Under Massachusetts law, all PFACs are required to write annual reports each year and to make them available to members of the public upon request. To assist you in collecting information, Health Care For All (HCFA) has developed this revised report template with 6 sections, with the hope that you will use it to complete your report for the fiscal year 2015 (October 1, 2014 – September 30, 2015).

We encourage you to submit your hospital’s PFAC report through an on-line survey to ease reporting burden. Follow [this link](#) to complete the FY 2015 PFAC Report. Once the survey is completed, you will be directed to a summary of your responses, which you will be able to save as a PDF or copy and paste into another document for your own reporting.

HCFA recognizes the importance of supporting the work of the PFACs and facilitating cross-PFAC learning and sharing. Your PFAC report should be made publically available and sent back to us (using the attached word document or preferably the on-line survey) no later than October 1, 2015.

If you have questions or concerns, please contact Margo Michaels at mmichaels@hcfama.org.
2014 Patient and Family Advisory Council Annual Report

Please list

1. Hospital Name: Baystate Franklin Medical Center
2. Year PFAC Established: 2010
3. Staff PFAC Contact (name and title): Joanne Peterson BSN RN, Manager, Process Improvement
4. Staff PFAC Contact E-mail and Phone: joanne.peterson@bhs.org 413-773-2286

Note: The following questions only concern PFAC activities in fiscal year 2015.

Section 1: PFAC Organization

5. Our PFAC has (check the best choice)
   - ☒ By-laws
   - ☒ Agreed-upon policies and procedures
   - ☐ Neither

6. (If neither) Our PFAC manages itself through (describe in 1500 characters or fewer): Health System has corporation wide policy for PFACs

7. Our PFAC recruits new members using the following approaches (check all that apply):
   - ☒ Word of mouth
   - ☒ Promotional efforts within institution to patients
   - ☒ Promotional efforts within hospital to providers or staff
   - ☒ Through existing members
   - ☐ Facebook and Twitter
   - ☐ Recruitment brochure
   - ☒ Hospital publications

   ☐ Hospital banners and posters
   ☐ Through care coordinators
   ☐ Through patient satisfaction surveys
   ☐ Through community based organizations
   ☐ Through houses of worship
   ☐ At community events
   - ☒ Other
   - ☐ None

8. If other, describe (in 1500 characters or fewer): Via the Patient Relations Complaint/Grievance Process

9. Our PFAC chair or co-chair is a patient or family member.
   - ☒ Yes
   - ☐ No

10. Our PFAC chair or co-chair is a hospital staff member.
    - ☒ Yes
    - ☐ No

11. This person's position title ___________ Manager, Process Improvement
12. This person is the official PFAC staff liaison

☑ Yes
☐ No

13. Our PFAC has a total of ___3___ staff members.

14. Our PFAC has _11_ current or former patients or family members.

15. The name of the hospital department supporting the PFAC is: Process Improvement (which oversees Patient Relations)

16. If not mentioned above, the hospital position of the PFAC staff liaison is____

17. The hospital reimburses PFAC members for the following costs associated with attending or participating in meetings (check all that apply)

☑ Provide free parking
☑ Provide meals
☑ Provide translator or interpreter services
☑ Provide assistive services for those with disabilities
☐ Provide meeting conference call or webinar options
☑ Provide mileage or travel stipends
☑ Provide financial support for child care or elder care
☐ Provide stipends for participation
☐ Provide on-site child or elder care
☐ Provide reimbursement for attendance at annual PFAC conference
☑ Provide reimbursement for attendance at other conferences or trainings
☐ Provide gifts of appreciation to PFAC members annually
☐ Cover travel expenses to attend conferences
☐ Provide other supports
☐ None

18. If other, describe (in 1500 characters or fewer): __________
Section 2: Community Representation

The PFAC regulations require every PFAC to represent the community served by the hospital.

19. Our catchment area is geographically defined as: Franklin County plus bordering towns in the North Quabbin and northern Hampshire County regions as well as southern Vermont and New Hampshire border towns.

