

PFAC
PATIENT & FAMILY ADVISORY COUNCILS
MAKING A DIFFERENCE IN CARE



PFAC

2014

**A REVIEW OF 2013 MASSACHUSETTS
PATIENT & FAMILY ADVISORY
COUNCIL REPORTS**

Health Care For All, 2014

hcfama.org

Executive Summary

Massachusetts is the first and only state in the country to mandate the development of Patient and Family Advisory Councils (PFACs) in all hospitals. As such, Health Care For All (HCFA) recognizes the importance of supporting the work of the PFACs and facilitating cross-PFAC learning and sharing. This is our third summary report of hospitals' annual PFAC reports. Each year, we have sought to report more information about accomplishments and challenges as well as PFAC composition and development.

For our 2014 report, which examined 2013 annual reports, 79 hospitals (see Appendix A), out of a total of 85 required to have PFACs, provided HCFA with their reports. This was a big increase from the previous year's 59 reports. Under Massachusetts law, all PFACs are required to write annual reports and make them available to members of the public upon request. While applauding this increase in number of reports received, we also note that sizeable percentages of reports did not include information regarding a number of the items we report on (indicated throughout the report as "unreported"). This makes difficult a true assessment of Massachusetts PFACs' development and activity. In June and again in September of 2013, we distributed template annual report forms to all PFACs (by law, reports are due by October 1 of each year). This template form was created by a group of HCFA staff and volunteers who had spent much time over the previous two years reviewing PFAC reports, and from those efforts, as well as the requirements and the recommendations of the Massachusetts PFAC law and regulations, the group determined what criteria were most important for evaluating the development and achievements of Massachusetts PFACs.

72% of PFACs reported membership comprised of at least 50% patients and family members in 2013 while 68% did so in 2012. The PFAC regulations require at least 50% patient/family representation. 61% of PFACs reported having a patient or family member serve as chair or co-chair in 2013, while 50% had a patient or family member in this position in 2012. The PFAC regulations recommend having a patient or family member as a chair or co-chair. While we are pleased that majorities meet both of these criteria (while being concerned that these figures are not closer to 100% three years after the PFAC mandate went into effect), only 41% of PFACs reported that they are representative of the community served by the hospital and 37% did not report on this at all. 18% reported working toward the goal of representation. The PFAC regulations require the PFAC to represent the community served and this should be a top priority for all PFACs. The patient and family voice, informing the work of the hospital, must be representative of the patient population or many needs will go unrecognized and unmet.

The PFAC regulations also state that minutes of PFAC meetings, including accomplishments, must be sent to the hospital's governing body. Yet only 56% of PFACs reported some level of interaction with the hospital's governing body, with 33% giving them the annual report and 16% providing them with meeting minutes. The hospital leadership must be aware of the existence of the PFAC and its accomplishments and challenges if they are to effectively partner in improving care.

86% of PFACs reported being engaged in implementing change in the hospital, while 95% did so in 2012. While the raw numbers increased due to more PFAC reports being sent to us for

review, the overall percentage decrease is disappointing. If PFACs are not engaged in implementing change in the hospital, their purpose is unclear. In some reports, while there may have been items listed about which the PFAC provided feedback, it was unclear if the hospital actually made any changes as a result of that feedback. For the PFACs to be useful and valued, they must be informed of how their input led to change. There are many examples of how PFACs have implemented change on pages 17-20 of this report.

One way for PFAC members to bring their voices to the broader work of the hospital is by participating in hospital committees or work groups. 46% of PFACs reported placing members on committees or work groups in 2013 while 47% did so in 2012. Patient and family voices are needed throughout the hospital and the percentage of hospitals putting PFAC members on committees should be much higher.

Finally, in 2013, 62% of PFACs reported goals for the coming year while 66% did so in 2012. Common themes were related to member recruitment and retention, placing PFAC members on hospital committees, increasing interaction with staff, and improving information for patients and families. All organizations need to set goals in order to determine as a group what their priorities are and what they hope to achieve. This percentage should be much closer to 100%.

Pages 16-18 of this report contain a table with the names of all Massachusetts hospitals whose PFAC reports we reviewed and checkmarks indicating which of 4 top-priority criteria they met. Those criteria relate to: implementing change, setting goals, putting members on hospital committees, and community representation. Twenty-six PFACs met all 4 criteria according to their annual reports (indicated by a * next to their names).

Throughout this report there is information about specific efforts, including quality improvement initiatives, recruitment practices, and orientation processes, that we chose to highlight so that PFACs could learn from one another. Each of the full reports is posted on the [PFAC hospital report page](#) of the HCFA website. We believe this summary report provides a wealth of information that will be helpful to PFACs as they set future goals and expectations and determine how best to reach those goals.

Patient and Family Advisory Councils

A Review of 2013 PFAC Reports

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Brief History and Overview of PFAC Law

In 2008, Massachusetts enacted Chapter 305 of the Acts of 2008, requiring all acute-care and rehabilitation hospitals to create and maintain Patient and Family Advisory Councils (PFACs), standing committees intended to improve care and the care experience for patients and families served by these hospitals. PFAC members include former and current patients and family members who seek to provide experiential insight to the hospital's system of care through active partnership with hospital staff. Some Massachusetts hospitals had PFACs in place prior to 2008. Thanks to the 2008 law, however, PFACs across the state have grown in scope and number. Health Care For All and its Consumer Health Quality Council are proud to have been the leading proponents for the passage of the Massachusetts PFAC law.

The Massachusetts 2008 law states:

"The department (of public health) shall promulgate regulations for the establishment of a patient and family advisory council at each hospital in the commonwealth. The council shall advise the hospital on matters including, but not limited to, patient and provider relationships, institutional review boards, quality improvement initiatives and patient education on safety and quality matters. Members of a council may act as reviewers of publicly reported quality information, members of task forces, members of awards committees for patient safety activities, members of advisory boards, participants on search committees and in the hiring of new staff, and may act as co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees or as participants in reward and recognition programs."

In 2009, the Massachusetts Department of Public Health (DPH) issued regulations regarding PFAC establishment and reporting. They included the following:

- PFACs must be established by October 2010.
- PFACs must meet at least quarterly.
- At least 50% of the PFAC members must be current or former patients and/or family representatives.
- PFAC membership should reflect the community served by the hospital.
- Each hospital must write an annual report on the work of the PFAC starting in 2010. Annual reports, to be completed by October 1st each year, must be available upon request to members of the public and DPH.
- It is recommended that each PFAC have a patient or family member as a chair or co-chair.
- Minutes of PFAC meetings, including accomplishments, must be sent to the hospital's governing body.

Health Care For All PFAC Report Workgroup

Health Care For All (HCFA) is a statewide consumer health advocacy organization. (Learn more or get involved at www.hcfama.org.) HCFA staff and volunteers concerned with ensuring quality health care throughout the Commonwealth joined together to form the Consumer Health Quality Council (Consumer Council) in 2006 with the following mission:

“Empower those impacted by health care quality issues to have a voice in our health care system, to engage fellow consumers to be active partners in their health care, and to advocate for high quality, safe, and accessible health care for all Massachusetts residents.”

HCFA and Consumer Council members advocated during the 2007-2008 legislative session for passage of an omnibus health care quality improvement bill. Not all provisions of the bill became law, but a number of them did—including the PFAC provision.

HCFA continued to be involved during the implementation phase of the new law, particularly with respect to PFACs. HCFA created a [PFAC webpage](#) with information about PFACs. Staff and volunteers gathered both initial hospital PFAC plans and the subsequent annual reports and posted these [online](#) for the public to read and for PFACs to learn from one another. This information is updated annually with links to hospitals’ most recent PFAC reports.

Since 2011, HCFA staff and volunteers have analyzed the available PFAC reports of all Massachusetts hospitals and created a summary report of findings, features of which include the degree of compliance with PFAC regulations and PFAC engagement in quality improvement activities. The report reflects the difference Massachusetts PFACs are making in the quality of care across the Commonwealth.

For the review of 2013 reports and the compilation of this publication, HCFA staff, volunteers, and current PFAC members formed a PFAC Report Workgroup. This report refers to members of the workgroup as “HCFA.” (For a full list of 2013 PFAC Report Workgroup members, see Appendix D.)

Method of Review

1. *Report Gathering*: HCFA searched Massachusetts hospital websites for 2013 PFAC reports. For those reports not posted online, HCFA contacted the hospital to request a copy of the report. These reports were then posted to the [PFAC webpage](#) for use by the public, fellow PFACs, and the PFAC Report Workgroup. Though HCFA made a concerted effort¹ to collect all reports, six hospitals did not provide HCFA with their 2013 reports by March 2014. The six missing reports are from Franciscan Hospital for Children, Hebrew Rehabilitation Center, Kindred Hospital: Boston North Shore, New Bedford Rehabilitation Hospital, Newton-Wellesley Hospital, and Spaulding Hospital for Continuing Medical

¹ Multiple efforts were made to collect reports from every hospital required to file a report.

Care: North Shore (A full list of reporting and non-reporting hospitals can be found in Appendix A).

