFAC?

In Massachusetts, hospital-wide PFACs are required to produce annual reports by October 1 of each year. These reports must be made available to members of the public upon request. In past years, Health Care For All (HCFA) has collected and aggregated hospital reports to share with the wider community.

This template was designed by HCFA to assist with information collection, as well as the reporting of key activities and milestones. As of 2023, the responsibility for collecting and sharing PFAC reports with the broader community has been assumed by the Betsy Lehman Center for Patient Safety. The Center is also planning to revitalize efforts to support PFAC work across the state and will have more information in the coming months on those efforts.

What will happen with my report?

PFAC reports submitted will be available online in early November at:
BetsyLehmanCenterMA.gov/PFAC

Who can I contact with questions?

Please contact Janell.Wilkinson@BetsyLehmanCenterMA.gov or call 617-701-8271.

Please email this completed form to
PFAC@BetsyLehmanCenterMA.gov by October 1, 2023.
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:
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: Olayinka Oluwole, Executive Director, Service Excellence & Patient Experience
2b. Email: oluwoleop@southcoast.org
2c. Phone: 508-973-5947
☐ Not applicable

4. Patient/Family PFAC Co-Chair Contact:
3a. Name and Title: Kathleen Campanorio, Patient and Family Advisor
3b. Email: klcampanario@aol.com
3c. Phone: 508-824-7142
☐ 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 2023

8. Total number of staff members on the PFAC: 19

9. Total number of patient or family member advisors on the PFAC: 13

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

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

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: South coastal Region of MA extending from Cape Cod to Eastern RI
   □ 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”):

<table>
<thead>
<tr>
<th>RACE</th>
<th>ETHNICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>% American Indian or Alaska Native</td>
<td>% Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>% Asian</td>
<td></td>
</tr>
<tr>
<td>% Black or African American</td>
<td></td>
</tr>
<tr>
<td>% Native Hawaiian or other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>% White</td>
<td></td>
</tr>
<tr>
<td>% Other</td>
<td></td>
</tr>
</tbody>
</table>

| 14a. Our defined catchment area | ☒ Don’t know |
| 14b. Patients the hospital provided care to in FY 2023 | ☒ Don’t know |
| 14c. The PFAC patient and family advisors in FY 2023 | ☒ 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”):

<table>
<thead>
<tr>
<th>Limited English Proficiency (LEP) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a. Patients the hospital provided care to in FY 2023</td>
</tr>
<tr>
<td>15b. PFAC patient and family advisors in FY 2023</td>
</tr>
</tbody>
</table>
15c. What percentage of patients that the hospital provided care to in FY 2022 spoke the following as their primary language?

<table>
<thead>
<tr>
<th>Language</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td></td>
</tr>
<tr>
<td>Portuguese</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>Haitian Creole</td>
<td></td>
</tr>
<tr>
<td>Vietnamese</td>
<td></td>
</tr>
<tr>
<td>Russian</td>
<td></td>
</tr>
<tr>
<td>French</td>
<td></td>
</tr>
<tr>
<td>Mon-Khmer/Cambodian</td>
<td></td>
</tr>
<tr>
<td>Italian</td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td></td>
</tr>
<tr>
<td>Albanian</td>
<td></td>
</tr>
<tr>
<td>Cape Verdean</td>
<td></td>
</tr>
</tbody>
</table>

☑ Don’t know

15d. In FY 2023, what percentage of PFAC patient and family advisors spoke the following as their primary language?

