Q130. Which best describes your PFAC?

- We are the only PFAC at a single hospital
- We are a PFAC for a system with several hospitals
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals
- Other (please describe): 

Q126. Will another PFAC at your hospital also submit a report?

This question was not displayed to the respondent

Q127. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

Q2. Staff PFAC Co-Chair Contact:

<table>
<thead>
<tr>
<th>Name and Title:</th>
<th>Anna S. Pelosi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:apelosi@partners.org">apelosi@partners.org</a></td>
</tr>
<tr>
<td>Phone:</td>
<td>781-477-3679</td>
</tr>
</tbody>
</table>

Q2a. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

- Yes
- No
- N/A

Q3. Patient/Family PFAC Co-Chair Contact:

<table>
<thead>
<tr>
<th>Name and Title:</th>
<th>Ed Budelmann</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:ebudelmann@gmail.com">ebudelmann@gmail.com</a></td>
</tr>
<tr>
<td>Phone:</td>
<td>617-818-5544</td>
</tr>
</tbody>
</table>
Q6. This year, the PFAC recruited new members through the following approaches (check all that apply):

- [x] Word of mouth / through existing members
- [ ] Promotional efforts within institution to patients or families
- [ ] Promotional efforts within institution to providers or staff
- [ ] Facebook and Twitter
- [ ] Recruitment brochures
- [ ] Hospital publications
- [ ] Hospital banners and posters
- [ ] Case managers / care coordinators
- [ ] Patient satisfaction surveys
- [ ] Community-based organizations
- [ ] Houses of worship
- [ ] Community events
- [ ] Other
- [ ] N/A - we did not recruit new members in FY 2016

Q6a. Please describe other recruitment approach:

This question was not displayed to the respondent.

Q7. Total number of staff members on the PFAC:

16

Q8. Total number of patient or family member advisors on the PFAC:

9

Q9. The name of the hospital department supporting the PFAC is:

Quality and Patient Safety

Q10. The hospital position of the PFAC Staff Liaison/Coordinator is:

Manager Patient Experience
Q11. The hospital provides the following for PFAC members to encourage their participation in meetings (click all that apply):

- ✔ Parking, mileage, or meals
- ✔ Payment for attendance at other conferences or trainings
- ✔ Translator or interpreter services
- ✔ Annual gifts of appreciation
- ✔ Assistive services for those with disabilities
- ✔ Conference call phone numbers or "virtual meeting" options
- ✔ Provision / reimbursement for child care or elder care
- ✔ Meetings outside 9am-5pm office hours
- ✔ Stipends
- ✔ Other
- ✔ Payment for attendance at annual PFAC conference
- □ N/A - the hospital does not reimburse PFAC members

Q11a. Please describe other provision by the hospital for PFAC members:

Participation in Enterprise Wide (Partners Healthcare) Patient Experience Summit

Q24. Section 2: Community Representation

Q108. The PFAC regulations require every PFAC to represent the community served by the hospital, which is described below.

Q12. Our catchment area is geographically defined as (if you are unsure select "don't know"):

Northeastern Massachusetts with acute care hospitals in Salem and Lynn as well as satellite services in Swampscott, Peabody, Danvers, and Gloucester. Patient population reaches 10 general communities and over 330,000 patients each year.

Q12D.

- □ Don't know catchment area

Q121. Tell us about racial and ethnic groups in your area (please provide percentages; if you are unsure of the percentages select “don’t know”).
Q13aR. Our defined catchment area is made up of the following racial groups (please provide percentages; if you are unsure of percentages please select "don't know"):

<table>
<thead>
<tr>
<th>Racial Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>6%</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>65%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
</tr>
</tbody>
</table>

Don't know racial groups

Q13aE. What percentage of people in the defined catchment area are of Hispanic, Latino, or Spanish origin?

15%

Q91.

☐ Don't know racial groups

Q13bR. In FY 2016, the hospital provided care to patients from the following racial groups (please provide percentages):

<table>
<thead>
<tr>
<th>Racial Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.6%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>7.8%</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>84.8%</td>
</tr>
<tr>
<td>Other</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Q93.

☐ Don't know racial groups
Q13bE. What percentage of patients that the hospital provided care to in FY 2016 are of Hispanic, Latino, or Spanish origin?

16.2%

Q95.

- Don't know origins

Q13cR. In FY 2016, the PFAC patient and family advisors came from the following racial groups (please provide percentages):

<table>
<thead>
<tr>
<th>Race/Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>11%</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>78%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
</tr>
</tbody>
</table>

Q97.