2. *Creation of Measurement Tool:* HCFA created a review instrument based on the PFAC report template distributed to PFACs in June and again in early September of 2013. The review tool utilizes both quantitative and qualitative data to inform the results highlighted in this report, and addresses topics such as PFAC membership and leadership, PFAC integration into the hospital organization, current and planned quality improvement initiatives, and the extent to which PFAC quality improvement initiatives relate to national or state health care system reform priorities.

Each year, both the report template and the review instrument are updated to reflect the maturity of PFACs across the state. Future review questions will continue to focus less on process and more on how PFACs impact the overall hospital culture and care experience.

The recommended template and the review instrument are included in this report and can be found in Appendices B and C, respectively.

3. *Review of Reports:* All workgroup members served as report reviewers and entered data according to the HCFA review tool into an online survey. Peer consultation was available throughout the review period to maximize consensus on best response coding. Upon the review of all reports, HCFA organized and analyzed the data. As with previous years, the workgroup will critique the measurement tool and overall review process and make suggestions for improving the review methodology in the future.

Analysis and Findings

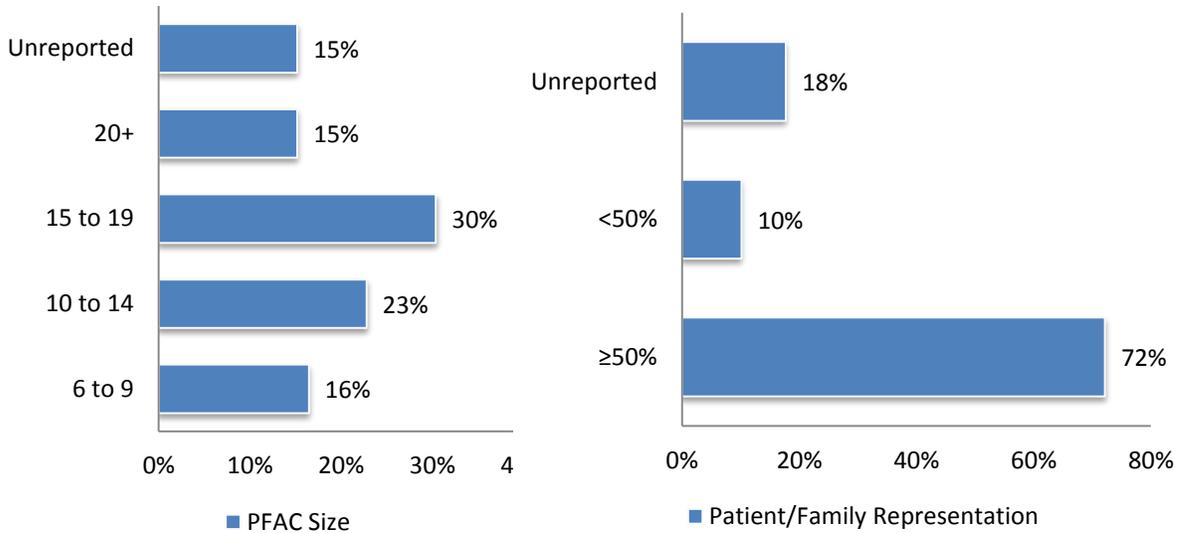
The following findings are based on all 2013 PFAC annual reports received by HCFA as of March 12, 2014—a date chosen to ensure adequate time for data analysis and report composition prior to HCFA’s annual PFAC conference on May 14th. HCFA reviewed 79 reports from 77 Massachusetts hospitals or healthcare systems (two hospitals have more than one PFAC issuing their own reports, and some healthcare systems with multiple locations have one cross-hospital PFAC). A total of 85 hospitals/healthcare systems are mandated to have PFACs so 93% of them are represented by the following data—a 22% increase from last year’s report.

All data is presented in rounded, whole numbers. This means that 99.5% would be rounded up to 100%, and 99.4% would be rounded down to 99%.

1. Size and Composition of PFAC

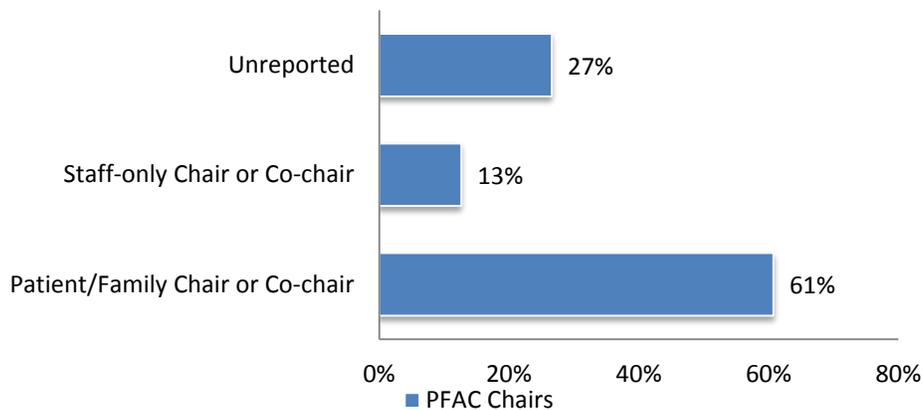
PFACs range in size from 6 to 32 members, with the most common council size being 15 to 19 members. The following chart illustrates PFAC council size by 5 groupings: 6 to 9 members, 10 to 14 members, 15 to 19 members, 20 or more members, and unreported number of members. Further, the majority of PFACs (72%) were in compliance with the DPH requirement that patient or family members comprise at least 50% of total council membership. Among the 65 hospitals that provided quantifiable information about both

council size and patient/family member representation, 88% (n=57) met the DPH requirement of at least 50% representation by patients and family members. This finding is also illustrated below. In 2012, 87% (n=40) of those reporting on this feature reported that patients and family members represented at least 50% of the council. In 18% of 2013 reports the reviewer could not determine the percentage of the council that was made up of patients and family members. **Since the 50% patient/family member threshold is a requirement for Massachusetts PFACs, all reports should state whether they are meeting that mandate.**



2. PFAC Chair/Co-Chair

Though not a requirement, DPH recommends that PFAC chair or co-chair positions be held by patient or family member representatives. In 2012, 51% (n=30) reported meeting this recommendation. In 2013, 61% (n=48) of reporting PFACs noted that chair or co-chair positions were held by patients or family members. **While this increase is laudable, 27% (n=21) did not report about their chairmanship, making it difficult to evaluate how well the state is meeting this recommendation.**



3. PFAC Recruitment

PFAC member recruitment continues to be a challenge for a number of PFACs across the state. PFACs struggle with finding new members and new voices as well as recruiting to represent the community served by the hospital. Drawn from the 50 PFACs that reported on their work in this area, the following list highlights some unique strategies mentioned in the 2013 reports. Further detail can be found in the individual PFAC reports for each hospital listed below:

- PFAC information is provided to patients and families at Outpatient Department visits, family service visits, and upon discharge. (*Shriner's Springfield*)
- PFAC promotion and activity updates are announced routinely at hospital-wide trainings, new employee orientation, certain clinical meetings that include physician members of the PFAC, and to hospital administrators at Leadership Council. (*Brigham and Women's Faulkner Hospital*)
- A communication board was placed in hospital lobby for several months with information about PFAC. (*Shriner's Springfield*)
- A recruitment booth was set up during a walk-a-thon. (*Shriner's Springfield*)
- PFAC referrals are made by PCPs, social workers, physicians, interpreters, and other providers. (*Cambridge Health Alliance*)
- Potential members are identified through the complaint process. (*Cambridge Health Alliance*)
- A comprehensive webpage was created with promotional material and an invitation to join. (*Brigham and Women's Faulkner Hospital*)
- PFAC members developed a fact sheet that will be distributed to local newspapers; physician office practices; hospital bulletin boards, web site and Facebook page; former patients; area nursing homes and local senior centers; hospice; VNA and elder service providers; waiting areas in the hospital; schools, colleges, and daycare centers; and religious institutions. (*North Adams Regional Hospital**)
- Patients and families are provided with written information about PFAC at the beginning of their hospitalization. In conducting rounds, the Director of Patient Relations discusses the PFAC with patients and family members to generate interest. (*Radius*)
- PFAC created a 1-page fact sheet highlighting its role, charter and recent accomplishments along with an invitation to apply for membership. The fact sheet was distributed throughout the hospital common area pamphlet racks, in Patient Resource Centers, and in physician offices. (*Brigham and Women's Faulkner Hospital*)
- Hospital publications include individual articles featuring PFAC members. (*Brigham and Women's Faulkner Hospital*)
- South Shore Hospital patient satisfaction surveys now include a question regarding interest in becoming a PFAC member. (*South Shore*)

