

# PFAC Annual Report Form

Health Care For All (HCFA) promotes health justice in Massachusetts by working to reduce disparities and ensure coverage and access for all. HCFA uses direct service, policy development, coalition building, community organizing, public education and outreach to achieve its mission. HCFA's vision is that everyone in Massachusetts has the equitable, affordable, and comprehensive care they need to be healthy.

# Why complete an annual report for my PFAC?

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1st each year. These reports must be made available to members of the public upon request. As in past years, HCFA is requesting a copy of each report and submitted reports will be posted on HCFA’s website, [www.hcfama.org](http://www.hcfama.org). HCFA recommends using this template to assist with information collection, as well as the reporting of key activities and milestones.

# What will happen with my report and how will HCFA use it?

We recognize the importance of sharing of information across PFACs. Each year, we

* make individual reports available online
* share the data so that PFACs can learn about what other groups are doing

# Who can I contact with questions?

Please contact us at [PFAC@hcfama.org](mailto:PFAC@hcfama.org) or call us at 617-275-2982.

If you wish to use this Word document or any other form, please email it to [PFAC@hcfama.org](mailto:PFAC@hcfama.org).

**Reports should be completed by October 1, 2020.**

**2020 Patient and Family Advisory Council Annual Report Form**

***The survey questions concern PFAC activities in fiscal year 2020 only: (July 1, 2019 – June 30, 2020).***

**Section 1: General Information**

**1. Hospital Name: Rehabilitation Hospital of Cape Cod and the Islands dba Spaulding Rehabilitation Hospital Cape Cod**

*NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages you to fill out a separate template for the hospital-wide PFAC at each individual hospital.*

1a. Which best describes your PFAC?

We are the only PFAC at a single hospital – **skip to #3 below**

We are a PFAC for a system with several hospitals – **skip to #2C below**

We are one of multiple PFACs at a single hospital

We are one of several PFACs for a system with several hospitals – **skip to #2C below**

Other (Please describe):

1b. Will another PFAC at your hospital also submit a report?

Yes

No

Don’t know

1c. Will another hospital within your system also submit a report?

Yes

No

Don’t know

**3. Staff PFAC Co-Chair Contact:**

2a. Name and Title:

Diane Galazzo Director of Quality and Compliance

2b. Email: [dgalazzo@partners.org](mailto:dgalazzo@partners.org)

2c. Phone: 508-833-4003

Not applicable

**4. Patient/Family PFAC Co-Chair Contact:**

3a. Name and Title: Matthew Keilty Staff Education and Training Supervisor

3b. Email: mkeilty@partners.org

3c. Phone: 508 -833-4244

Not applicable

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

Yes – skip **to #7 (Section 1)** below

No – describe below in **#6**

**6. Staff PFAC Liaison/Coordinator Contact:**

6a. Name and Title:

6b. Email:

6c. Phone:

Not applicable

**Section 2: PFAC Organization**

**7. This year, the PFAC recruited new members through the following approaches (check all that apply):**

Case managers/care coordinators

Community based organizations

Community events

Facebook, Twitter, and other social media

Hospital banners and posters

Hospital publications

Houses of worship/religious organizations

Patient satisfaction surveys-new NRC survey asks

Promotional efforts within institution to patients or families

Promotional efforts within institution to providers or staff

Recruitment brochures

Word of mouth/through existing members

Other (Please describe): Volunteer Coordinator

N/A – we did not recruit new members in FY 2020

**8. Total number of staff members on the PFAC:**  7

**9. Total number of patient or family member advisors on the PFAC:**  7 but decreased d/t pandemic to 4

**10. The name of the hospital department supporting the PFAC is:**  Quality & Patient Experience

**11. The hospital position of the PFAC Staff Liaison/Coordinator is:**  Quality Director and Staff Educator also with OT duties on inpatient units

**12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):**

Annual gifts of appreciation

Assistive services for those with disabilities

Conference call phone numbers or “virtual meeting” options

Meetings outside 9am-5pm office hours

Parking, mileage, or meals

Payment for attendance at annual PFAC conference

Payment for attendance at other conferences or trainings

Provision/reimbursement for child care or elder care

Stipends

Translator or interpreter services

Other (Please describe): **We provided light refreshments at our meetings, participation in network (health system) presentation**

N/A

**Section 3: Community Representation**

## *The PFAC regulations require that patient and family members in your PFAC be “representative of the community served by the hospital.” If you are not sure how to answer the following questions, contact your community relations office or check “don’t know.”*

**13. Our hospital’s catchment area is geographically defined as:**

Don’t know

**14. Tell us about racial and ethnic groups in these areas (please provide percentages; if you are unsure of the percentages check “don’t know”):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | RACE | | | | | ETHNICITY |  |
| %  American Indian or Alaska Native | %  Asian | %  Black or African American | %  Native Hawaiian or other Pacific Islander | %  White | %  Other | %  Hispanic, Latino, or Spanish origin |  |
| 14a. Our defined catchment area |  | 0.2 | 1.5 |  | 96.6 |  | 2 | Don’t know |
| 14b. Patients the hospital provided care to in FY 2020 |  | 0.3 | 0.5 |  | 88.7 | 13.8 | 0.1 | Don’t know |
| 14c. The PFAC patient and family advisors in FY 2020 |  |  |  |  | 100 |  |  | Don’t know |

