PFAC Organization
1. Does your PFAC have by-laws and/or policies and procedures? If so, please attach them with your report or send a link to access them on-line. **Yes, please see Appendix A.**

2. How do you recruit PFAC members? Recruitment was accomplished via discussion with current members and the Co-chairs of the PFAC. Additionally, system leaders identified potential community members who were able to see and articulate the Hospital system’s long-term goals and needs. Lastly, the Committee finalized membership guidelines and criteria for participation in order to recruit and retain new members.

3. Is the PFAC chair or co-chair a patient or family member? **Our Committee recently voted and elected a PFAC Chairperson who is a patient and who’s term will begin September 2014.**

4. If there is a hospital staff chair or co-chair, what hospital position does that person hold? **Our Committee has a staff Co-Chairperson, who is the Chief Clinical Integration Officer and a Vice Chairperson who is the Social Work Manager in the Case Management Department.**

5. Are at least 50% of PFAC members current or former patients or family members? **Yes.**

6. What hospital department supports the PFAC? What is the hospital position of the PFAC staff liaison? **Multiple hospital departments support the PFAC including Quality Assurance, Case Management, Human Resources, Facilities, and Compliance. The staff liaison is the Chief Clinical Integration Officer for the Hospital system.**

7. Does the hospital reimburse PFAC members for any costs associated with attending meetings and/or provide any other assistance (eg. free parking, child or elder care, translation or interpretation services, conference calls, meals, mileage reimbursement or other travel stipends, etc.)? **Yes.**

8. The PFAC regulations require every PFAC to represent the community served by the hospital. What is your PFAC/hospital doing to comply with this requirement? **We carefully review the PFAC applications to ensure that potential new members will add to the Committee in a way that represents the larger community served at the hospital.**

9. Who sets agendas for PFAC meetings? **We typically set the agendas as a group at the end of each Committee meeting.**

10. Does the PFAC have subcommittees? If yes, please list and describe them. **We have a marketing subcommittee that is working to create pamphlets/ways of advertising the Committee in order to ensure the Hospital system and larger community are aware of our Committee’s work and goals. The marketing is also a way to recruit new members.**
11. How does the PFAC interact with the Board of Directors (Check or circle all that apply)

   a. PFAC submits annual report to Board  X
   b. PFAC submits meeting minutes to Board  X
   c. PFAC member(s) attends Board meetings  X
   d. Board member(s) attends PFAC meetings  X
   e. PFAC member(s) are on board-level committee(s)
   f. None of the above
   g. Other

12. Is there a PFAC section on the hospital website?  Yes.

13. Does your PFAC use social media and if so, how?  Not at this time.

**Orientation and Continuing Education**

14. Describe the PFAC orientation for new members. Include in description how often it is given, by whom, and the content covered. Please include any requirements for PFAC members as hospital volunteers (eg. hospital volunteer trainings, immunizations, CORI checks, TB checks, etc.). As outlined in our Bylaws which were completed in April 2014 and will be implemented as of September 2014, PFAC members who are not employees of Hallmark Health System shall complete a condensed hospital orientation required of all hospital volunteers. This includes completion of a CORI, TB test, and immunization records in addition to attending a two-hour long training with Human Resources in which the volunteers review the organization’s mission, vision and values, fire safety, emergency codes, OSHA hazard communication guidelines, confidentiality/HIPAA, behavioral standards and code of conduct, dress code policy, and they complete a safety line quiz.

**PFAC Impact and Accomplishments**

15. The law allows a hospital to engage its PFAC in a broad consulting role. Did the PFAC provide advice or recommendations to the hospital on any of the following areas specifically mentioned in the law (Check or circle all that apply):

   a. Patient and provider relationships  X
   b. Institutional review boards
   c. Quality improvement initiatives  X
   d. Patient education on safety and quality matters
16. Did PFAC members engage in any of the following activities mentioned in the law? (Check/circle all that apply):

   a. Members of task forces X  
   b. Members of standing hospital committees that address quality (list committees and how many PFAC members serve on each)  
   c. Members of awards committees  
   d. Members of advisory boards  
   e. Participants on search committees and in the hiring of new staff  
   f. Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees  
   g. Participants in reward and recognition programs

17. Was any of the following public hospital performance information shared with the PFAC? (Check/circle all that apply.)

   a. Serious Reportable Events  
   b. Healthcare-Associated Infections  
   c. Department of Public Health (DPH) information on complaints and investigations  
   d. Staff influenza immunization rate  
   e. Other hospital performance information shared: please describe Patient Satisfaction Survey Data

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

   a. Healthcare-associated infections  
   b. Rapid response teams  
   c. Hand-washing initiatives  
   d. Checklists  
   e. Disclosure of harm and apology  
   f. Fall prevention  
   g. Informed decision making/informed consent  
   h. Improving information for patients and families X  
   i. Health care proxies/substituted decision making X  
   j. End of life planning (e.g., hospice, palliative, advanced directives)  
   k. Care transitions (e.g., discharge planning, passports, care coordination & follow up between care settings)
19. Describe the PFAC’s specific accomplishments in relation to quality of care initiatives during the past year. Please note for each initiative undertaken,

   a. did the idea arise directly from the PFAC

   Or

   b. did a department, committee or unit request PFAC input on the initiatives?