* Closed as of March 2014

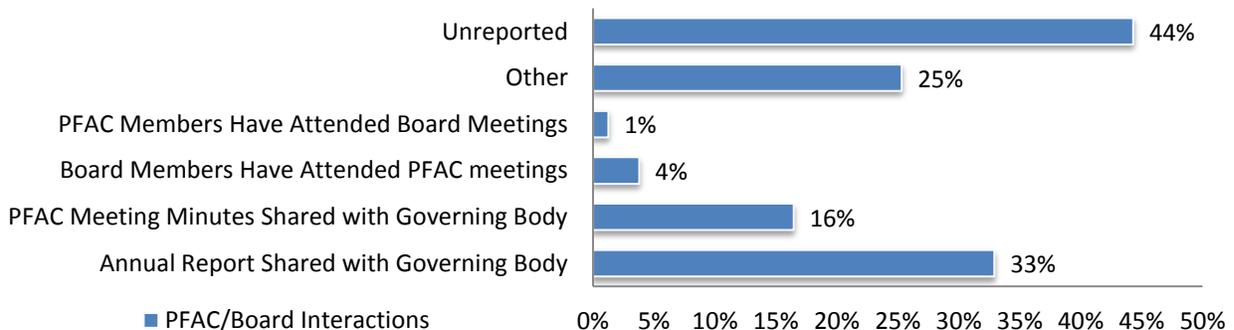
4. PFAC Orientation

PFACs are comprised of a diverse group of hospital staff, patients, and family members with varying levels of knowledge and comfort with hospital culture. The orientation process is an ideal opportunity for PFACs to disseminate information related to PFAC membership, including the role of the PFAC, hospital history and mission, expectations and responsibilities, and HIPAA/confidentiality information. A few PFACs have further customized their orientation processes so as to ensure that new PFAC members are best able to contribute to the council. While some PFACs have developed effective and informative orientation processes, many others want to learn how to improve the education and preparation they provide to new members. A few outstanding examples of new-member orientation practices include the following (Additional details can be found in the hospitals' individual reports):

- New members are assigned a mentor. (*Spaulding Rehab, Boston*)
- New members are given tips related to sharing stories and partnering for success. (*Boston Children's Hospital*)
- New members can access materials in English and Spanish. (*Baystate Medical Center*)
- New PFAC members are issued a PFAC binder consisting of member list, background and purpose of PFAC, previous agendas and meeting minutes, previous projects, and annual reports. (*New England Rehab*)
- New members are given an orientation guide/handbook, and they can work with a peer mentor. (*Brigham and Women's Faulkner*)

5. PFAC Interaction with Governing Body

PFAC integration with the hospital culture and staff is essential to ensuring that the patient and family voice is given the appropriate weight in hospital decision-making. One feature HCFA examined is the level of interaction between the PFAC and the hospital's governing body. Massachusetts PFAC regulations state that PFAC minutes, including accomplishments, must be shared with the governing body. **However, as is shown on the chart below, the interaction is not as robust as expected, and in almost half of the reports we could not determine if there was any interaction at all with the board.** Among the 56% (n=44) of PFACs reporting on this feature, 59% (n=26) noted that their annual report was shared with the board of directors, and 30% (n=13) submitted meeting minutes to the board (as is required by the state's PFAC regulations). Only one PFAC reported having PFAC members attend board meetings, and 4 PFACs reported that board members attended PFAC meetings. 44% (n=35) did not report on this feature at all. The following chart illustrates the full results of this measure.

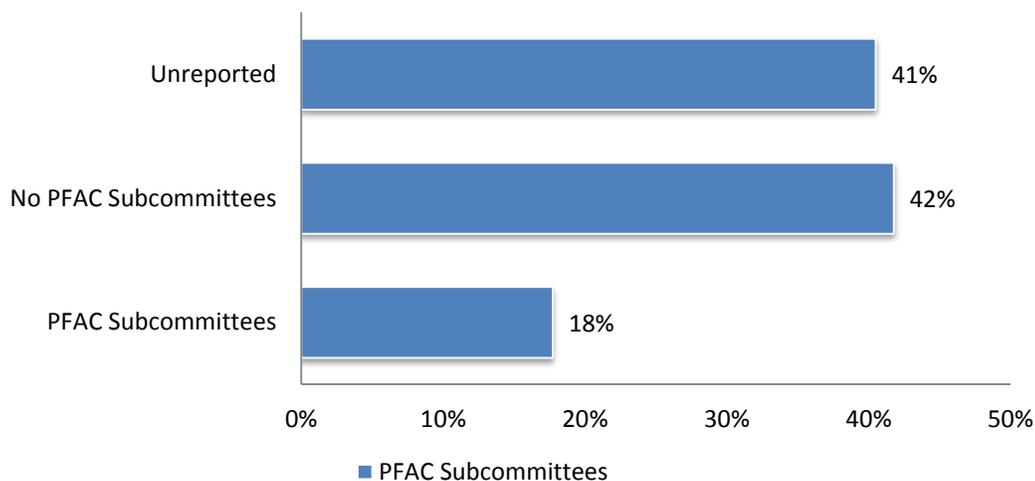


6. PFAC Subcommittees and Workgroups

18% (n=14) of all PFACs reported that their PFAC has subcommittees and/or ad hoc workgroups. PFAC subcommittees often reflect a well-developed group that has chosen particular areas for deeper focus. These subcommittees addressed a number of quality improvement and PFAC development areas, including, among others:

- An oncology PFAC,
- A maternal health PFAC,
- Recruitment subcommittees, and
- Mental health subcommittees.

Fewer than half of the reports reflected a subcommittee structure. The full results of this feature are shown below.



7. Publicly Reported Information Shared with PFACs

The PFAC law suggests that PFACs act as reviewers of publicly reported quality information. This type of information can inform the PFACs' work and direct them to areas of focus. HCFA looked specifically for mention that *publicly* reported quality data was shared with PFAC members. Only 34% (n=27) of PFACs reported on this feature. **Because 66% of PFACs did not report on any efforts relating to publicly reported data, we cannot accurately ascertain how often PFACs learned about the data and how they incorporated it into their efforts.** Among those reporting, 30% (n=8) indicated that SRE data (Serious Reportable Events) was shared, and 22% reported that healthcare-associated infection data was shared with the PFAC². 89% (n=24) reported that "other" types of publicly reported data was shared with PFAC members. Examples of "other" data include:

- Press-Ganey patient satisfaction data;
- Hospital performance data such as posted by the Federal Centers for Medicare and Medicaid Services (CMS) Hospital Compare website;³

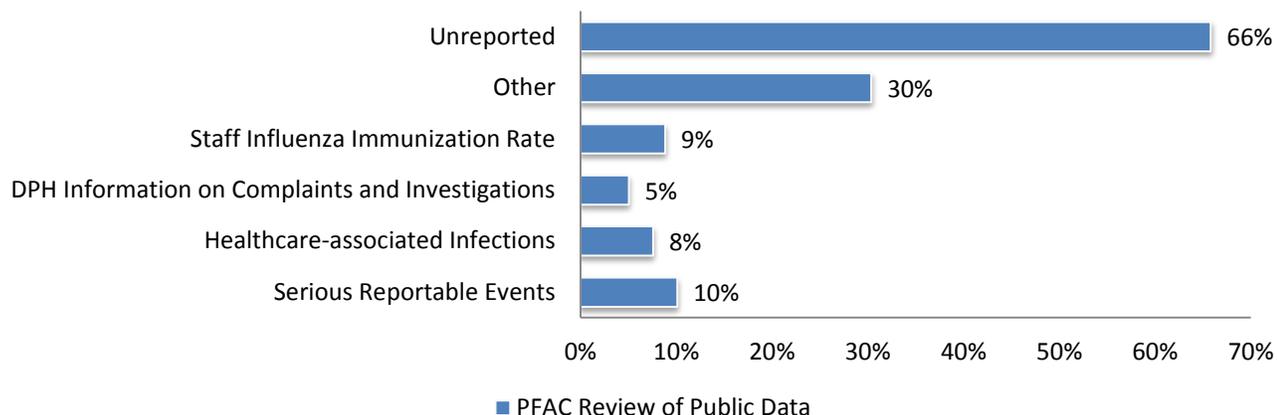
² Massachusetts Department of Public Health public reports:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/healthcare-quality/>

³ Federal Centers for Medicare and Medicaid Services: <http://www.medicare.gov/hospitalcompare/>

- Hospital comparison websites such as Leapfrog;⁴ or
- State Snapshots summarizing national and state health care quality and disparity reports posted by the Agency for Healthcare Research and Quality.⁵

The chart below illustrates the percentage of PFACs reporting that any of 5 types of data was shared with its members.



8. PFAC Member Support

Yet another feature of well-integrated PFACs is adequate support offered by the hospital to facilitate membership involvement in the PFAC. HCFA measured the frequency with which hospitals reported reimbursing costs associated with PFAC membership. The two most common types of support were reimbursement for/provision of meals (39%, n=31) and reimbursement for parking (34%, n=27). Only two PFACs reported that child or elder care support was offered by the hospital. Other types of support included:

- Mileage or public transportation assistance
- General stipends
- Interpreters/translators or other communication support
- Postage and printing
- Attendance at conferences

A number of PFACs maintain a budget that allows them to draw money as necessary for various PFAC expenses.

