



PFAC Annual Report Form

Health Care for All (HCFA) is a Massachusetts nonprofit advocacy organization. We work to create a health care system that provides comprehensive, affordable, accessible, and culturally competent care to everyone, especially the most vulnerable among us. We achieve this as leaders in public policy, advocacy, education and service to consumers in Massachusetts.

- **Why complete an annual report for my PFAC?**

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1st. These reports must be made available to members of the public upon request. As we have in past years, we are requesting a copy of your report, and suggest that you use our template/web based system to assist you in collecting information.

- **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
- use all information submitted to develop the annual Massachusetts PFAC Report
- share the data so that PFACs can learn about what other groups are doing and HCFA can learn about the best ways for us to support PFACs

If you choose to use the template, we encourage you to use our web-based survey. Follow [this link](#) to complete your report. Once the survey is completed, you will be directed to a summary of your responses, which you will be able to either save as a PDF or copy and paste into another document for your own reporting.

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

- **Who can I contact with questions?**

Please contact us at PFAC@hcfama.org or call us at 617-275-2919.

Reports should be completed by October 1, 2016.

2016 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2016 only.

1. Hospital Name: Good Samaritan Medical Center

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: Matthew Hesketh, Director of Quality & Patient Safety

2b. Email: matthew.hesketh@steward.org

2c. Phone: 508-427-3008

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Vanessa Markarian, Volunteer & Patient

3b. Email: vmarkarian@comcast.net

3c. Phone: 508-846-8617

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:

5a. Name and Title: _____

5b. Email: _____

5c. Phone: _____

Not applicable

Section 1: 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 and Twitter
- Hospital banners and posters
- Hospital publications
- Houses of worship
- 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 2016

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

9. Total number of patient or family member advisors on the PFAC: 8.

10. The name of the hospital department supporting the PFAC is: Administration

11. The hospital position of the PFAC Staff Liaison/ Coordinator is Director of Quality & Patient Safety

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 2: 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: Southeastern Massachusetts

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	0%	3%	21%	0%	70%	6%	6%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2016	0%	1%	18%	0%	78%	3%	4%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2016	0%	6%	19%	0%	69%	6%	6%	<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 2016	10%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2016	0%	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

	%
Spanish	2%
Portuguese	3%
Chinese	0%
Haitian Creole	4%
Vietnamese	0%
Russian	0%
French	0%
Mon-Khmer/Cambodian	0%
Italian	0%
Arabic	0%
Albanian	0%
Cape Verdean	5%

Don't know

15d. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	6%
Portuguese	6%
Chinese	0%
Haitian Creole	6%
Vietnamese	0%
Russian	0%
French	0%
Mon-Khmer/Cambodian	0%
Italian	0%
Arabic	0%
Albanian	0%
Cape Verdean	12%

Don't know

16. The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area:

During 2016, the Good Samaritan Medical Center PFAC took numerous steps to have their membership be more reflective of the depth and breadth of diversity within their catchment area. Specifically, assistance was enlisted from the Director of Community Benefits who participates in numerous different committees and groups throughout the community. He was able to recruit and refer multiple people for potential inclusion within the PFAC. Given the addition of these new members a strategic plan has been created to offer multiple events in multiple languages targeting different groups within the local community.

Section 3: 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 co-chairs, both staff and community, have a pre-meeting before each schedule PFAC meeting to go over possible topics, presenters, and prior meeting minutes to set the agenda. It is then distributed electronically with paper copies distributed at the meeting.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2016 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 2016 – Skip to #18

19. The PFAC had the following goals and objectives for 2016:

The PFAC had the following goals for 2016: 1) Increase membership to reflect the diversity of the community and workforce. 2) Actively participate and lead community events focused on population health and wellness, and 3) Drive strategic tactical improvement initiatives through participation in hospital performance improvement committees and using personal experience to positively impact hospital processes.

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

N/A

21. How does the PFAC interact with the hospital Board of Directors (check all that apply):

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- Action items or concerns are part of an ongoing "Feedback Loop" to the Board
- PFAC member(s) attend(s) Board meetings
- Board member(s) attend(s) PFAC meetings
- PFAC member(s) are on board-level committee(s)
- Other (Please describe: _____)
- 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 Good Samaritan Medical Center PFAC uses email as the only electronic medium of communication. All members of the committee have personal or professional email accounts and are amenable to communicating through this medium.

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

Section 4: Orientation and Continuing Education

23. Number of new PFAC members this year: 7

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 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 5: FY 2016 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2016.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from...	PFAC role can be best described as...
<p>26a. Accomplishment 1: The PFAC was able to recruit new members who reflected the diversity and uniqueness of the surrounding communities.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>
<p>26b. Accomplishment 2: The PFAC was able to trial the hospital's outward facing website and provide critical insights that were incorporated in the final version which is now live.</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26c. Accomplishment 3: Developed a strategic plan for hosting "healthcare proxy summits" at local community events over 2016-2017 calendar years. These events will be offered in multiple languages to appeal to a broader audience reflective of our local community.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>
<p>26d. Accomplishment 4: The PFAC utilized negative patient experiences and subsequent family meetings to engage new members and achieve active participation in the PFAC.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>

<p>26e. Accomplishment 5: The PFAC was able to sponsor three members attending the Annual HealthCare for All Patient and Family Advisory Council symposium in June 2016. This demonstrated both membership engagement and the investment that the medical center is willing to make in the PFAC and the work that they do.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading</p>
---	---	--

27. The five greatest challenges the PFAC had in FY 2016:

27a. Challenge 1: During FY 2016, the PFAC lost numerous members due to resignations and several member deaths. This abrupt change to the council membership was challenging but it did help strengthen the council's resolve and push the PFAC to aggressively pursue new members, an initiative that has proven very successful.

27b. Challenge 2: It has been challenging to find a meeting time that works for the current membership of the PFAC. This is mainly due to work schedules overlapping with personal responsibilities and family obligations. To help address this issue, the committee has implemented call-in lines and video chat options for remote participation in the event that a member cannot attend a meeting in person.

27c. Challenge 3: The PFAC has had a challenge of engaging all members in hospital based committees. Generally, there is a core group of members who are willing to attend and participate in different committees. The council would like more engagement in this regard.

27d. Challenge 4: N/A

27e. Challenge 5: N/A

N/A – we did not encounter any challenges in FY 2016

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?

There is an open discussion agenda item built into each meeting agenda. Members will report back on meetings they have attended, events they have participated in, and ideas that they have for how PFAC can most effectively impact the local community or the hospital operations.

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 2016

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:

This data is contained with the Quality and Safety scorecard and reporting system that has been shared with PFAC. Going forward, the other data elements suggested can and will be shared with the PFAC membership.

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

This data has been shared in a mostly informational capacity up until this point. We have added several community members to the PFAC who have experience with process redesign and leadership in other roles and they have expressed interest in participating in hospital process redesign moving forward. This will be included in the PFAC plan and goals for 2017.

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 6: 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):

This report has been compiled and reviewed by Matthew Hesketh (Staff Co-Chair) & Vanessa Markarian (Community Co-Chair). This annual report will be shared electronically with the committee and discussed at the next council meeting. The goals, accomplishments, and challenges have been discussed at previous meetings.

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.goodsamaritanmedical.org/sites/default/files/menu_icons/document%282%29.pdf

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:

Matthew Hesketh 508-427-3008 &matthew.hesketh@steward.org

No

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

Yes, link: <https://www.goodsamaritanmedical.org/about-us/patient-family-advisory-council>

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