1. **The Project Planning Department asked Committee members for their feedback on furniture that Hallmark Health will be purchasing to update and improve patient rooms.**

2. **PFAC members raised questions regarding patient call bells/whether or not patient care technicians are available in Radiology. The issue was investigated and addressed.**

3. **Hospital Administration asked for the PFAC to provide feedback on the Patient Welcome Packets. Administration incorporated the information provided by PFAC and have revamped the entire packet.**

4. **One member raised questions regarding Laboratory Services and instructions provided to patients by the Lab. The issue was investigated and, as a result, the Lab put new practices into place in order to streamline the information and instructions they provide to patients.**

5. **The Committee created bylaws, which had not previously been in place. These bylaws will go into effect as of September 2014 and include the election of a Patient/Family member Chairperson and development of an orientation process for Committee members who are not hospital employees.**

6. **The Vice President of Information Services and Project Specialists for Information Services attended two PFAC meetings and requested feedback on the hospital-based patient portal. They asked for PFAC members to participate in a sub-group for a pilot test of the inpatient portal prior to the roll out of the new portal.**

7. **A PFAC member raised questions regarding the Facilities Department as related to the exterior maintenance and cleanliness of the hospitals. Facilities is now in the process of recruiting for a per diem position that will aid in addressing this problem.**
8. The President and Chief Executive Officer for Hallmark Health System attended a PFAC meeting to provide members with an update on our potential affiliation with Partner’s Healthcare. The President engaged in open dialogue addressing the questions and feedback that Committee members provided.

9. The Project Planning Department requested feedback on renovations that will be taking place in the Emergency Department at Lawrence Memorial Hospital.

10. The Committee formed a sub-group to create a PFAC Informational Brochure that will be used to advertise and promote the Committee.

11. The Patient Access Services Department met with the PFAC to discuss the hospital Interpreter Services. Feedback from the Committee was appreciated and considered for incorporation.

12. The Information Services Department asked the PFAC for feedback on an updated patient discharge report. IS will utilize feedback from the Committee as they work to create a more “user-friendly” document.

13. PFAC members raised a question regarding HIPAA/Confidentiality in terms of outpatient offices patient sign-in procedures. As a result of the questions raised by the Committee, Hallmark Health System will create a uniform, system-wide protocol for patient sign-in procedures in outpatient offices.

PFAC Annual Report
20. Does the hospital share the PFAC annual reports with PFAC members? Yes

21. How do you make the PFAC report accessible to the public? We provide a link to the report on the Hallmark Health System Patient Family Advisory Committee website.

Goals
22. Does your PFAC set goals? If yes, what are they? (Please list.) We have a Committee mission, purpose, list of guiding principles and scope of activity (please see Appendix B) and will work to create specific goals for the 2014-2015 term.
(Note: As your PFAC sets goals, you should keep in mind the requirements and recommendations in the Massachusetts PFAC law and regulations.)
Appendix A

Guidelines for Hallmark Health System Patient & Family Advisory Council (PFAC)

NAME
The name of the Council is the Hallmark Health System Patient Family Advisory Council. It is sometimes referred to as the PFAC.

PURPOSE
To meet the hospital’s mission of providing the highest quality healthcare to Boston’s northern suburbs through enhanced partnership between patients, families, caregivers and staff.

GOALS
The goals of the PFAC are to:

- Offer insight and recommendations for improving patient quality, safety and satisfaction
- Improve healthcare outcomes through patient centered care
- Enhance communication between patients and providers
- Improve outreach to patients in their community
- Assist with implementing identified changes

MEMBERS

**Membership Eligibility:** Patients, family members and staff from Hallmark Health System and its affiliated service lines are eligible to be members of the PFAC. Members should be committed to building a culture of collaboration and partnership among patients, families and staff. Through these efforts, the PFAC will enhance Hallmark Health System’s vision of being the healthcare system of choice in our region, with demonstrated service to and support from area residents and physicians.

**Council Makeup:** The PFAC shall consist of 18 members with at least two-thirds patients or family members.
**Membership Terms:** A term of Active Membership consists of two years (September through June) with the opportunity to reapply for an additional year, for a maximum of three years in total. Each year approximately one third will rotate out of the group and new members added. Individuals ending their term will be polled in June of each year for their preference to continue as an emeritus member. Emeritus members will not have voting privileges but will be welcome to attend monthly PFAC meetings.

