



HEALTH CARE FOR ALL



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. 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 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.

Reports should be completed by October 1, 2019.

The survey questions concern PFAC activities in fiscal year 2019 only: (July 1, 2018 – June 30, 2019).

Section 1: General Information

1. Hospital Name: Cambridge Health Alliance (CHA)

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.

2a. 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):

2b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

2c. 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: Mary Cassesso, Foundation President & Chief Community Officer
Sarah Primeau, Community Relations Manager

2b. Email: mcassesso@challiance.org
sprimeau@challiance.org

2c. Phone: 617-591-4947

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Barbara August
3b. Email: barbaralaugust@hotmail.com
3c. Phone: 617-852-5109

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:

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): Primary Care Doctors
- N/A – we did not recruit new members in FY 2018

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

9. Total number of patient or family member advisors on the PFAC: 13

10. The name of the hospital department supporting the PFAC is: Community Relations Office/Executive Offices

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Community Relations Manager

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):

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: Cambridge, Somerville & Metro-north (Malden/Medford/Chelsea/Revere/Everett/Winthrop)

Cambridge Health Alliance (CHA) is a regional safety net health system committed to providing high quality care to diverse and low-income populations from eight urban cities north and west of Boston, MA. CHA has three hospitals in Somerville, Cambridge, and Everett as well as 15 neighborhood health centers and primary care practices throughout Somerville, Cambridge, Everett, Malden, and Revere

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”):

As the sole public hospital in Massachusetts, CHA serves as a safety net for nearly 150,000 of the state’s most vulnerable and diverse patients. Approximately 70% of CHA patients are low-income, disabled, elderly or uninsured. CHA’s primary service area has a high percentage of residents living below the federal poverty level (13-28% cf. to the state average of 11.6%) and serves a diverse patient population (see below).

	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	0.8%	11.4%	9.4%	0.0%	57.3%	21.1%	18.5%
14b. Patients the hospital provided care to in FY 2018	1.0%	10.0%	17.0%	0.0%	38.0%	34.0%	14.5%
14c. The PFAC patient and family advisors in FY 2018	0.0%	15.4%	7.7%	0.0%	69.2%	7.7%	7.7%

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

Cambridge Health Alliance serves one of the most culturally and linguistically diverse patient populations in the United States. Over half our patients speak a language other than English at home. Around 42% of our primary care patients have limited English proficiency and need a professional medical interpreter.

	Limited English Proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2018	42%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2018	N/A	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2018 spoke the following as their primary language?

	%
Spanish	13%
Portuguese	14%
Chinese	2%
Haitian Creole	7%
Vietnamese	2%
Russian	0% - 224 patients
French	0% - 493 patients
Mon-Khmer/Cambodian	0% - 68 patients
Italian	0% - 175 patients
Arabic	1% - 1,351 patients
Albanian	0% - 302 patients
Cape Verdean	0% - 195 patients
Hindi	1% - 905 patients

15d. In FY 2019, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	7.7%
Portuguese	0.0%
Chinese	0.0%
Haitian Creole	0.0%
Vietnamese	0.0%
Russian	0.0%
French	0.0%
Mon-Khmer/Cambodian	0.0%
Italian	0.0%
Arabic	0.0%
Albanian	0.0%
Cape Verdean	0.0%
Hindi	7.7%

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

At CHA we actively seek to bring on new PFAC members from different backgrounds that represent the communities and patients in which we serve. We have had success this year in recruiting patients to the PFAC who reflect the patient population served by our entire system. However, we continue to aspire to get patients who represent the diversity of our community. Many CHA patients have public or subsidized insurance (Medicare, Medicaid, etc.) and traditionally experience barriers to care, therefore, it can be difficult recruiting these patients to serve on a volunteer committee. We try to relieve barriers by providing transportation/reimbursement, a free meal at every meeting as well as the option to join virtually through conference call. However, barriers still exist and we hope be able to address such barriers as they present themselves. There is still work to be done and we plan to strengthen recruitment efforts at our 14 care centers and specifically target populations that we know are engaged in care but not currently serving on our PFAC (e.g. Muslim/Arabic patients). In order to do this, we will continue working directly with the medical team to help us identify patients of these different backgrounds who they consider good fits for the PFAC. We will also be working with social workers and care coordinators to identify appropriate patients. This year we recruited a total of 3 new patients who are serving on the PFAC.