- Don't know racial groups

13cE. What percentage of PFAC patient and family advisors in FY 2016 were of Hispanic, Latino, or Spanish origin?

0%

Q99.

- Don't know origins

Q122. Tell us about languages spoken in your area (please provide percentages; if you are unsure of the percentages select “don’t know”).
Q117. What percentage of patients that the hospital provided care to in FY 2016 have limited English proficiency (LEP)?

15.1%

Q118.

☐ Don't know percentage that have limited English proficiency (LEP)

Q126. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>9.8%</td>
</tr>
<tr>
<td>Portuguese</td>
<td>0.8%</td>
</tr>
<tr>
<td>Chinese</td>
<td>0%</td>
</tr>
<tr>
<td>Haitian Creole</td>
<td>0%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0%</td>
</tr>
<tr>
<td>Russian</td>
<td>0.9%</td>
</tr>
<tr>
<td>French</td>
<td>0%</td>
</tr>
<tr>
<td>Mon-Khmer/Cambodian</td>
<td>0.5%</td>
</tr>
<tr>
<td>Italian</td>
<td>0%</td>
</tr>
<tr>
<td>Arabic</td>
<td>0.3%</td>
</tr>
<tr>
<td>Albanian</td>
<td>0%</td>
</tr>
<tr>
<td>Cape Verdean</td>
<td>0%</td>
</tr>
</tbody>
</table>

Q127.

☐ Don't know primary languages

Q119. What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)?

0%

Q120.

☐ Don't know percentage that have limited English proficiency (LEP)
Q123. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>6%</td>
</tr>
<tr>
<td>Portuguese</td>
<td>0%</td>
</tr>
<tr>
<td>Chinese</td>
<td>0%</td>
</tr>
<tr>
<td>Haitian Creole</td>
<td>0%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0%</td>
</tr>
<tr>
<td>Russian</td>
<td>0%</td>
</tr>
<tr>
<td>French</td>
<td>0%</td>
</tr>
<tr>
<td>Mon-Khmer/Cambodian</td>
<td>0%</td>
</tr>
<tr>
<td>Italian</td>
<td>0%</td>
</tr>
<tr>
<td>Arabic</td>
<td>0%</td>
</tr>
<tr>
<td>Albanian</td>
<td>0%</td>
</tr>
<tr>
<td>Cape Verdean</td>
<td>0%</td>
</tr>
</tbody>
</table>

Q124.

☐ Don't know primary languages

Q14.
The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area:

Presentation to PFAC from our Director of Communications/Marketing to define our catchment area. Partnership with our Director for Community Relations to create connections to community leaders for recruitment purposes.

Q110. Section 3: PFAC Operations

Q15. Our process for developing and distributing agendas for the PFAC meetings (click the best choice):

- Staff develops the agenda and sends it out prior to the meeting
- Staff develops the agenda and distributes it at the meeting
- PFAC members develop the agenda and send it out prior to the meeting
- PFAC members develop the agenda and distribute it at the meeting
- Other
- N/A – the PFAC does not use agendas
Q112. If staff and PFAC members develop the agenda together, please describe the process:

Meetings in person or via phone are conducted with hospital facilitator and PFAC community Chair in order to examine action items within the prior meeting minutes, work completed outside of the meeting and pending discussions or requested presentations.

Q113. If other process, please describe:

This question was not displayed to the respondent

Q16. The PFAC goals and objectives for 2016 were: (select the best choice):

- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals and objectives for FY 2016
- Developed by staff alone

Q17. The PFAC had the following goals and objectives for 2016:

1. Secure Executive Sponsorship
2. Recruit 2-4 new members
3. Develop and host a half day Retreat for existing PFAC hospital and community members in order to stabilize the committee.
4. Revise and approve a new Charter/Bylaws to support the committee's activities, including roles and responsibilities
5. Determine organizational priorities for PFAC for 2016-17

Q18. Please list any subcommittees that your PFAC has established:

1. Retreat planning
2. Recruitment
3. Charter research, refinement

Q19. How does the PFAC interact with the hospital Board of Directors (click all that apply):

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- PFAC member(s) attend(s) Board meetings
- PFAC member(s) are on board-level committee(s)
- N/A – the PFAC does not interact with the Hospital Board of Directors
- Other
- Action items or concerns are part of an ongoing "Feedback Loop" to the Board
Q20. Describe the PFAC's use of email, listservs, or social media for communication:

PFAC members use the HCFA list serve for webinar and conference notifications. Hospital facilitator uses email to communicate agenda, minutes, documents for review, and educational offerings including Schwartz Center Rounds hosted by the hospital and open to PFAC members. Hospital internet site was updated with a refreshed photo of the committee and contact information.