<table>
<thead>
<tr>
<th>Language</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td></td>
</tr>
<tr>
<td>Portuguese</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>Haitian Creole</td>
<td></td>
</tr>
<tr>
<td>Vietnamese</td>
<td></td>
</tr>
<tr>
<td>Russian</td>
<td></td>
</tr>
<tr>
<td>French</td>
<td></td>
</tr>
<tr>
<td>Mon-Khmer/Cambodian</td>
<td></td>
</tr>
<tr>
<td>Italian</td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td></td>
</tr>
<tr>
<td>Albanian</td>
<td></td>
</tr>
<tr>
<td>Cape Verdean</td>
<td></td>
</tr>
</tbody>
</table>

☑ 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: The following question is on our new member application to screen for diversity: *It is important that our council membership reflects the diversity of the communities we serve. Please tell us how your service on this council would enhance our diversity.*

Our Executive Director of Government Affairs promotes the mission and vision of the PFAC to local leadership. We promote the importance of diversity on the council by developing contacts in the community, at local business, churches, Health Organizations and Community Center

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 the PFAC monthly meetings, there is a monthly PFAC call. The call is designed to discuss the agenda topics for future meetings. After the call the monthly meeting agenda is finalized by co-chairs and distributed via email prior to each 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 – we did not have goals for FY 2022– **Skip to #20**

19. **The PFAC had the following goals and objectives for 2023:**
   1. Each PFAC member is expected to actively participate in at least one improvement project a quarter
   2. Increase number of PFAC Patient and Family Advisors
   3. Establish a more diverse membership by recruiting and bringing onboard at least one member from the following communities:
      - Latino
20. Please list any subcommittees that your PFAC has established:
   1. MyChart Subcommittee
   2. Revenue Subcommittee
   3. PFAC Seal 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:
   - [ ] N/A – We don’t communicate through these approaches

   Most PFAC Communication are sent via email: Handouts, agendas, meeting minutes, notices about informational webinars.
   We receive and share information from National PFAC blogs. Southcoast Health shares PFAC information on the Southcoast Health Facebook page, Instagram, and Twitter Feed.
   PFAC information, applications and annual reports are posted on southcoast.org website.
   We host a monthly hybrid meeting that members can attend in person or virtually via Microsoft Teams.

   **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:

☐ 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:
Compliance - Confidential Information
Sustainability - Pathway to a Sustainable Future

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?

<table>
<thead>
<tr>
<th>Accomplishment/Impact</th>
<th>Idea came from (choose one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplishment/Impact 1: Primary Care Gap Closure Workflow Optimization</td>
<td>☐ Patient/family advisors of the PFAC&lt;br&gt;☒ Department, committee, or unit that requested PFAC input</td>
</tr>
<tr>
<td>Accomplishment/Impact 2: Patient Journey Mapping</td>
<td>☐ Patient/family advisors of the PFAC&lt;br&gt;☒ Department, committee, or unit that requested PFAC input</td>
</tr>
</tbody>
</table>
26b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution’s financial and programmatic decisions?

<table>
<thead>
<tr>
<th>Accomplishment/Impact</th>
<th>Idea came from (choose one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplishment/Impact 1:</td>
<td>☐ Patient/family advisors of the PFAC &lt;br&gt;☒ Department, committee, or unit that requested PFAC input</td>
</tr>
<tr>
<td>Primary Care Gap Closure Workflow Optimization</td>
<td></td>
</tr>
<tr>
<td>Accomplishment/Impact 2:</td>
<td>☐ Patient/family advisors of the PFAC &lt;br&gt;☒ Department, committee, or unit that requested PFAC input</td>
</tr>
<tr>
<td>Primary Care RX Refills</td>
<td></td>
</tr>
<tr>
<td>Accomplishment/Impact 3:</td>
<td>☐ Patient/family advisors of the PFAC &lt;br&gt;☒ Department, committee, or unit that requested PFAC input</td>
</tr>
<tr>
<td>Revenue Cycle- Surprise Billing</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Accomplishment/Impact</th>
<th>Idea came from (choose one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplishment/Impact 1:</td>
<td>☐ Patient/family advisors of the PFAC &lt;br&gt;☒ Department, committee, or unit that requested PFAC input</td>
</tr>
<tr>
<td>Participation in the selection and interview committee for an Executive Director position</td>
<td></td>
</tr>
<tr>
<td>Accomplishment/Impact 2:</td>
<td>☐ Patient/family advisors of the PFAC &lt;br&gt;☒ Department, committee, or unit that requested PFAC input</td>
</tr>
<tr>
<td>Participating in the MyChart Work group.</td>
<td></td>
</tr>
<tr>
<td>Accomplishment/Impact 3:</td>
<td>☐ Patient/family advisors of the PFAC &lt;br&gt;☐ Department, committee, or unit that requested PFAC input</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| Challenge 1: | Recruiting for diversity |
| Challenge 2: | PFAC Awareness across the health system |
| Challenge 3: | No central repository for PFAC to store and share/edit communications |
| Challenge 4: | |
| Challenge 5: | |
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):
  - Daisy Award Committees,
  - MyChart Work Group,
  - Revenue Workgroup,
  - Provider Appeals Committee
  - Strategic Partnerships FY24 - Community Investment Committee
  - Equity Action Community (Diabetes) Grant Workgroup