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:

At every meeting we end with a discussion of next steps and plans for future meetings. We often use this discussion to guide the development of the agenda for the following months meeting. A week before the scheduled PFAC meeting, the staff co-chairs edit and finalize the agenda and then email it to the PFAC. Members are given the opportunity to make additions/edits. Printed copies of the agenda are distributed during the actual meeting.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2019 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 2019– Skip to #20

19. The PFAC had the following goals and objectives for 2019:

1) Increase recruitment of patient members

Last year we were successful in recruiting several new patient members to the CHA PFAC. Since this is a volunteer position, retention of patients can be difficult and therefore we need to be proactive in recruiting new members to fill spaces of outgoing members. We were successful in recruiting new members this past year despite limited staff and resources. For 2019 we would like to see expansion in this recruitment effort and campaign. Special emphasis on recruiting patients that reflect our diverse patient population will also be stressed.

2) Improved integration into the CHA system

The PFAC has seen tremendous growth and change over the past several years and currently it remains a well-known entity and resource of and for Cambridge Health Alliance. Our continued goal

for 2019 is to further improve our visibility within the system. The PFAC will strive to work closer with various CHA departments and be in attendance at community and CHA events. In addition, we would like to continue to increase the amount of interaction and communication between the PFAC and the CHA Quality Committee of the Board of Trustees.

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

As described in our 2018 report, CHA now has an ACO-PFAC which is comprised of a subset of PFAC members who are members of the CHA-wide PFAC and have MassHealth insurance products. ACO PFAC summary charter and key responsibilities include: Advising the ACO Governing Board as to Member/family perspectives regarding ACO services, quality, safety and care delivery; developing a deeper understanding of how we are and are not partnering with patients for improvement and health, and strategizing how to optimize this partnership; and providing feedback and recommendations related to the impact of social determinants, including the potential impact of these factors on key populations served by the ACO (e.g. Members with disabilities, those requiring long-term supports and services (LTSS) and/or those with behavioral health (BH) needs).

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 highlights are sent to the Chief of Staff at CHA and are included in departmental update reports to the Board of Trustees.
- 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:

The CHA PFAC primarily communicates through email between monthly in-person meetings. Over the past few years we have invested time and resources into making a PFAC webpage and improving our social media presence. We are certain to highlight PFAC stories and accomplishments in CHA's internal newsletter (eBEAT) as well as in our out-facing patient newsletter and on our webpage. This past year, CHA's Marketing Department expanded its social media presence and we are now able to feature the PFAC on Instagram and Facebook. Please see below for a few selected examples. In addition, all CHA patients have access to a powerful tool – MyCHArt. This patient portal gives patients control by letting them connect with their CHA care team and manage their health care. Recently we have been using MyCHArt for communication and recruitment of new PFAC members as well as a quarterly patient newsletter.

CHA IN THE COMMUNITY

Italian Feast in East Cambridge

SUBMITTED BY: SARAH PRIMEAU, COMMUNITY RELATIONS PROJECT MANAGER



Over the weekend, volunteers and staff from CHA were at the 94th Annual Italian Feast in East Cambridge passing out information about resources and services available at CHA. The three day event was filled with street vendors of all sorts and other fun filled activities for the thousands of visitors. An extra thanks to CHA Patient Advisory Council Members who volunteered to staff the table - pictured to the right.

January 2019

CHA IN THE COMMUNITY

Stigma Unstuck: A Mental Health Arts Series

CHA was well represented at the Stigma Unstuck: A Mental Health Arts Series at the opening reception on January 24 at Tufts University. The event highlighted the installation of *The Many Faces of Our Mental Health*, conceived by artist Lynda Cutrell, to address issues of stigma and mental illness. The next event in the series will be on February 1 and it will include a film screening of the documentary "Addiction" followed by a panel with **Randi Sokol**, MD, MPH, MMedEd, a physician at the CHA Malden Family Medicine Center and director of faculty development and the pain/addictions curriculum for the Tufts University Family Medicine Residency at CHA. [Click here to learn more.](#)



Pictured: Youth leaders from Teens in Everett Against Substance Abuse (TEASA), Andrea Taylor (CHA Patient Family Advisory Council), Sarah Primeau, Cathy Haines (CHA Volunteer & Patient Family Advisory Council member), Lisa Brukilacchio, Mary Cassesso, and Jaime Lederer. TEASA is an initiative of CHA's Department of Community Health Improvement.