Q109.
Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

2

Q22. Orientation content included (click all that apply):

- Meeting with hospital staff
- General hospital orientation
- Hospital performance information
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Health care quality and safety
- History of the PFAC
- "Buddy program" with experienced members
- Information on how PFAC fits within the organization's structure
- Other
- In-person training
- Massachusetts law and PFACs
- Concepts of patient- and family-centered care (PFCC)
- Skills training on communication, technology, and meeting preparation
- Immediate “assignments” to participate in PFAC work
- Check-in or follow-up after the orientation
- N/A – the PFAC members do not go through a formal orientation process

Q115. Please describe other orientation content:

This question was not displayed to the respondent.
Q23. The PFAC received training on the following topics (click all that apply):

- Concepts of patient- and family-centered care (PFCC)
- Patient engagement in research
- Types of research conducted in the hospital
- Hospital performance information
- Health care quality and safety measurement
- A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental patient discharge, etc)
- Other
- Health literacy
- Not Applicable

Q116. Please describe other topics:

Electronic Medical Record implementation (EPIC), HCAHPS, Campus Consolidation/Construction efforts, Partners Patient Experience Summit (structure of patient centered strategy)

Q111. Section 5: FY 2016 PFAC Impact and Accomplishments

Q83. The following information only concerns PFAC activities in the fiscal year 2016.

Q24. The five greatest accomplishments of the PFAC were:

Q24a. Accomplishment 1:

Planning and execution of a half day on-site retreat.

Q24a1. The idea for Accomplishment 1 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24b. Accomplishment 2:

Securing senior leader level Executive Sponsors (CMO and CNO)
Q24b. The idea for Accomplishment 2 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24c. Accomplishment 3:

Stabilization of committee and recruitment efforts resulting in education as well as refreshing of application, interview, and onboarding processes.

Q24c1. The idea for Accomplishment 3 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24d. Accomplishment 4:

PFAC Charter researched and revised including input from fellow Partners hospital (Brigham and Women’s Hospital)

Q24d. The idea for Accomplishment 4 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24e. Accomplishment 5:

Board of Trustees to receive PFAC meeting minutes.

Q24e. The idea for Accomplishment 5 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input
Q25. The five greatest challenges the PFAC had in FY 2016:

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

Q25a. Challenge 1:

PFAC transitioned facilitators in late 2015 resulting in missed meetings. Once meetings resumed and a new facilitator team was assigned, the committee resumed its mission (January through September).

Q25b. Challenge 2:

Shift in executive sponsorship required orientation to the committee and a refreshed view of organizational priorities and desire to involve PFAC input.

Q25c. Challenge 3:

Recruitment of a more diverse population is challenging but promising. Word of mouth from PFAC members results in more of the same geographic and ethnic makeup.

Q25d. Challenge 4:

Encouraging roles outside of the meeting required work as many PFAC members are busy with their own work lives. All have participated in follow up work or research outside of in-person meetings by end of this period.

Q25e. Challenge 5:

Defining roles within the community members to ensure succession planning, term limits, and the creation of a pool of improvement advisors.
Q26. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees (click all that apply):

- Behavioral Health/substance use
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Bereavement
- Ethics
- Institutional Review Board (IRB)
- Care Transitions
- Patient Care Assessment
- Code of Conduct
- Patient Education
- Community Benefits
- Patient and Family Experience Improvement
- Critical Care
- Pharmacy Discharge Script Program
- Care Transitions
- Quality and Safety
- Discharge Delays
- Quality/Performance Improvement
- Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care
- Surgical Home
- Critical Care
- Culturally competent care
- Other
- Patient Education
- Patient and Family Experience Improvement
- N/A – the PFAC members do not serve on these
- Discharge Delays
- Pharmacy Discharge Script Program
- Board of Directors
- Quality/Performance Improvement
- Critical Care
- Culturally competent care
- Critical Care
- Culturally competent care
- Drug Shortage

Q117. Please describe other committees, projects, task forces, work groups, or Board committees:

*This question was not displayed to the respondent*

Q27. How do members on these hospital-wide committees or projects report back to the PFAC about their work?