20-25. Our catchment area is made up of the following demographic percentages:

<table>
<thead>
<tr>
<th>RACE</th>
<th>ETHNICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>% America n Indian or Alaska Native</td>
<td>% Latino</td>
</tr>
<tr>
<td>0.4%</td>
<td>0.89%</td>
</tr>
<tr>
<td>1.5%</td>
<td>3.65%</td>
</tr>
<tr>
<td>1.4%</td>
<td>0.07%</td>
</tr>
<tr>
<td>0.1%</td>
<td>83.34%</td>
</tr>
<tr>
<td>94.6%</td>
<td>4.34%</td>
</tr>
<tr>
<td>3.8%</td>
<td>96.60%</td>
</tr>
<tr>
<td>91.5%</td>
<td></td>
</tr>
</tbody>
</table>

Our catchment area is made up of the following ethnic and racial groups (STATS FOR FRANKLIN COUNTY)

In FY 2015, the our institution provided care to patients from the following ethnic and racial groups

In FY 2015, our PFAC patients and family members came from the following ethnic and racial groups

We do not ask the racial and/or ethnic makeup of our member-advisors but believe our membership to be representational of our catchment area’s demographics.

26. Our PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area (describe):

In FY 14 we endeavored to bridge to our local immigrant populations and were able to recruit a bi-cultural Moldovan member who has remained an active member.

We have intentionally recruited younger members (parent of school age children) as our original PFAC membership could speak primarily to geriatric care experiences.

We are actively seeking members of the LGBQT community to have a PFAC more representational of the overall community we serve.

Our hospital’s community benefits coordinator was a PFAC member for FY15 and bridged gaps to other populations served which might not be readily apparent in demographic breakout.

☐ n/a
Section 3: PFAC Operations

27. Our process for developing and distributing agendas for our PFAC meetings (choose one):

☒ The staff develops the agenda and sends it out prior to the meeting
☐ The 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
☐ The PFAC has a collaborative process between staff and patients/family members to develop and distribute the agenda
☐ None
☒ Other process

28. If collaborative process, describe: PFAC members are invited to email or call co-chairs with any agenda topics. We also allow for new agenda items to be suggested at the start of every meeting. Our agenda planning process is largely driven by goals established collaboratively with the member-advisors.

29. If other process, describe: ________________

30. The PFAC goals set for FY 2015 were:

At the November 2014 PFAC meeting, BFMC goals for 2015 were shared verbally. It was announced that Spoke 5 is now open officially for medical and surgical patients. The membership was asked to consider what goals we should have for impacting patient experience at the hospital in 2015. Ideas follow:

1. Wayfinding, especially considering new building and multiple entrances
2. Understand how centralized access services impacts BFMC. Start with inviting their manager/director to come to a PFAC.
3. Recruiting for new PFAC members
4. Patients and family members on select committees
5. More visibility about who the PFAC is, what it does for internal and external audiences
6. Understand more about complaints – what the process is, what typical complaints are
7. Connect with Baystate Wing to learn more about their PFAC Rounds
8. Advise on quality of johnnies (hospital gowns)
9. Meet with Steve Bradley, new president of BFMC
10. Tour OB and learn more about their achievements
11. Understand the marketing strategies and plan for BFMC
12. Baystate Medical Practices – who are they, how are they connected to the hospital, what are issues/obstacles to success there?
13. Urgent care – are there plans for a BH urgent plan, can PFAC impact that?
14. Have the “H” sign by the flashing yellow light at High & Main St improved
15. Members also asked to consider if meeting 4 times a year is enough to achieve these goals.

After the goal-generating discussion, the PFAC co-chairs met to prioritize and plan which of these many great ideas could begin to be impacted by PFAC member-advisors.
31. The PFAC goals for FY 2015 were (check the best choice):
☐ Developed by staff and reviewed by PFAC members
☒ Developed by PFAC members and staff

32. Our PFAC has the following subcommittees (check all that apply):
☐ Government relations
☐ Recruitment
☐ Emergency Department
☐ Education and Communication
☐ Family Support
☐ Policies and Procedures
☐ Palliative Care
☐ Annual Reports
☐ Publications
☐ Nominations
☐ Marketing
☐ Behavioral Health
☐ Medication Safety
☐ Hospital Safety
☒ None
☐ Other

33. If other, describe (in 1500 characters or fewer): ____________

34. Our PFAC interacts with the Hospital Board of Directors in the following ways (check all that apply):
☒ PFAC submits annual report to Board
☐ PFAC submits meeting minutes to Board
☐ PFAC member(s) attends Board meetings
☐ Board member(s) attends PFAC meetings
☐ PFAC member(s) are on board-level committee(s)
☒ None of the above
☐ Other

35. If other, describe (in 1500 characters or fewer): PFAC submits semi-annual (twice a year) reports to the Quality Committee of the Baystate Health Board of Trustees.