Other unique examples of member support include:

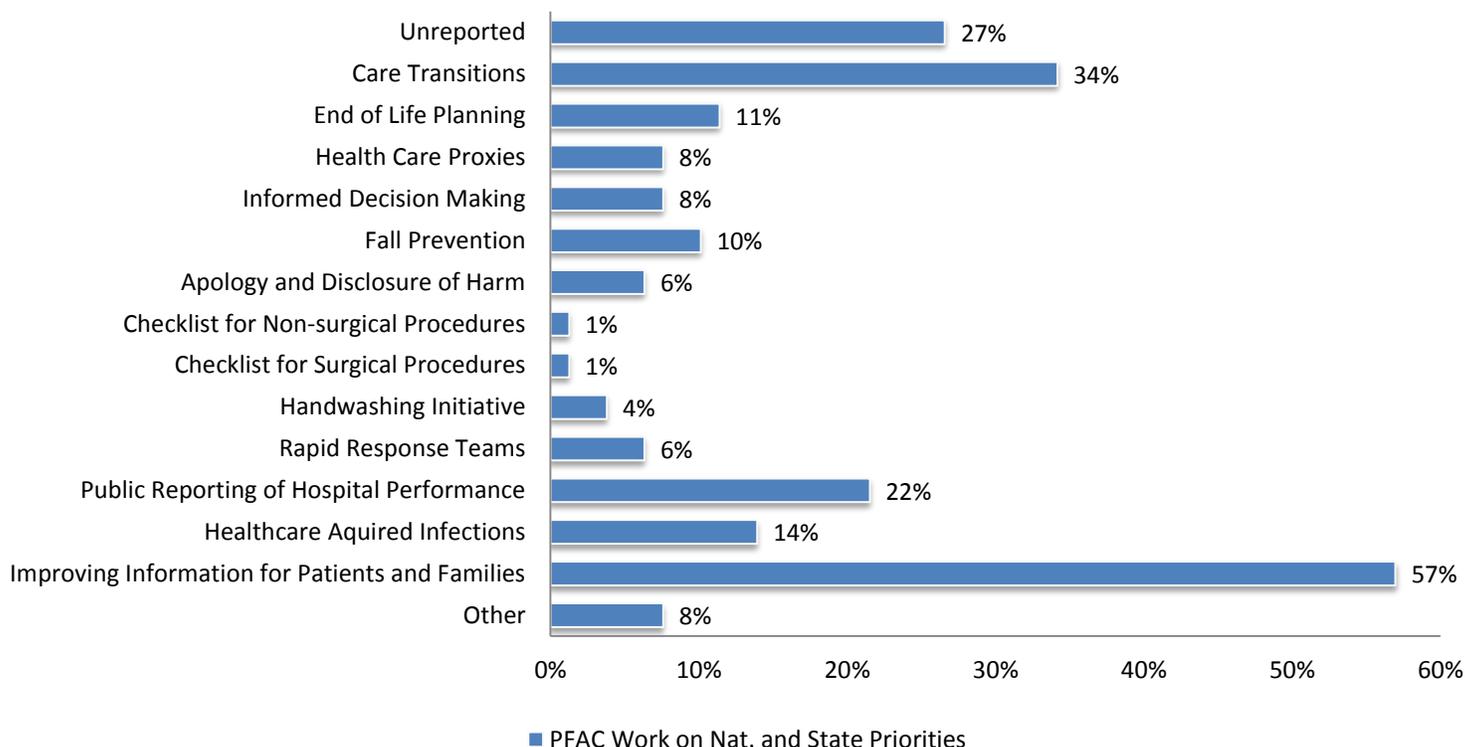
- Ability to teleconference for members who can't attend a meeting in person, which allows for greater participation. (*Southcoast*)
- If members need the assistance of an interpreter, that service can be provided with simultaneous interpreting equipment, so that they are able to participate fully. (*Cambridge Health Alliance*)

⁴ Leapfrog Hospital Safety Ratings: <http://www.leapfroggroup.org/cp>

⁵ Agency for Health Care Quality and Research, State Snapshots:
<http://statesnapshots.ahrq.gov/snaps11/index.jsp?menuId=1&state=MA>

9. PFAC Work on National and State Priorities

HCFA is interested in the frequency with which PFACS engage in work related to national and state health care reform priorities because that is often where hospitals themselves are focusing their efforts. This year, a relatively large number of PFACs reported involvement in at least one of these priority areas. 73% of all PFACs reported positively, with the vast majority (78%, n=45) of those reporting to having worked to improve information for patients and families. The next most frequently reported area was care transitions. One-quarter of reports did not mention any of these areas. A full listing of the national and state priorities where PFACs were involved is shown below.



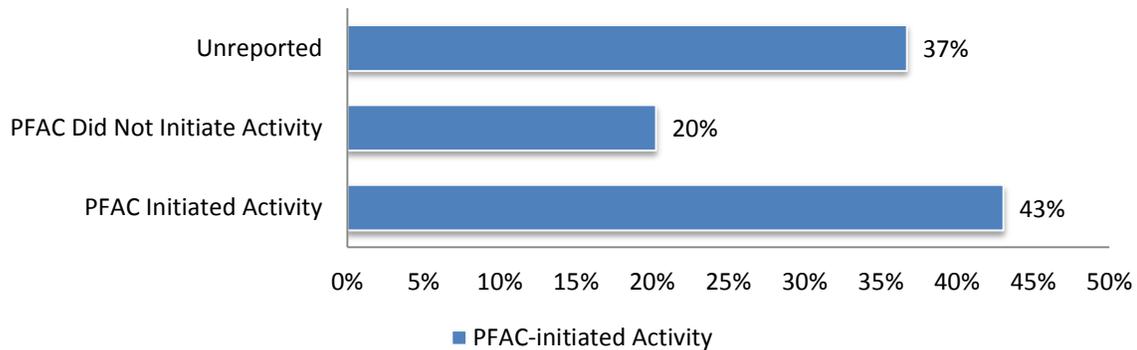
10. PFAC Impact

The purpose of PFACs is to positively impact the quality of care and the care experience across the Commonwealth. This measure summarizes the quality improvement initiatives reflected in the hospital reports. Where initiatives were noted, HCFA distinguished between those initiatives that were:

- Initiated by the PFAC (i.e., PFAC-generated), or
- PFAC members provided consultation (i.e., PFAC-involved).

A. PFAC-initiated Quality Improvement

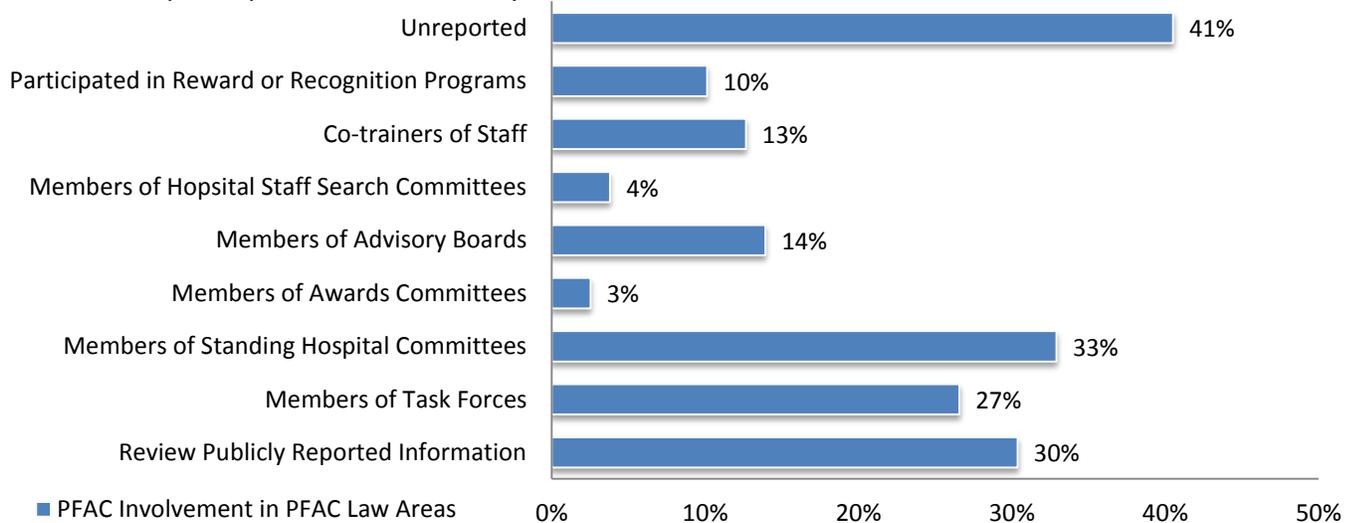
From 2012 to 2013, the proportion of PFACs reporting that quality improvement activities were initiated by the PFAC stayed relatively level (42% and 43%, respectively). This year, 63% (n=50) of PFACs reported on this feature, and of those, 68% (n=34) reported that they had initiated quality improvement activities. The following chart illustrates the full results.



B. PFAC-involved Quality Improvement

Massachusetts’ PFAC law requires and recommends a broad range of areas for hospitals to utilize PFAC consultation. While PFAC consultation is not limited to the areas described by the law, HCFA is interested in quantifying the frequency with which PFACs provide consultation in these areas as a minimum level of engagement. Both our report template and review tool draw on language from the PFAC law (see page 4, paragraph 2).

HCFA examined whether the law’s required and suggested areas of consultation were reported on. Rather than examining each consultation area separately, HCFA reviewed reports to determine the overall frequency with which hospitals report these activities. In 2013, 59% (n=47) of PFACs noted that they had participated in at least one of these activities. Of those reporting, 55% (n=26) reported that their members were part of standing hospital committees, and 51%(n=27) reported that they had reviewed publicly reported quality information, while only 4% (n=2) reported members were part of awards committees, and only 6% (n=3) reported participating in hospital staff search committees. Disappointingly, 41% of reports did not include information about any of these activities even though the law specifically lists them as required or recommended areas for PFAC involvement. The following chart summarizes the proportion of PFACs that participated in each activity.