**15. Tell us about languages spoken in these areas (please provide percentages; if you are unsure of the percentages select “don’t know”):**

|  |  |  |
| --- | --- | --- |
|  | Limited English Proficiency (LEP) % |  |
| 15a. Patients the hospital provided care to in FY 2020 |  | Don’t know |
| 15b. PFAC patient and family advisors in FY 2020 |  | Don’t know |

15c. What percentage of patients that the hospital provided care to in FY 2020 spoke the following as their primary language?

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

Don’t know

15d. In FY 2020, what percentage of PFAC patient and family advisors spoke the following as their primary language?

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

All members spoke English as primary language

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

**Section 4: PFAC Operations**

**17. Our process for developing and distributing agendas for the PFAC meetings (choose):**

Staff develops the agenda and sends it out prior to the meeting

Staff develops the agenda and distributes it at the meeting

PFAC members develop the agenda and send it out prior to the meeting

PFAC members develop the agenda and distribute it at the meeting

PFAC members and staff develop agenda together and send it out prior to the meeting. (Please describe below in **#17a**)

PFAC members and staff develop agenda together and distribute it at the meeting. (Please describe below in #**17a**)

Other process (Please describe below in #**17b**)

N/A – the PFAC does not use agendas

17a. If staff and PFAC members develop the agenda together, please describe the process:

**Open item for addition of agenda items at the end of each PFAC meeting, members can email chair to add items to the agenda in between meetings**

17b. If other process, please describe:

**18. The PFAC goals and objectives for 2020 were: (check the best choice):**

Developed by staff alone

Developed by staff and reviewed by PFAC members

Developed by PFAC members and staff

N/A – we did not have goals for FY 2020– **Skip to #20**

**19. The PFAC had the following goals and objectives for 2020:**

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

**None**

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

PFAC submits annual report to Board

PFAC submits meeting minutes to Board

Action items or concerns are part of an ongoing “Feedback Loop” to the Board

PFAC member(s) attend(s) Board meetings

Board member(s) attend(s) PFAC meetings

PFAC member(s) are on board-level committee(s)

Other (Please describe):

N/A – the PFAC does not interact with the Hospital Board of Directors

**22. Describe the PFAC’s use of email, listservs, or social media for communication:**

**We utilize email to send out both agendas and minutes for and from our monthly meetings. Agendas are sent out ahead of time to provide opportunity to make changes and solicit feedback from committee members**

**This spring we utilized the Zoom platform to hold virtual meeting due to pandemic halting in person meetings at our facility.**

N/A – We don’t communicate through these approaches

**Section 5: Orientation and Continuing Education**

**23. Number of new PFAC members this year:**  0

**24. Orientation content included (check all that apply):**

“Buddy program” with experienced members

Check-in or follow-up after the orientation

Concepts of patient- and family-centered care (PFCC)

General hospital orientation

Health care quality and safety

History of the PFAC

Hospital performance information

Immediate “assignments” to participate in PFAC work

Information on how PFAC fits within the organization’s structure

In-person training

Massachusetts law and PFACs

Meeting with hospital staff

Patient engagement in research

PFAC policies, member roles and responsibilities

Skills training on communication, technology, and meeting preparation

Other (Please describe below in #**24a**)

N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe:

**25. The PFAC received training on the following topics:**

Concepts of patient- and family-centered care (PFCC)

Health care quality and safety measurement

Health literacy

A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental/behavioral health patient discharge, etc.)

Hospital performance information – *includes patient experience & update on switch to new platform NRC*

Patient engagement in research

Types of research conducted in the hospital

Other (Please describe below in **#25a**)

N/A – the PFAC did not receive training

25a. If other, describe:

**Section 6: FY 2020 PFAC Impact and Accomplishments**

*The following information only concerns PFAC activities in the fiscal year 2020.*

**26. Please share the following information on the PFACs accomplishments and impacts:**

1. 26a. What were the three greatest accomplishments/impacts of the PFAC related to providing feedback or perspective?

**Incorporation of technology to maintain the PFAC group at SCC, providing a mechanism to support each other while continuing the mission of the SCC PFAC committee**

|  |  |
| --- | --- |
| Accomplishment/Impact | Idea came from (choose one) |
| Accomplishment/Impact 1: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 3: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |

26b. What were the three greatest accomplishments/impacts of the PFAC related to influencing the institution’s financial and programmatic decisions?

1. **Provide feedback to the development of the SCC Caregiver Support Group led by two PFAC members (1 staff and 1 family member)**

|  |  |
| --- | --- |
| Accomplishment/Impact | Idea came from (choose one) |
| Accomplishment/Impact 1: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 3: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |

26c. What were the three greatest accomplishments/impacts of the PFAC related leading/co-leading programs and initiatives?