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April 17, 2019

COLLEAGUE COMMUNITY - STAFF PROFILES

Cathy Haines – CHA Patient & Volunteer



As April is National Volunteer Month, CHA is proud to celebrate the talents of our volunteer workforce. This week, we are highlighting **Cathy Haines**, a CHA patient and volunteer who is very active in the community.

At CHA, Cathy has served as a member of our Patient and Family Advisory Council (PFAC), made up of committed patients, family members and staff who meet monthly to improve the patient experience at CHA. She also helped develop a popular and successful drop-in program known as the Community Room, located in outpatient psychiatry at Central Street, and has served as a facilitator in our Sibling Support Program Family-Centered Mental Health Initiative. Cathy also helps with our annual Art of Healing Gala and has even donated artwork for the silent auction. We are so thankful for her kind heart and dedication to our patients and community members!

Cathy has a license in occupational therapy and collaborated on a chapter for the 6th edition of *The Occupational Therapy Manager*. Just a few weeks ago, she presented a poster and hosted a round-table discussion at the annual AOTA (American OT Association) national conference in New Orleans. She says, "I am grateful for the learning opportunities available to me at CHA. I have been able to grow professionally through volunteering related to my skills and interests."

For more information on PFAC, please contact **Sarah Primeau** at sprimeau@challiance.org.

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WORKING AT CHA

Celebrating Our Achievements



Carol Hulka, MD, chief of radiology, and **Kirsten Meisinger**, MD, MHCDS, Medical Staff president and regional medical director, were featured in a national webinar along with **Alexandra Hollencamp** (CHA patient partner, PFAC member) that was hosted by the American College of Radiology. The webinar reviewed CHA's experience as an early adopter of Appropriate Use Criteria in imaging, new standards mandated by the Centers for Medicare and Medicaid Services to improve patient care and control costs.

Starting in 2020, providers across the United States will have to implement clinical decision support software for use in ordering MRI, CT and nuclear medicine exams. This affects providers in inpatient, outpatient and ED settings. CHA has been using this software for more than 6 months, and we were able to share perspectives of the Radiology team, the ordering provider and the patient. [Click here to learn more.](#)

Celebrating Our Achievements



On Saturday, October 5, **Alexandra Hollencamp**, **Kirsten Meisinger, MD**, and **Elisa Tristan-Cheever** presented "Strategies for Effective Patient Engagement" at the 2019 Primary Care Center conference at the Center for Primary Care at Harvard Medical School.

A team of CHA providers and staff recently published an article in the journal *Healthcare* that describes CHA's approach to creating a systematic screening and electronic referral system for food insecurity. This initiative was spearheaded by Cambridge Family Health physician **Amy Smith, MD**, who also serves as the paper's lead author. CHA co-authors are **Dr. Leah Zallman**, **Kathy Betts**, **Lisa Brukilacchio**, **Fiona McCaughan**, **Dr. David Elvin** and **Lisa Trumble**. The paper is an outgrowth of efforts by CHA's Population Health Research and Publications Work Group, which was formed to strengthen our presence as a national leader in population health publications and research. The CHA community is encouraged to [submit any ideas](#) for future publications.



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

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 3

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:

Section 6: FY 2019 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2019.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
<p>26a. Accomplishment 1:</p> <p>Increased presence and integration at CHA:</p> <p>An on-going goal of the PFAC is to continue to garner support and visibility throughout all of CHA, Since CHA has three hospitals and 15 care centers, it can be difficult to get information to everyone as needed. This past year, the PFAC was asked to support work being done in many departments that have not asked for support in the past since word has spread about the value of their input. In 2019, the PFAC provided guidance and</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading

input into work in the following departments:

Psychiatry, primary care, population health, ACO, pharmacy, emergency, complex care, marketing/ communications, strategic planning, executive, oral health, quality – patient safety, and IT.