11. Evaluating Individual PFAC Accomplishments

The following table details PFAC accomplishments in four indicative categories of engagement. Information has been gathered from the PFAC reports submitted to HCFA. Lack of a checkmark means that evidence of these activities was not reported. The following four categories were chosen as indicators that a PFAC is both ambitious and well-integrated within the hospital environment.

Implementing change: HCFA wishes to highlight concrete changes to hospital quality of care or patient experience over the past year. PFACs that reported implementing change in 2013 earned a checkmark.

Goals: Well-articulated goals signify that a PFAC has set a path forward in the coming year and has recognized areas in need of attention from the patient and family perspective. PFACs reporting clearly identified goals earned a checkmark.

Committee placement: Many PFACs have broadened their influence by placing members on other hospital committees or task forces. These efforts demonstrate a commitment by the hospital and the PFAC to integrate their efforts into the larger hospital culture. PFACs that reported placing members on other hospital committees or task forces earned a checkmark.

Community Representation: Establishing PFAC membership that is representative of the hospital's service area is essential to ensuring that a diversity of care experiences, concerns, and insights are represented by the council's membership. PFACs that noted their PFAC is, or strives to be, representative of the hospital service area earned a checkmark.

(Note: Hospitals that met all 4 criteria are indicated with an asterisk.)

Hospital	PFAC Reported Implementing Change In The Hospital	PFAC Reported Its Goals For The Coming Year	PFAC Reported That It Placed Members On Hospital Committees	PFAC Reported That It Is, or Strives to Be, Representative Of The Hospital Service Area
AdCare Hospital				
Anna Jaques Hospital	✓	✓		
Athol Hospital		✓		
*Baystate Children's Hospital	✓	✓	✓	✓
*Baystate Medical Center	✓	✓	✓	✓
*Beth Israel Deaconess Medical Center	✓	✓	✓	✓
Beth Israel Deaconess—Milton	✓	✓		
Beth Israel Deaconess—Needham	✓	✓	✓	
Berkshire Medical Center	✓	✓		✓

Hospital	PFAC Reported Implementing Change In The Hospital	PFAC Reported Its Goals For The Coming Year	PFAC Reported That It Placed Members On Hospital Committees	PFAC Reported That It Is, or Strives to Be, Representative Of The Hospital Service Area
Beverly and Addison Gilbert Hospitals	✓			
*Boston Children's Hospital—Family Advisory Council	✓	✓	✓	✓
*Boston Children's Hospital—Teen Advisory Council	✓	✓	✓	✓
*Boston Medical Center	✓	✓	✓	✓
*Braintree Rehabilitation Hospital	✓	✓	✓	✓
*Brigham and Women's Hospital—Boston	✓	✓	✓	✓
*Brigham and Women's Faulkner Hospital	✓	✓	✓	✓
*Cambridge Health Alliance	✓	✓	✓	✓
*Cape Cod Hospital	✓	✓	✓	✓
Carney Hospital	✓	✓		✓
Clinton Hospital	✓			✓
Cooley Dickinson Hospital	✓		✓	✓
Dana-Farber Cancer Institute	✓		✓	
Emerson Hospital	✓	✓	✓	
Fairlawn Rehabilitation Hospital	✓			
Fairview Hospital	✓	✓	✓	
*Falmouth Hospital	✓	✓	✓	✓
Good Samaritan Medical Center	✓	✓		✓
Hallmark Health System	✓			
*Harrington Hospital	✓	✓	✓	✓
*HealthAlliance Hospital	✓	✓	✓	✓
HealthSouth Rehabilitation Hospital of Western MA	✓	✓		✓
Heywood Hospital	✓	✓		✓
*Holy Family Hospital	✓	✓	✓	✓
Holyoke Medical Center	✓	✓	✓	
Jordan Hospital		✓		

Hospital	PFAC Reported Implementing Change In The Hospital	PFAC Reported Its Goals For The Coming Year	PFAC Reported That It Placed Members On Hospital Committees	PFAC Reported That It Is, or Strives to Be, Representative Of The Hospital Service Area
Kindred Hospital—Boston	✓			
Kindred Hospital—Northeast	✓	✓		
*Lahey Hospital	✓	✓	✓	✓
*Lawrence General Hospital	✓	✓	✓	✓
Lowell General Hospital				
Massachusetts Eye and Ear Institute	✓		✓	
*Massachusetts General Hospital	✓	✓	✓	✓
Marlborough Hospital	✓		✓	✓
Martha’s Vineyard Hospital		✓	✓	
McLean Hospital	✓		✓	
Mercy Medical Center	✓	✓		
Merrimack Valley Hospital	✓			
MetroWest Medical Center			✓	✓
*Milford Regional Medical Center	✓	✓	✓	✓
Morton Hospital	✓			✓
Mount Auburn Hospital	✓			
*Nantucket Cottage Hospital	✓	✓	✓	✓
Nashoba Valley Medical Center	✓	✓		✓
New England Baptist Hospital	✓	✓		✓
New England Rehabilitation Hospital	✓	✓		
New England Sinai Hospital	✓			
Noble Hospital	✓	✓		✓
North Adams Regional Hospital	✓		✓	✓
North Shore Medical Center	✓	✓		✓
Norwood Hospital	✓			✓
*Quincy Medical Center	✓	✓	✓	✓
Radius Specialty Hospital	✓			✓

Hospital	PFAC Reported Implementing Change In The Hospital	PFAC Reported Its Goals For The Coming Year	PFAC Reported That It Placed Members On Hospital Committees	PFAC Reported That It Is, or Strives to Be, Representative Of The Hospital Service Area
Shriner's Hospital for Children—Boston				✓
Shriner's Hospital for Children—Springfield	✓	✓		✓
Signature Health Care Brockton Hospital		✓		✓
*Southcoast Hospitals Group	✓	✓	✓	✓
*South Shore Hospital	✓	✓	✓	✓
Spaulding Hospital for Continuing Medical Care—Cambridge	✓			
Spaulding Rehabilitation Hospital—Boston	✓	✓		
Spaulding Rehabilitation Hospital—Cape Cod	✓			
*St. Anne's Hospital	✓	✓	✓	✓
St. Elizabeth's Medical Center				✓
*St. Vincent Hospital	✓	✓	✓	✓
Sturdy Memorial Hospital	✓			✓
*Tufts Medical Center and Floating Hospital for Children	✓	✓	✓	✓
UMass Memorial Medical Center	✓		✓	✓
*Whittier Rehabilitation Hospital	✓	✓	✓	✓
*Winchester Hospital	✓	✓	✓	✓
*Wing Memorial Hospital	✓	✓	✓	✓

12. PFAC Efforts in Four Areas of Focus

The following sections (A-D) provide further information about each of the measures in the table above, including notable PFAC accomplishments and other qualitative data that represents the diversity and reach of PFAC activity across the state. After each item the hospital that engaged in the effort is listed so that other PFACs can look for more detail in their individual reports and they can reach out to them to learn more.

A. Implementing Change

PFACs utilize a broad network of hospital resources to effect significant reforms in patient care. **In 2012, 95% (n=56) of PFACs were engaged in implementing change in the hospital,**

while 86% (n=68) reported doing so in 2013. This decrease calls to question the purpose of the PFACs at those hospitals not reporting change and/or the lack of information provided in their reports. The following summarizes some of 2013's most innovative and exciting PFAC developments, and are loosely categorized according to the type of initiative/the intended outcome of the initiative.

I. Outreach

- PFAC is sponsoring a community film screening of "The Waiting Room," followed by a panel discussion. (*Boston Medical Center*)
- The Palliative Care Committee met with community groups, including senior centers, religious organizations, elderly housing, and retirement communities, to promote an understanding of the role of palliative and hospice care in providing focused comfort care and the role of the various tools designed to ensure that an individual's wishes will be met. Members of the committee also met with the Dementia Initiative and the Cooley Dickinson Trustees' Development/Public Relations Committee. (*Cooley Dickinson*)
- The Emergency Department Committee designed and implemented Comments Cards for immediate feedback about the ED from patients using it at the time. (*Cooley Dickinson*)
- The video sub-committee worked with Media/Public Affairs to create a video that showcases the ways that teens can self-advocate during their clinic appointments. The video is on YouTube and the hospital's Thriving website. (*Boston Children's Teen Advisory Council*)
- PFAC organized a community-wide presentation on End of Life Care/Health Care Proxy, which included a national speaker. (*Noble*)