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 advisors report out at one of the Monthly Meeting

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 2023

31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):
   - Advisory boards/groups or panels
   - Award committees
   - Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
   - Search committees and in the hiring of new staff
   - Selection of reward and recognition programs
   - Standing hospital committees that address quality
   - Task forces
   - N/A – the PFAC members did not participate in any of these activities

32. The hospital shared the following public hospital performance information with the PFAC (check all that apply):

   32a. Complaints and serious events
   - Complaints and investigations reported to Department of Public Health (DPH)
   - Healthcare-Associated Infections (National Healthcare Safety Network)
   - Patient complaints to hospital
   - Serious Reportable Events reported to Department of Public Health (DPH)

   32b. Quality of care
   - High-risk surgeries (such as aortic valve replacement, pancreatic resection)
   - Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)
   - Medicare Hospital Compare (such as complications, readmissions, medical imaging)
   - Maternity care (such as C-sections, high risk deliveries)

   32c. Resource use, patient satisfaction, and other
   - Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
   - Patient experience/satisfaction scores (e.g. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
   - Resource use (such as length of stay, readmissions)
   - Other (Please describe):
   - N/A – the hospital did not share performance information with the PFAC – Skip to #35

33. Please explain why the hospital shared only the data you checked in Q 32 above:

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

35. The PFAC participated in activities related to the following state or national quality of care initiatives (check all that apply):

   35a. National Patient Safety Hospital Goals
Identifying patient safety risks
Identifying patients correctly
Preventing infection
Preventing mistakes in surgery
Using medicines safely
Using alarms safely

35b. Prevention and errors
- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
  - Electronic Health Records–related errors
- Hand-washing initiatives
- Human Factors Engineering
  - Fall prevention
- Team training
- Safety

35c. Decision-making and advanced planning
- End of life planning (e.g., hospice, palliative, advanced directives)
- Health care proxies
  - Improving information for patients and families
- Informed decision making/informed consent

35d. Other quality initiatives
- Disclosure of harm and apology
- Integration of behavioral health care
- Rapid response teams
- Other (Please describe):
  - N/A – the PFAC did not work in quality of care initiatives

36. Were any members of your PFAC engaged in advising on research studies?
- Yes
- No – Skip to #40 (Section 6)

37. In what ways are members of your PFAC engaged in advising on research studies? Are they:
- Educated about the types of research being conducted
- Involved in study planning and design
- Involved in conducting and implementing studies
- Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways
- Involved in policy decisions about how hospital researchers engage with the PFAC (e.g. they work on a policy that says researchers have to include the PFAC in planning and design for every study)

38. How are members of your PFAC approached about advising on research studies?
- Researchers contact the PFAC
- Researchers contact individual members, who report back to the PFAC
☐ Other (Please describe below in #38a)
☐ None of our members are involved in research studies

38a. If other, describe:

39. About how many studies have your PFAC members advised on?
   □ 1 or 2
   □ 3-5
   □ More than 5
   □ None of our members are involved in research studies

Section 7: PFAC Annual Report

We strongly suggest that all PFAC members approve reports prior to submission.

40. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor): Joan Menard, Mary Lou Francis, Den Demarinis, Melanie C. Cordeiro, Bonnie Pearson, Kathy Campanirio

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