



**HCFA**  
Health Care For All  
MASSACHUSETTS

**PFAC**  
MASSACHUSETTS  
PATIENT & FAMILY ADVISORY COUNCILS  
*Making a Difference in Care*

## **PFAC Annual Report Form**

Health Care For All (HCFA) advocates for health justice in Massachusetts by working to promote health equity 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 envisions a day when 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 1<sup>st</sup> 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 which will be posted on HCFA's website, <https://hcfama.org/pfac/>. 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 [atappan@hcfama.org](mailto:atappan@hcfama.org) or call us at 617-275-2982.

Please email completed forms to [PFAC@hcfama.org](mailto:PFAC@hcfama.org).

**Reports should be completed by October 1, 2022.**

# 2022 Patient and Family Advisory Council Annual Report Form

*The survey questions concern PFAC activities in fiscal year 2022 only: (July 1, 2021 – June 30, 2022).*

## Section 1: General Information

### 1. Hospital Name:

*NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages the completion of an individual report for each hospitals-wide PFAC.*

#### 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: Olayinka Oluwole, Executive Director, Service Excellence & Patient Experience

2b. Email: oluwoleo@southcoast.org

2c. Phone: 508-973-5947

☐ Not applicable

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

3a. Name and Title: Kathleen Campanirio, Patient and Family Advisor

3b. Email: klcampanirio@aol.com

3c. Phone: 508-824-7142

☐ 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
- ☐ 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): Complaints and Grievances
- ☐ N/A – we did not recruit new members in FY 2022

**8. Total number of staff members on the PFAC: 19**

**9. Total number of patient or family member advisors on the PFAC: 16**

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

**11. The hospital position of the PFAC Staff Liaison/Coordinator is:** Executive Director, Service Excellence & Patient Experience

**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):
- ☐ 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: South coastal Region of MA extending from Cape Cod to Eastern RI

☐ Don’t know

14. The racial and ethnic groups in these areas include (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	0.5%	2.6%	4.4%	0.0%	77.7%	5.7%	10.1%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2022	0.2%	1%	4.6%	0.1%	77.9%		7.2%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2022	0.0%	0.0%	5%	0.0%	90%	0.0%	5%	<input type="checkbox"/> Don’t know

15. The languages spoken in these areas include (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 2022	39%	<input type="checkbox"/> Don’t know
15b. PFAC patient and family advisors in FY 2022	0%	<input type="checkbox"/> Don’t know

15c. What percentage of patients that the hospital provided care to in FY 2022 spoke the following as their primary language?

	%
Spanish	2.6%
Portuguese	3.6%
Chinese	<1%
Haitian Creole	<1%
Vietnamese	<1%
Russian	<1%
French	<1%
Mon-Khmer/Cambodian	<1%
Italian	<1%
Arabic	<1%
Albanian	<1%
Cape Verdean	<1%

☐ Don't know

15d. In FY 2022, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	5%
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	5%
Albanian	
Cape Verdean	

☐ Don't know

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

The following question is on our new member application to screen for diversity: It is important that our council membership reflects the diversity of the communities we serve. **Please tell us how your service on this council would enhance our diversity.**

Our Director of Government Affairs promotes the mission and vision of the PFAC to local leadership; to build a council that reflects the diversity of community we serve.

At community meetings and presentations, we promote the importance of diversity on the council.

Developing contacts in the community to increase our diversity goals: Local business, Churches, Health Organizations and Community Center

## 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:

In addition to the PFAC monthly meetings, there is a monthly PFAC call. The call is designed to discuss the agenda topics for future meetings. After the call the monthly meeting agenda is finalized by co-chairs and distributed via email prior to each meeting.

17b. If other process, please describe:

### **18. The PFAC goals and objectives for 2022 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 2022– **Skip to #20**

### **19. The PFAC had the following goals and objectives for 2022:**

1. Each PFAC member is expected to actively participate in at least one improvement project a quarter
2. Increase number of PFAC Patient and Family Advisors
3. Establish a more diverse membership by recruiting and bringing onboard at least one member from the following communities:
  - Latino
  - Portuguese
  - Cape Verdean
  - Southeast Asia
  - Black/African American
  - VNA Patient
4. Expand PFAC Involvement & Increase awareness of the role the PFAC plays within our health system
5. Develop an ongoing PFAC idea board
6. Develop guidelines for the use of the PFAC Seal

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

1. MyChart Subcommittee
2. Revenue Subcommittee
3. PFAC Seal Committee

**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): PFAC activities are reported to the Quality Steering Committee, which reports to Board Quality Steering Committee; PFAC submits an annual report to the CEO.
- ☐ 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:**

Most PFAC Communication are sent via email: Handouts, agendas, meeting minutes, notices about informational webinars.

We receive and share information from National PFAC blogs. Southcoast Health shares PFAC information on the Southcoast Health Facebook page and Twitter Feed. PFAC information, applications and annual reports are posted on southcoast.org website. We continue to host our monthly meetings virtually via Microsoft Teams due to our COVID-19 protocols.

- ☐ N/A – We don't communicate through these approaches

**Section 5: Orientation and Continuing Education**

**23. Number of new PFAC members this year: 8**

**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
- ☐ 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: DEI

**Section 6: FY 2022 PFAC Impact and Accomplishments**

*The following information concerns PFAC activities in the fiscal year 2022.*

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

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

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b> Revenue Cycle- Surprise Billing	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2:</b> PFAC Seal Utilization	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3:</b> Quality-Stroke Committee	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> 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?

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b> Primary Care-After hour RN Triage Calls	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input



<b>Accomplishment/Impact 2:</b> New Patient Onboarding	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3:</b> Revenue Cycle- Surprise Billing	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> 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?

Accomplishment/Impact	Idea came from (choose one)
<b>Accomplishment/Impact 1:</b> Participation in the selection and interview committee for an Executive Director position	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 2:</b> Participating in the MyChart Work group.	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<b>Accomplishment/Impact 3:</b> Radiology: CD Pick up Process	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

27. The five greatest challenges the PFAC had in FY 2022:

Challenge 1: Recruiting for diversity

Challenge 2: PFAC Awareness across the health system

Challenge 3: Meeting remotely/lack of team building

Challenge 4: No central repository for PFAC to store and share/edit communications

Challenge 5: Time management

☐ N/A – we did not encounter any challenges in FY 2022

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): Daisy Award Committees, MyChart Work Group, Revenue Workgroup, Provider Appeals Committee
- ☐ N/A – the PFAC members do not serve on these – **Skip to #30**

**29. How do members on these hospital-wide committees or projects report back to the PFAC about their work?** Each PFAC Patient & Family advisor reports out at the Monthly Meeting.

**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 2022

**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:** The PFAC members have noticed an opportunity, there is a need to enhance the information we share and we intend to address this in the upcoming year.

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

- Improvements to MyChart
- Improvements to the After-Hours Calls Process in the Primary Care Department
- Work on the Revenue Cycle Workgroup
- New Patient Onboarding Workgroup

**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):** Mary Lou Francis, Den DeMarinis, Joan Menard, Sandi Montour, Kathleen Campanirio

**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
- ☐ 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: <https://www.southcoast.org/for-patients-visitors/patient-family-advisory-council/>
- ☐ 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:
- ☒ No

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

- ☒ Yes, link: <https://www.southcoast.org/for-patients-visitors/patient-family-advisory-council/>
- ☐ No, we don't have such a section on our website