II. Improving Information for Patients and Families

- PFAC developed FAQ for new patients/families to receive upon admission. (*Spaulding Rehab*)
- PFAC met with the Manager of Interpreter Services to learn about communication issues between staff and non-English/limited-English proficient patients. PFAC is concerned about having services appropriate to their Spanish-speaking and Portuguese-speaking service area. (*Clinton*)
- PFAC members helped to develop a healthcare proxy FAQ sheet. (*Good Samaritan*)
- Council members worked with staff to help community members better understand the triage process. (*Cooley Dickinson*)
- PFAC worked with staff to update the content of the Emergency Department's section of Cooley Dickinson's website. The update provides helpful tips for the public as well as links to websites with useful documents. (*Cooley Dickinson*)
- Three members participated in Institutional Review Board Teach-Back training to help ensure patient and family understanding in the informed consent process. (*Baystate Medical Center*)
- PFAC created "Jack's Lifeline," a booklet for patients by patients, to assist in their stay. (*Tufts*)

- PFAC worked to put Health Care Proxy forms on hospital website, improved distribution of forms, and educated patients on the forms. (*Holyoke*)
- PFAC collaborated with hospital on development of new Patient Safety Brochure-distributed at bedside for all patients and distributed at outpatient offices and physician offices. (*Spaulding Cape Cod*)
- Council created brochure for PICU "Tips for Parents from Parents: What to expect when your child is a patient." (*Baystate Children's Hospital*)
- Council developed "Visitor Tip Sheet" to enhance patient/visitor experience. (*Mass General*)
- PFAC undertook multiple projects to translate materials into Spanish. (*Cooley Dickinson*)
- PFAC members worked to improve patient and family education about patients' rights. Created consistent and uniform packets of information. (*Nantucket Cottage*)

III. Integration of the Patient and Family Voice

- PFAC members act as guest faculty in orientation of new staff. (*Fairview*)
- Survey tools were administered to advisors as well as to staff working with advisors, seeking data that speaks to how advisor input has affected the broader experience of BIDMC patients and families. Results showed positive impacts and changes made as a result of patient and family input. Staff reported they would recommend other staff get feedback from patients and families. (*Beth Israel Deaconess Medical Center*)
- Council member participated in the interview process for finalists for the new position of Patient Advocate and Engagement Manager. (*Cooley Dickinson*)
- Seven members served as co-trainers for over 100 physicians and residents completing simulation training to improve patient and family communication skills. (*Baystate Medical Center*)
- Council members participated in a communication workshop for staff that used actors to portray patients and family members in simulated clinical situations. PFAC members offered their perspectives during the debriefings. (*Beverly & Addison Gilbert*)
- The Shapiro Patient and Family Advisory Council hosted its second Nursing Grand rounds. The topic of the Grand Rounds was "Reflecting on the Healing Process." (*Brigham and Women's*)
- Advisors participated as teachers in workshops to increase provider communication skills in medical error disclosure and prevention. This project was a partnership involving staff and advisors from BIDMC, the Institute for Professionalism and Ethical Practice at Children's Hospital Boston, and Cambridge Health Alliance. Two advisors co-presented the results of this project alongside staff at a BIDMC Improvement Showcase. (*Beth Israel Deaconess Medical Center*)
- PFAC efforts led to adoption of "Golden Behaviors" for all staff when dealing with patients. (*Nashoba Valley*)
- Members of PFAC collaborated with Senior Leadership on the development of the Hospital Strategic Plan and Organization-wide goals for advancing patient and family-centered care. (*South Shore*)
- PFAC Human Resources Subcommittee allows PFAC participation in the interview process for hiring new hospital leadership and/or other key positions. These positions

have included senior level management including the executive director of the Cancer Center and service line directors. (*South Shore*)

- To assure that Council members are comfortable with interviewing prospective leadership candidates, PFAC members may participate in a behavioral interviewing educational program presented by the hospital's human resources department. (*South Shore*)
- The Board of Trustees Chair and Chair of the CEO Search Committee invited Council members to be interviewed by the consulting firm conducting the search for a new CEO about what leadership skills, attributes and experiences they believe the next CEO should possess. (*Cooley Dickinson*)

IV. Quality Projects

- The PFAC's Medication Card project is intended to create a normalized behavior for presenting complete and accurate medication lists at every encounter with healthcare professionals throughout the community. The tool has been included in every inpatient information kit. As a result, patients became increasingly aware of the importance of clearly communicating information about their medications and clinicians have become more consistent in their efforts to document complete and accurate medication histories. (*Nantucket Cottage*)
- PFAC members worked with the Emergency Department Operational Review Committee to improve patient satisfaction in regards to wait time and patient flow. The Home Care Sub-Council has focused on recognizing patient wishes, with a particular focus on dignity and respect of patients. (*South Shore*)
- PFAC invited the Physical Therapy Manager and Nurse Manager to discuss ways to keep elderly patients strong during their hospital stay. PFAC offered several suggestions for improvement, and the PT and Nurse Managers are testing a new process to address PFAC concerns. (*Clinton*)
- PFAC worked on Pre-Op Instructions. Their diligent efforts were greatly appreciated and helped to create the final version of the handout to be used by patients prior to surgery. (*Cambridge Health Alliance*)
- The PFAC collaborated on ways to better educate the patient regarding prescription refills upon discharge. (*Whittier*)
- PFAC worked to have family meetings initiated within 7 days of an admission. This has been implemented and is being tracked. (*Kindred Northeast*)
- PFAC mental health subcommittee cosponsored an event "Meeting the Challenges in Youth Mental Health" bringing together health care providers, school staff and parents. PFAC partnered with hospital to submit a grant proposal, which was accepted, to develop a fully integrated delivery system for the behavioral health population. (*Milford*)

V. Other

- Special Spanish-speaking-only PFAC meetings have been held and the issues raised in those meetings were substantially different than the PFAC meetings held in English. (*Berkshire Medical Center*)

- An Empowering Woman PFAC was formed with members who have been impacted by various forms of intimate partner violence. They helped develop a research proposal, participated on a hospital-wide planning committee meeting for October (Domestic Violence Awareness Month), and are developing a strategic plan with hospital staff who provide services to women affected by violence. (*Brigham and Women's*)
- PFAC developed tiers of member involvement, including: "organizational partners" who serve on hospital or system committees; "mentors" who support NICU parents; "family as faculty" members who contribute to staff education; and "ambassadors" who contribute to hospital radio-thons and other events. (*Baystate Children's*)
- PFAC members and Senior Leaders started working on a pilot program/focus group with Harbor Medical and South Shore Medical Center. The medical centers are committed to working on better communication with South Shore Hospital. (*South Shore*)
- PFAC worked to have Getting to Know You posters in patients' rooms. (*New England Sinai*)
- Advisors were involved in the development of visitor guidelines, branded as "Visitor Top 5," from conceptualization through production of the materials. Advisors are also featured in photographs on the "Visitor Top 5" posters. (*Beth Israel Deaconess Medical Center*)

B. Goals

Out of all PFACs reporting in the past year, 62% (n=49) stated their goals for the coming year, while 66% (n=39) reported goals in 2012. **This drop in the proportion reporting goals is unfortunate, as all PFACs should make an effort to develop goals on an annual basis and to review the previous year's goals.** Among PFACs that noted upcoming goals, the following themes were common:

- Recruitment and retention of new members,
- Placement and increased integration of members on hospital committees,
- Increased interaction with hospital staff, and
- Better information for patients and families, including brochures and online materials.

C. Committee Placement

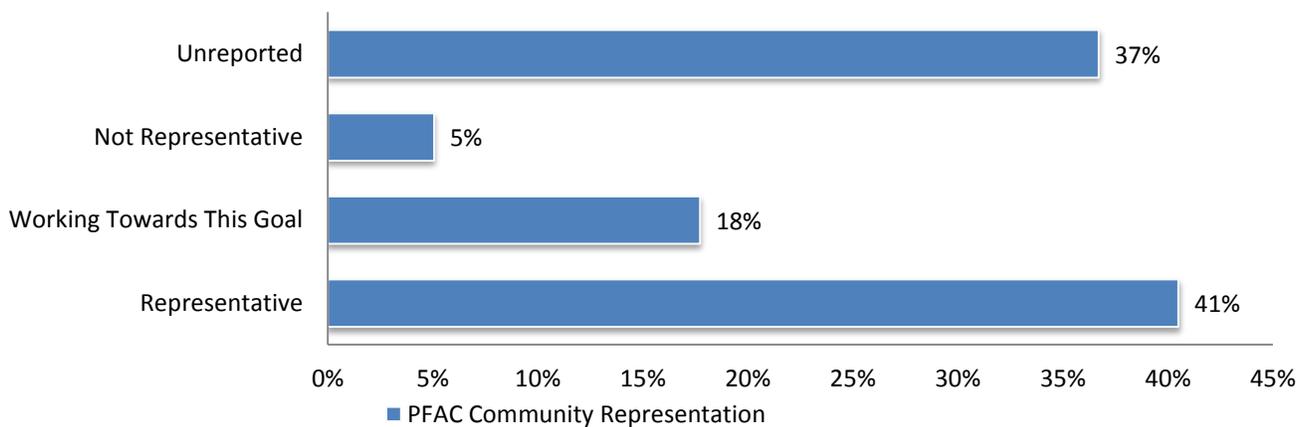
One element of a fully engaged and mature PFAC is the integration of PFAC members onto other hospital committees. **Such involvement can yield a greater, more widespread representation of the patient and family voice in quality improvement.** This past year, 46% (n=36) of PFACs reported placing members on hospital committees or workgroups, while 47% (n=28) reported doing so in 2012. Among those reporting in 2013, the average number of outside committees on which members were placed is 4, with certain PFACs reporting between 10 and 15 placements and others reporting 1 or 2. Examples of reported placements include:

- Development/public relations committee
- Ethics steering committee
- Hospital quality council
- Nursing practice committee
- Expansion committee
- Employee recognition

- Care transitions collaborative
- ED innovations team
- Pediatric resource hotline
- Drug shortage task force
- Hospitalist committee
- Emergency preparedness committee
- End-of-life planning committee
- Hispanic outreach committee
- Patient safety committee

D. PFAC Community Representation

Among the legally mandated features of Massachusetts PFACs is the requirement that PFAC membership reflect the communities served by the hospital. In 2013, 63% (n=50) of PFACs reported on this feature. **37% did not report on this, which implies that it is not a high priority for them even though it is a requirement under the law.** Among those reporting on this feature, 64% (n=32) noted that the PFAC is representative of the hospital’s service community (though this was often a broad and undefined statement in the report) while 28% (n=14) noted that the PFAC is working towards this goal. The full results are illustrated below.