**Vacancies/Leaves of Absence:** Council members may resign or request a Leave of Absence from the PFAC at any time during their term. The member will submit his/her request in writing via email to the Co-Chairs, stating the length of time requested.

If a member cannot return at the end of the requested leave, he/she will resign from the PFAC. At any resignation, the PFAC may choose to add a replacement at that time or to leave the position open until the next rotation of members.

**Recruitment:** Members shall be recruited from the following entities:
- Self-referrals
- Clinician/clinic referrals
- Program referrals
- Community members
- Current Council members
- Hallmark Health System employees

**Ongoing membership:** After an initial phone interview by the PFAC Co-Chairs, the candidate will be asked to complete an application and may be invited to attend a PFAC meeting. The Co-Chairs, with consideration of comments from the PFAC and staff will determine the candidate’s eligibility for membership.

**Orientation:** PFAC members who are not employees of Hallmark Health System shall complete a condensed hospital orientation required of all hospital volunteers.

**Confidentiality:** All PFAC members shall sign an annual Confidentiality Agreement.
OFFICERS

Make-up: There shall be a Chairperson (patient or family member), a Co-Chair (Hallmark Health System staff member) and a Vice Chairperson (Hallmark Health System staff member or patient/family member).

Duties: The Co-Chairs will be responsible for setting the PFAC meeting agendas, chairing and conducting meetings, reporting on the PFAC’s activities and progress to Hallmark Health System Leadership on an as-needed basis.

Nomination Procedure: Candidates for the Chairperson, Co-Chair or Vice Chairperson positions will be nominated by a PFAC member having at least one year of experience as a PFAC member. Candidates who accept the position shall likewise have at least one year of experience as a PFAC member.

Officer Term: One year

MEETINGS

Regular Meetings: Regular meetings will be held on a monthly basis on the 4th Tuesday of each month from 5:30p-7p with the exception of vacations in July and August during which time the Committee will not meet; and holidays in November and December during which time the meetings will be held on the third Tuesday of the month.

Quorum: An official meeting will require the presence of a minimum of one-half of the members to be called to order.

Voting: Votes may be conducted in person and electronically (except where specifically requested to be in person). Voting will require a quorum of at least two-thirds of the members.

COMMITTEES

Any active PFAC member may be requested to become a participatory member of a task-oriented subcommittee or workgroup.

AMENDMENT PROCEDURE

These bylaws may be amended at any regular meeting of the PFAC by the affirmative vote of two-thirds of the members present and voting, provided that the amendment has been submitted in writing at the previous regular meeting.
Appendix B

Mission: The PFAC is committed to partnering with community members and hospital leaders in order to provide a forum to improve the quality of patient care and to assess community needs within Hallmark Health System service areas.

Purpose: The purpose of the PFAC is to:

- Serve as an advisory resource to Hallmark Health System.
- Increase and improve communication between patient/families, community residents, and staff.
- Provide opportunities for staff to listen to and better understand the perspectives of patients, families and community members.
- Provides a venue for patients, families, and community residents to provide input into policy and program development both within Hallmark Health System and in community-based programs.
- Assure that improvement efforts and strategic planning meet the needs of Hallmark Health System and the community.
- Promotes optimized relationships between patients, families, staff, and the community.
- Provides a vehicle for communication between patients, families, community residents, and staff.
- Actively helps implement identified changes.
- Provides a safe venue for patients and families to provide input in a setting where they are receiving care.
- Provide feedback and input around the pertinent issues and activities of the PFAC to the Board Quality Committee of the Hallmark Health System.
- Provide input to the Hallmark Health System Community Benefit planning process.

Guiding Principles and Scope of Activity:

- Share observations/perceptions of Hallmark Health System: your own, and those of your family, neighbors, friends, etc.
- Identify key opportunities for improvement and specific recommendations to achieve improvement.
- Serve as a “sounding board” for staff seeking patient/family input when evaluating options for change or improvements.
- Participate in quality improvement projects as appropriate
- Assist in the development, review and evaluation of patient education materials as needed.
- Recommend strategies for sharing information with the local community regarding services available through Hallmark Health System.
- Participate in the planning of improvements for families/visitors of LMH, MWH and ambulatory centers. (What is it like to visit a relative or friend here? What is it like to accompany a relative to an appointment here?)
- Increase community awareness of available services at Hallmark Health System.
- Assist in renovation planning as appropriate
- Participate in the identification of community health care needs to assist in the development of new services/programs and provide input regarding existing programs and services. This input will be provided to the HHS Community Benefits Advisory Council.