1. **We updated our leadership structure to respond to staff attrition. We now have two co-chairs with long term goal of identifying at least 1 family member/former patient as a co-chair**

|  |  |
| --- | --- |
| Accomplishment/Impact | Idea came from (choose one) |
| Accomplishment/Impact 1: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 2: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |
| Accomplishment/Impact 3: | Patient/family advisors of the PFAC  Department, committee, or unit that requested PFAC input |

**27. The five greatest challenges the PFAC had in FY 2020:**

|  |
| --- |
| Challenge 1: COVID-19 – Several members not comfortable with virtual meeting platform |
| Challenge 2: Recruitment of new members |
| |  | | --- | | Challenge 3: Moving forward items on agenda with limited membership/participation | |
| Challenge 4: |
| Challenge 5: |

N/A – we did not encounter any challenges in FY 2020

**28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:**

Behavioral Health/Substance Use

Bereavement

Board of Directors

Care Transitions

Code of Conduct

Community Benefits

Critical Care

Culturally Competent Care

Discharge Delays

Diversity & Inclusion

Drug Shortage

Eliminating Preventable Harm

Emergency Department Patient/Family Experience Improvement

Ethics

Institutional Review Board (IRB)

Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care

Patient Care Assessment

Patient Education

Patient and Family Experience Improvement

Pharmacy Discharge Script Program

Quality and Safety

Quality/Performance Improvement

Surgical Home

Other (Please describe):

N/A **–** the PFAC members do not serve on these – **Skip to #30**

**T**he PFAC family members do not currently serve on these, however, staff are active in the committees noted above.

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

It is covered through presentations to PFAC committee in an effort to share information and solicit feedback.

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

Institutional Review Boards

Patient and provider relationships

Patient education on safety and quality matters

Quality improvement initiatives

N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2020

**31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):**

Advisory boards/groups or panels

Award committees

Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees

Search committees and in the hiring of new staff

Selection of reward and recognition programs

Standing hospital committees that address quality

Task forces

N/A – the PFAC members did not participate in any of these activities

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

**32a. Complaints and serious events**

Complaints and investigations reported to Department of Public Health (DPH)

Healthcare-Associated Infections (National Healthcare Safety Network)

Patient complaints to hospital

Serious Reportable Events reported to Department of Public Health (DPH)

**32b. Quality of care**

High-risk surgeries (such as aortic valve replacement, pancreatic resection)

Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)

Medicare Hospital Compare (such as complications, readmissions, medical imaging)

Maternity care (such as C-sections, high risk deliveries)

**32c. Resource use, patient satisfaction, and other**

Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)

Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)

Resource use (such as length of stay, readmissions)

Other (Please describe):

N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

**33. Please explain why the hospital shared only the data you checked in Q 32 above:**

**We have been able to review Press Ganey scores and more recently NRC for Pt Experience. Web also reviewed quality data on falls & pressure injuries.**

**Discussions on discharge readiness and material shared with patients in the Strength Book**

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

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

35a. National Patient Safety Hospital Goals

Identifying patient safety risks

Identifying patients correctly

Preventing infection

Preventing mistakes in surgery

Using medicines safely

Using alarms safely

35b. Prevention and errors

Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)

Checklists

Electronic Health Records –related errors

Hand-washing initiatives

Human Factors Engineering

Fall prevention

Team training

Safety

35c. Decision-making and advanced planning

End of life planning (e.g., hospice, palliative, advanced directives)

Health care proxies

Improving information for patients and families

Informed decision making/informed consent

35d. Other quality initiatives

Disclosure of harm and apology

Integration of behavioral health care

Rapid response teams

Other (Please describe):

N/A – the PFAC did not work in quality of care initiatives

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

Yes

No – **Skip to #40 (Section 6)**

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

Educated about the types of research being conducted

Involved in study planning and design

Involved in conducting and implementing studies

Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways

Involved in policy decisions about how hospital researchers engage with the PFAC (e.g. they work on a policy that says researchers have to include the PFAC in planning and design for every study)

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

Researchers contact the PFAC

Researchers contact individual members, who report back to the PFAC

Other (Please describe below in **#38a**)

None of our members are involved in research studies

38a. If other, describe:

**39. About how many studies have your PFAC members advised on?**

1 or 2

3-5

More than 5

None of our members are involved in research studies

**Section 7: PFAC Annual Report**

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

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

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

Collaborative process: staff and PFAC members both wrote and/or edited the report

Staff wrote report and PFAC members reviewed it

Staff wrote report d/t time restraints & limitation with COVID

Other (Please describe):

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

**42. We post the report online.**

Yes, link:

No

**43. We provide a phone number or e-mail address on our website to use for requesting the report.**

Yes, phone number/e-mail address: Diane Galazzo with Quality Dept posts on Public Website

No

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

Yes, link: <https://spauldingrehab.org/about/pfac>

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