36. This is the url/link to the PFAC section on our hospital’s website:
☐ We don’t have such a section on our website

37. Describe the PFAC’s use of email, listservs, or social media:
We use email regularly for agendas, minutes, meeting reminders, new events of interest in-between meetings, and general communications amongst ourselves.
One of our members lives in a rural section of Franklin County not yet served by internet and we print and mail or call to this member.

☐ We don’t communicate through these approaches
Section 4: Orientation and Continuing Education

38. The PFAC had _0 (zero) _ new members this year

39. Our PFAC orientation program this year was provided by __ staff and __ PFAC members

40. The content included (check all that apply):
   - ☐ Meeting with hospital staff
   - ☐ A general hospital orientation
   - ☐ Information on concepts of patient- and family-centered care (PFCC)
   - ☐ Information on patient engagement in research
   - ☐ PFAC policies, member roles and responsibilities
   - ☐ Information on health care quality and safety
   - ☐ History of the PFAC
   - ☐ A “buddy program” with old members
   - ☐ How PFAC fits within the organization’s structure
   - ☐ Other

41. If other, describe (in 3000 characters or fewer): ______________

42. PFAC members are considered hospital volunteers and therefore (check all that apply):
   - ☐ Attend hospital volunteer trainings
   - ☐ Require immunizations or TB checks
   - ☐ Require CORI checks
   - ☒ Not applicable
   - ☐ Other

43. If other, describe: ______________

44. Our PFAC provides education to our members on the topic patient-centered outcomes research
   - ☐ Yes
   - ☒ No
Section 5: FY 2015 PFAC Impact and Accomplishments

45-50. The three greatest accomplishments of our PFAC were:

<table>
<thead>
<tr>
<th>Accomplishment (describe each in 3000 characters or fewer)</th>
<th>Idea originated from PFAC</th>
<th>Idea originated from Department/Committee/Unit that requested PFAC input</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accomplishment 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The PFAC was involved in BFMC’s Surgery Modernization project which involves building new operating rooms. Surgical leaders, facilities engineers, and the architects presented design and materials to the PFAC and were receptive to questions and feedback from the membership. Member-advisors were one of the first groups invited to have a hard-hat tour of the construction site this month, and will continue to be involved up until the opening of the building for patient use in the summer of 2016.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td><strong>Accomplishment 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This has been a year with changes at the senior leadership level for BFMC. The membership had a stated goal of time with the new president, which was granted to them for the entirety of their February meeting. The new president, who later resigned in June, did share his vision for BFMC becoming a “top decile community hospital” and this goal is at the forefront for all operational and clinical leaders. Discussion ensued with questions offered by members and answered by the president on an array of topics including the relationship with Baystate Health, the mental health unit, pediatric rehab services, urgent care, and discharge planning.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td><strong>Accomplishment 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced collaboration across Baystate Health (BH) system was a mutual goal of all the BH PFACs. This was operationalized by a joint meeting of all PFAC members in October and then again in June. We also coordinated for attendance at the May PFAC conference in Worcester. Baystate Health leadership has offered amazing support for PFAC member-advisors by inviting us to the Strategic Planning Retreat and the Annual Meeting of Management. Baystate Health has also included and celebrated PFAC member-advisors in the upcoming Patient Experience continuing education conference.</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>
Our PFAC’s three greatest accomplishments in relation to quality of care initiatives in FY 2015 include:

<table>
<thead>
<tr>
<th>Quality of Care Accomplishment (describe each in 3000 characters or fewer)</th>
<th>Idea originated from PFAC</th>
<th>Idea originated from Department/Committee/Unit that requested PFAC input</th>
</tr>
</thead>
</table>
| **Accomplishment 1**  
PFAC member-advisors were consulted on work underway to collect copayments at the time of service as well as to improve the registration process overall. PFAC members who also volunteer here shared that there are usually at least 2 people per every three hour shift worked that are in the wrong location seeking directions, so clear signage and directions will help this project.  
Suggestions included: explicit instructions; a fast check in system; work on wayfinding including defining the entrance names; scripting better directions for access to read; more volunteer staffing at desk at 48 Sanderson so there is always a volunteer; and, more than one centralized registration location (ie: one each on ground and first floors, but not within departments.) | ☒ | ☒ |
| **Accomplishment 2**  
PFAC members quickly and decisively provided feedback to the “Dear Patient and Family” letter provided to each medical/surgical patient. Their patient-and-family-centered ideas were recognized and implemented. It should be noted this work was done in a short time frame and almost entirely via email. | ☒ | ☒ |
| **Accomplishment 3**  
As follow up to accomplishment 1, above, and to support our goal of impacting wayfinding, we had experts from BH facilities and engineering have an open discussion with a focus on specific suggestions from the patient/family experience perspective. Our visiting experts provided education about best practices and were very receptive to feedback from member-advisors. A way finding project will be piloted for “most commonly asked destinations” in collaboration with reception desk volunteers. | ☒ | ☐ |
| **Accomplishment 4**  
Following a collaborative-cross-hospital PFAC meeting, our member-advisors were inspired to learn more about patient rounding projects. We hosted a PFAC coordinator from another hospital to learn about their model and are now reviewing feasibility of such a project and best practices for operationalizing patient rounds by PFAC members. | ☒ | ☐ |

The greatest three challenges our PFAC had (describe each in 3000 characters or fewer):

**57. Challenge 1**

Recruitment! It is difficult to find interested parties who are available on a consistent basis. This is a particular challenge for parents of young children and working families, whom we very much want to engage in patient and family centered care initiatives.
58. Challenge 2

Publicity. We will be working across the system on some visibility, including development of collaterals. As previously noted in the goals section, our PFAC is interested to learn more about marketing opportunities.

59. Challenge 3

Getting work done in the time allotted is always a challenge. We are exploring how having sub-groups working on a specific initiative in-between meetings may work for us.

60. Our PFAC provided advice or recommendations to the hospital on the following areas mentioned in the law (check all that apply):

☒ Quality improvement initiatives
☒ Patient education on safety and quality matters
☒ Patient and provider relationships
☐ Institutional Review Boards
☐ Other
☐ None

61. If other, describe (in 1500 characters or fewer): ___________

62-63. PFAC members participated in the following activities mentioned in the law (check all that apply):

☐ Serve as members of task forces; number of people serving___
☐ Serve as members of awards committees; number serving___
☒ Serve as members of advisory boards/groups or panels
  List names of each group  Website redesign____ and number serving on each__2__
☐ Serve on search committees and in the hiring of new staff; number serving___
☐ Serve as co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees; number serving___
☐ Serve on selection of reward and recognition programs; Number serving___
☐ Serve as members of standing hospital committees that address quality
  (List) names of each group ____ and number serving on each___
☐ Other areas of service not listed above;
  (List) names of each group ____ and number serving on each___
☐ None

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

☐ Serious Reportable Events
☐ Healthcare-Associated Infections
☐ Department of Public Health (DPH) information on complaints and investigations
☐ Staff influenza immunization rate
Patient experience/satisfaction scores

Patient complaints

☐ Patient Care Link
☐ Joint Commission surveys,

Hospital Compare

☐ Family satisfaction surveys
☐ Quality of life data
☐ Rapid response data
☐ None
☐ Other

65. If other, describe (in 1500 characters or fewer): Mental Health Unit Licensing Survey

66. The process by which this public hospital performance information was shared (describe in 1500 characters or fewer):
Data are shared at the meetings, on paper and/or projected on screen

67. Our PFAC activities related to the following state or national quality of care initiatives (check all that apply):

☐ Healthcare-associated infections
☐ Rapid response teams
☐ Hand-washing initiatives
☐ Checklists
☐ Disclosure of harm and apology
☐ 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)
☐ Observation status for Medicare patients
☐ Mental health care
☐ None
☐ Other

68. If other, describe (in 1500 characters or fewer): _______________
Section 6: PFAC Annual Report

69. The hospital shares the PFAC annual reports with PFAC members:

☒ Yes
☐ No

70. Massachusetts law requires that the PFAC report be available to the public. Our hospital:

☒ Posts the report online
☐ Provides a phone number or e-mail to use for accessing the report
☐ Other

71. If other, describe (in 1500 characters or fewer): ____________