Agenda items are created to have PFAC members report back on their experiences to the group. Hospital improvement priorities were shared including the desire to have patient/family advisors on every event. We use Lean principles and week long Rapid Process Improvement Workshops (RPIWs) focused on pieces of large value streams. This work impact patient experience scores (HCAHPS), infection rates (CAUTI) and transitions of care (ED to Inpatient).

Q28. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (click all that apply):

- Quality improvement initiatives
- N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016
- Patient education on safety and quality matters
- Institutional Review Boards
- Patient and provider relationships
Q29. PFAC members participated in the following activities mentioned in the Massachusetts law (click all that apply):

- Task forces
- Award committees
- Advisory boards/groups or panels
- Search committees and in the hiring of new staff
- N/A – the PFAC members did not participate in any of these activities
- Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Selection of reward and recognition programs
- Standing hospital committees that address quality

Q30. The hospital shared the following public hospital performance information with the PFAC (click all that apply):

Q30a. Complaints and serious events

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

Q30b. Quality of care

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

Q30c. Resource use and patient satisfaction

- Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)
- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)

Q30d. Other

- N/A – the hospital did not share performance information with the PFAC
- Other
Q31. Please explain why the hospital shared only the data you checked in the previous questions:

The goals for 2015-16 were to stabilize and enhance PFAC operations. Although many topics were discussed, actual reports of data were not shared and will be planned for in the next year.

Q32. Please describe how the PFAC was engaged in discussions around these data above and any resulting quality improvement initiatives:

Inpatient Welcome Packets, including patient rights and educational materials were shared with PFAC for their input. Educational materials for staff emphasizing communications and patient safety during the implementation of the new electronic medical record were presented to the committee for their input along with an overview of the intent and purpose of the implementation. Improvement efforts are open to the PFAC members at all times and topics/timing of events are shared openly for their input. NSMC celebrated its first ever Patient Experience Week with input from members.

Q33. The PFAC participated in activities related to the following state or national quality of care initiatives (click all that apply):

Q33a. National Patient Safety Hospital Goals

- [ ] Identifying patients correctly
- [x] Using medicines safely
- [ ] Using alarms safely
- [ ] Preventing infection
- [ ] Identifying patient safety risks
- [ ] Preventing mistakes in surgery

Q33b. Prevention and errors

- [ ] Hand-washing initiatives
- [ ] Checklists
- [ ] Fall prevention
- [x] Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- [x] Team training
- [x] Electronic Health Records –related errors
- [ ] Safety
- [ ] Human Factors Engineering
Q33c. Decision-making and advanced planning

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

Q33d. Additional quality initiatives

- Rapid response teams
- Disclosure of harm and apology
- Integration of behavioral health care

Q33e. Other

- N/A – the hospital did not share performance information with the PFAC
- Other

Q120. Please describe other initiatives:

*This question was not displayed to the respondent.*

Q34. Were any members of your PFAC engaged in advising on research studies?

- Yes
- No

Q35. In what ways are members of your PFAC engaged in advising on research studies? Are they:

*This question was not displayed to the respondent.*

Q36. How are members of your PFAC approached about advising on research studies?

*This question was not displayed to the respondent.*

Q121. Please describe other ways that members of your PFAC are approached about advising on research studies:

*This question was not displayed to the respondent.*
Q104.
Section 6: PFAC Annual Report

Q107. 
We strongly suggest that all PFAC members approve reports prior to submission.

Q37.5. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

Ed Budelmann, PFAC Community Chair
Evelyn Wilson, PFAC Community Recruitment
Anna S. Pelosi, NSMC Facilitator, Manager Patient Experience

Q38. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option).

- Collaborative process: staff and PFAC members both wrote and/or edited the report
- Staff wrote report and PFAC members reviewed it
- Staff wrote report
- Other

Q122. Please describe other process:

This question was not displayed to the respondent.

Q106. 
Massachusetts law requires that each hospital’s annual PFAC report be made available to the public upon request. Answer the following questions about the report:

Q39. We post the report online.

- Yes, link:
  [http://nsmc.partners.org/patients_and_visitors/p](http://nsmc.partners.org/patients_and_visitors/p)
- No
Q40. We provide a phone number or e-mail address on our website to use for requesting the report.

☐ Yes, phone number/e-mail address:
   978-354-3543 NSMCPatientFamilyAdvisory@partners.org
☐ No

Q41. Our hospital has a link on its website to a PFAC page.

☐ Yes, link:
   [http://nsmc.partners.org/patients_and_visitors/]
☐ No, we don’t have such a section on our website

Q113. Please provide an email address if you would like to receive a confirmation with a copy of this report after the report is submitted:

apelosi@partners.org