Conclusion

The evaluation of 2013 reports reveals increased PFAC engagement and increased organizational sophistication, as measured by numerous factors outlined in this report. HCFA regards PFACs as a vital resource for hospitals and appreciates the complexity of incorporating patients and family members into the traditional decision making structures of these institutions. We are encouraged by the expansion of roles and expectations that hospital leaders are establishing for their PFACs. As Massachusetts heightens its focus and incentives for patient-centered care, fully engaged PFACs can provide effective feedback to speed delivery reforms that reflect the values and vision of hospitals and patients alike.

While HCFA received reports from 79 PFACs, we are missing 6 reports. We received many of the 79 reports before or soon after the October 1 deadline for PFACs to write their annual reports,

but it took a lot of time and effort to access quite a few of the other reports. We continue working to ensure that hospitals and their PFACs are aware of the Massachusetts law and its requirements, including that each PFAC must write a report by October 1 of each year and make it available to any member of the public upon request. Many PFACs have their own webpage on the hospital website with the annual report and more information for interested members of the public. **Ideally, all hospitals will develop PFAC webpages in the coming year.**

As is clear throughout this report, for many of the areas which we examined there were sizeable percentages for which our reviewers marked “unreported.” This is disappointing and makes it difficult to get a true sense of PFAC composition and engagement in a number of cases. HCFA staff and volunteers developed and twice distributed a template report which sought answers to the areas most important in determining PFAC development and activity. **We strongly encourage all PFACs to either directly utilize the template for the 2014 reports or take the template questions into account as they write their reports, so that we can better reflect activity across the state.** A 2014 template will be distributed in June in order to give PFACs more than 3 months to write their reports before the due date of October 1.

The vast majority of PFACs reported that their composition includes at least 50% patient/family representation. Further, there was an increase in the number of PFACs reporting that the chair or a co-chair of the council is a patient or family member. These are both positive indications of the increasing recognition of the value of the patient and family voice and the need to make members of the PFAC true partners in improving the quality of care and patient experience.

The composition of most PFACs, however, does not yet represent the community served by the institution. Many PFACs have the goal of becoming more representative and are working to move in that direction, but it is a goal that most have not yet attained. Even those reporting that they do represent the community are often looking at representation narrowly and not considering the wide range of patients using their services and how their presence on the PFAC would bring new and different perspectives. PFACs should consider the PFAC member support they provide and consider what they might offer to facilitate participation from a wider range of community members. Some ideas are included in this report on page 11. PFACs could also reach out to hospital staff working on community benefits and community outreach for their ideas on recruitment. We hope to see more PFACs coming closer to their goals of true representation in 2014.

While most PFACs reported implementing change in the hospital, which is laudable, the degree of change differs widely, and more than half of PFACs are still not reporting that they are initiating change. It is much more common for the hospital to request feedback from the PFACs for an initiative that is already underway and was planned by staff. While the patient and family perspective should be included for any project undertaken by the hospital, there is much value to also having PFACs initiate their own projects. **Again, we hope to see more PFAC-initiated projects in 2014 and beyond.**

Many PFACs review publicly-reported data but it is unclear what, if any, actions are taken as a result of reviewing the data. And, while certainly important, some PFACs have only focused on improving patient satisfaction results. **It is also vital that PFACs partner with hospitals in**

working to improve, for example, patient safety outcomes such as infections and Serious Reportable Events. PFACs can also play a role in educating patients and consumers about these public reports and how to effectively use them.

About half of the PFACs report having placed members on hospital committees or workgroups. PFAC members can make a true difference when they bring the patient and family voice to ongoing hospital work. Some hospitals have done an excellent job of both preparing patients and family members to be effective participants in hospital committees and preparing staff members of those committees to truly welcome and involve the patients and families in their efforts and discussions. **We look forward to seeing further growth in the number of PFACs placing PFAC members on committees and we will continue to facilitate the sharing of best practices across PFACs.**

Finally, a majority of PFACs reported goals for the year ahead of them but about 1/3 did not. **Organizations will be much more successful if they look ahead and focus on what they hope to accomplish in the coming year and beyond.** We urge all PFACs to make goal-setting and evaluation a regular part of what they do on an annual basis. An effective and successful volunteer group is one that involves its volunteers in all aspects of making decisions, setting goals, and engaging in the work. We look forward to seeing the PFACs of Massachusetts continue moving in this direction.

HCFA is committed to providing resources to hospital leadership and PFAC staff and patient and family members so that the Councils can live up to the expectations that served as the catalyst for their creation. HCFA has already taken many steps in this direction by organizing two statewide PFAC conferences, creating a PFAC member list-serve, hosting free monthly webinars for PFAC members and visiting with PFACs across the state to discuss how HCFA can be helpful to their work. As we develop a statewide PFAC advisory board and move toward organizing regional PFAC gatherings, we look forward to supporting Massachusetts PFACs as a vital voice for improving the quality of care across the state.

Appendix A

Hospital 2013 Annual PFAC Reports Reviewed

AdCare Hospital
Anna Jaques Hospital
Athol Hospital
Baystate Children’s Hospital
Baystate Medical Center
Beth Israel Deaconess Medical Center
Beth Israel Deaconess: Milton
Beth Israel Deaconess: Needham
Berkshire Medical Center
Beverly and Addison Gilbert Hospitals
Boston Children’s Hospital: Family
Advisory Council
Boston Children’s Hospital: Teen Advisory
Council
Boston Medical Center
Braintree Rehabilitation Hospital
Brigham and Women’s Hospital: Boston
Brigham and Women’s Faulkner Hospital
Cambridge Health Alliance
Cape Cod Hospital
Carney Hospital
Clinton Hospital
Cooley Dickinson Hospital
Dana-Farber Cancer Institute
Emerson Hospital
Fairlawn Rehabilitation Hospital
Fairview Hospital
Falmouth Hospital
Good Samaritan Medical Center
Hallmark Health System
Harrington Hospital
HealthAlliance Hospital
HealthSouth Rehabilitation Hospital of
Western MA
Heywood Hospital
Holy Family Hospital
Holyoke Medical Center
Jordan Hospital
Kindred Hospital: Boston
Kindred Hospital: Northeast
Lahey Hospital
Lawrence General Hospital
Lowell General Hospital
Massachusetts Eye and Ear Institute
Massachusetts General Hospital
Marlborough Hospital
Martha’s Vineyard Hospital
McLean Hospital
Mercy Medical Center
Merrimack Valley Hospital
MetroWest Medical Center
Milford Regional Medical Center
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
New England Baptist Hospital
New England Rehabilitation Hospital
New England Sinai Hospital
Noble Hospital
North Adams Regional Hospital
North Shore Medical Center
Norwood Hospital
Quincy Medical Center
Radius Specialty Hospital
Shriner’s Hospital for Children: Boston
Shriner’s Hospital for Children: Springfield
Signature Health Care Brockton Hospital
Southcoast Hospitals Group
South Shore Hospital
Spaulding Hospital for Continuing Medical
Care: Cambridge
Spaulding Rehabilitation Hospital: Boston
Spaulding Rehabilitation Hospital: Cape Cod
St. Anne’s Hospital
St. Elizabeth’s Medical Center
St. Vincent Hospital
Sturdy Memorial Hospital
Tufts Medical Center and Floating
Hospital for Children
UMass Memorial Medical Center
Whittier Rehabilitation Hospital
Winchester Hospital
Wing Memorial Hospital

Hospital 2013 PFAC Reports Not Received By March 2014

Franciscan Hospital for Children

Hebrew Rehabilitation Center

Kindred Hospital: Boston North Shore

New Bedford Rehabilitation Hospital

Newton-Wellesley Hospital

Spaulding Hospital for Continuing Medical

Care: North Shore

Appendix B

HCFA Recommended 2013 Patient and Family Advisory Council Annual Report Template

Hospital Name:

Date of Report:

Year Covered by Report:

Year PFAC Established:

Staff PFAC Contact (name and title):

PFAC Organization

1. Does your PFAC have a mission statement? What is it?
2. How do you recruit PFAC members?
3. Is the PFAC chair or co-chair a patient or family member?
4. Is there a staff liaison(s) for the PFAC? In what department is the PFAC situated?
5. What is the size of the PFAC?
6. Are at least 50% of PFAC members current or former patients or family members?
7. How many patient and family members and how many staff members are on the PFAC?
8. How often does the PFAC meet?
9. Do you reimburse PFAC members for any costs associated with attending meetings and/or provide any other related assistance (eg. free parking, babysitting, etc.).
10. Explain how the PFAC membership is representative of the community served by the hospital (demographically and in terms of services utilized at hospital).
11. Who sets agendas for PFAC meetings?
12. Does the PFAC have subcommittees? If yes, please list and describe them.
13. To what extent does the PFAC have access to the hospital Board of Directors?
14. Are PFAC meeting minutes submitted to the hospital board?
15. Is there a PFAC section on the hospital website? What is the URL?
16. To what extent has the PFAC communicated with PFACs at other hospitals?

Organization and Community Representation

17. Describe the PFAC orientation for new members. Include in description how often it is given, by whom, and the content covered.
18. What continuing education was provided to PFAC members this reporting year?

PFAC Impact and Accomplishments

(Questions 21-24 below can inform your responses to questions 18 and 19.)

19. On what hospital committees or boards have you placed PFAC members? Was their participation suggested by the committee or by the PFAC?
20. In what ways did the PFAC influence quality of care at this hospital? Describe the PFAC's accomplishments over the past year. Also note for each initiative undertaken, did the idea arise directly from the PFAC or did a department, committee or unit request PFAC input on the initiatives? (Questions 23-26 below can inform your responses.)

21. The law allows a hospital to engage its PFAC in a broad consulting role. Did the PFAC advise the hospital on any of the following areas specifically mentioned in the law (Check or underline all that apply):

- a. patient and provider relationships
- b. institutional review boards
- c. quality improvement initiatives
- d. patient education on safety and quality matters

22. Did the PFAC engage in any of the following (mentioned in the law) (Check/underline all that apply):

- a. reviewers of publicly reported quality information (see #25 for more specifics)
- b. members of task forces
- c. members of standing hospital committees that address quality (list committees and how many PFAC members serve on each)
- d. members of awards committees
- e. members of advisory boards
- f. participants on search committees and in the hiring of new staff
- g. co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees or as participants in reward and recognition programs

23. Was any of the following **public** information on hospital performance shared with the PFAC? (Check/underline all that apply.)

- a. Serious Reportable Events
- b. Healthcare-Associated Infections
- c. DPH information on complaints and investigations
- d. Staff influenza immunization rate
- e. Other hospital performance information shared: please describe

24. Did PFAC quality of care initiatives relate to any of the following state and/or national quality of care initiatives: (Check/underline all that apply.)

- a. Healthcare-associated infections
- b. Public reporting of hospital performance
- c. Rapid response teams
- d. Hand-washing initiatives
- e. Checklists for surgical procedures
- f. Checklists for nonsurgical procedures
- g. Disclosure of harm and Apology
- h. Fall prevention
- i. Informed decision making/informed consent
- j. Improving information for patients and families
- k. Health care proxies/substituted decision making
- l. End of life planning (e.g., hospice, palliative, advanced directives)
- m. Care transitions (e.g., discharge planning, passports, care coordination & follow up between care settings)
- n. Other-please describe

PFAC Annual Report

25. Do PFAC members participate in the development of the PFAC annual report?
26. Does the hospital share the PFAC annual reports with PFAC members?
27. Did the hospital share the PFAC annual report with the Board of Directors/Trustees? How?
28. Do you make the PFAC report accessible to the public? How?
29. Is the annual PFAC report posted to the hospital's website for public access?

Goals

30. What goals or quality improvement strategies, if any, has the PFAC set for the coming year?
(Please list.)

Appendix C

HCFA 2013 Patient and Family Advisory Council Report Review Tool

1. Hospital name

2. How many members does this PFAC have?

(Note: If the number of members is not in the report, please write "n/a" to indicate not available.)

3. How many of the PFAC members solely represent a patient or family member perspective, e.g., not also a hospital staff representative? (Note: If this is not in the report, please write "n/a" to indicate not available.)

4. Does a patient or family member representative serve as either Chair or co-Chair?

- Yes
- No
- Unable to determine from report

5. How does the PFAC recruit new members? (We are looking for innovative ideas & efforts targeted to improve community representation.)

6. List anything in the PFAC new member orientation that is PFAC-specific, e.g., goes beyond the general hospital volunteer orientation.

7. Does the PFAC reimburse for costs or provide assistance to members to enable their full participation and attendance at meetings? (Select all that apply.)

- Unable to determine from report
- Parking
- Meals
- Mileage or public transportation assistance
- Stipend
- Child or elder care financial support
- Interpreter/translator or other language communication assistance
- Conference call participation/webinar
- Other (please specify)

8. Is this PFAC membership representative of the communities the hospital serves?

- Yes, report notes that PFAC is representative
- Yes, report notes that PFAC is working towards this goal
- No, report notes that PFAC is not yet representative
- Unable to determine from report

9. To what extent does the PFAC interact with the hospital's Board of Directors or governing body? (Check all that apply.)

- Unable to determine from report
- PFAC annual report is shared with governing body
- Minutes from PFAC meetings are shared with governing body
- Board members have attended, or regularly attend, PFAC meetings
- PFAC members have attended, or regularly attend, hospital Board of Directors meetings
- Other

10. Does the PFAC have committees or workgroups of its own? (This question is NOT about what hospital committees on which PFAC members participate. That is the following question.)

- Unable to determine from report
- No, the PFAC does not have its own committees or workgroups
- Yes, the PFAC has committees or workgroups. These are listed in the text box.

- 11. Do PFAC members serve or participate on other hospital committees, boards, or workgroups?**
- Unable to determine from report
 - No, PFAC members do not serve on other committees/boards/workgroups
 - Yes, PFAC members do serve on other committees/boards/workgroups (List in text box below.)
- 12. Did the PFAC recommend specific quality improvement initiatives be undertaken by the hospital? (This question is to distinguish PFAC-initiated improvement projects from those generated by the hospital in which the PFAC was an involved party.)**
- Yes
 - No
 - Unable to determine from report
- 13. List ALL the quality improvement projects the PFAC was involved in -- either recommending or implementing during 2013. (Note: Initiatives may have been recommended in a previous year but still active. If a quality improvement activity was initiated in a prior year and is continuing please indicate that. All other quality improvement activities will be considered as new during the 2013.)**
- 14. Check if any of this PFAC's quality improvement activities, initiated either by the PFAC members or by other hospital entities, relate to national and state priorities. For example, if the Emergency Dept. planned to institute a new hand washing protocol and asked the PFAC to comment on the procedures, the reviewer would check off "hand washing initiative". (Check all that apply.)**
- Healthcare acquired infections
 - Public reporting of hospital performance
 - Rapid response teams
 - Hand washing initiative
 - Checklists for surgical procedures
 - Checklists for non-surgical procedures
 - Apology and disclosure of harm
 - Fall prevention
 - Informed decision making/informed consent
 - Improving information for patients and families
 - Health care proxies/substituted decision making
 - End of life planning (e.g., hospice, palliative, advanced directives)
 - Care transitions (e.g., discharge planning, passports, care coordination & follow up between care settings)
 - Other (any other state or national priority pointed out in report)
- 15. Was any of the following public information about Massachusetts hospital performance shared with the PFAC? (Check all that apply.)**
- Unable to determine from report
 - Serious Reportable Events (SRE)
 - Healthcare-associated infections (HAI)
 - Dept. of Public Health information on complaints and investigations
 - Staff influenza immunization rate
 - Other hospital performance information (Please describe in text box.)
- 16. Did the PFAC engage in any of the following activities mentioned in the law? (Check all that apply.)**
- Unable to determine from report
 - Review publicly reported information on hospital quality (See Q. #15 for specifics.)
 - Members of task forces
 - Members of standing hospital committees that address quality

- Members of awards committees
- Members of advisory boards
- Participate on hospital staff search committees
- Co-train for clinical or non-clinical staff, in-service programs, health professional trainees
- Participate in reward or recognition programs

17. Does the hospital make the PFAC report accessible to the public either by posting to the hospital's website or noting how to request a copy?

- No, PFAC report is not posted to hospital website nor are there instructions on how to request a copy.
- Yes, report is posted or website notes how to request a copy

18. What goals or quality improvement projects or initiatives, if any, has the PFAC set for the coming year? (Please list all noted in the report.)

- Unable to determine from report
- Yes, PFAC report mentions goals for 2014. Please note these in the text box (can be summarized).

19. What is this PFAC doing well that should be shared with other PFACs? Please emphasize activities initiated by the PFAC and not activities initiated by other hospital committees or entities.

20. Did the PFAC use the HCFA report template?

- Yes
- No
- Unable to determine from report

21. What in this PFAC report stands out to you as amiss and in need of attention?

Appendix D

HCFA 2013 PFAC Annual Report Review Committee

Opinions expressed in this report are those of the Report Review Committee members listed below.

HCFA and PFAC Volunteers (alphabetical listing)

Kathy Campanirio
Kevin Dow
Elizabeth Pell
Nicola Truppin
Barbara Williams

HCFA Staff

Jené Bass
Deb Wachenheim

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