This year the PFAC also provided input into important topics such as the CEO search, wayfinding, and website improvement. One PFAC member sat as a search committee member and interviewed potential candidates to fill the CEO vacancy. For the website, CHA hired a consultant firm to examine CHA’s external website. They held focus groups throughout CHA to look at the webpage and several members of the PFAC served in a focus group to provide feedback. In addition, wayfinding, particularly around all 3 emergency rooms, was a priority of the system. The PFAC met with the team overseeing this project and provided extremely helpful and crucial feedback into improvements.

This year, PFAC members expanded their roles and joined other hospital committees in order to bring the patient voice to the decision-making table. A PFAC patient member joined the Patient Safety Committee (PSC). The PSC looks at adverse events at CHA and they look into what we can do to improve or prevent these events from happening again. The strong focus is on quality and quality improvement.

A different PFAC member also joined the Patient Experience of Care (PEOC). There are spectrums of care at CHA and the PCIC is more

focused on smaller improvements rather than larger, more adverse issues like the Patient Safety Committee. This committee focuses on ways to improve the patient experience in every aspect of their contact with the system.

26a. Accomplishment 2:

Recruitment:

As in past years, an on-going PFAC goal is to recruit new members to the council. This includes new patients/families as well as staff from within the system. Over the past few years we have had stable patient/family membership - with patient/family members holding the majority of seats on the council. This year we only had 1 patient member resign and we recruited an additional 3 patients.

Recruitment activities this year were primarily through social media/online portal as well as word of mouth. An email communication was distributed to a few targeted providers from the provider who now chairs the ACO subcommittee of the PFAC. This method worked quite well because it was a well-respected provider reaching out to his professional counterparts. We were able to recruit 2 out of the 3 new members through this method. Moving forward we hope to expand this method of recruitment to more providers and the medical team. In addition, we continue to include information on the PFAC in our internal staff newsletter (eBEAT) and in our outward patient-facing newsletter.

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

- Being informed about topic
- Providing feedback or perspective
- Discussing and influencing decisions/agenda
- Leading/co leading

26c. Accomplishment 3:

**Patient Member Engagement
Outside of Regular Meetings:**

In order to increase awareness of the PFAC, we made it our goal to have members continue to participate in internal and external events. Outlined below are events/conferences/and forums that PFAC members participated in.

- American College of Radiology Webinar Presenters
- PFAC involvement in "Healthy Somerville Strategy" which included the DPH Public Hearing on the CHA Somerville Hospital ED conversion and opening of urgent care center
- Primary Care Center Conference (Harvard Medical School) Presenters
- See, Test, and Treat - free cervical/breast cancer screening day
- Schwartz Center Symposium
- Volunteers for Art of Healing CHA gala and fundraising event
- Volunteers for CHA Foundation Golf Invitational
- NAMI Boston walk
- Somerville Chamber of Commerce Dinner
- Senator DiDomenico's Italian Festival in East Cambridge
- Health Integration Program - volunteer coordinators for drop-in center.
- CHA Wellness walking team participation
- Health Law Advocates Benefit Breakfast

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

- Being informed about topic
- Providing feedback or perspective
- Discussing and influencing decisions/agenda
- Leading/co leading

- Malden Chamber of Commerce Comedy Night – supporting CHA Breast Center		
- Somerville Foodie Crawl		

27. The five greatest challenges the PFAC had in FY 2019:

27a. Challenge 1:

Time Management:

As noted, the PFAC has gained respect and visibility throughout the system, especially over the past two years. As wonderful as this is, it can also be challenging to manage content for each meeting while still allowing enough time for thoughtful discussion. Our members have asked that we prioritize time for general discussion and patient feedback, so for 2020 we are carving out time for each meeting to do this.

27b. Challenge 2:

Recruitment of patients who represent the patient population:

We will continue with recruitment efforts in FY19 and specifically target our MCREW (Malden/Medford, Chelsea, Revere, Everett, and Winthrop) communities for new members. At this time our committee is still heavily Somerville/Cambridge-centric and we would like to diversify geographical membership as much as possible. At CHA we care for people from all backgrounds and have a particular strength in caring for patients with economic, linguistic and cultural barriers to care. That said, it has been extremely difficult to get these particular populations engaged with the PFAC. We do plan to continue outreach to these populations and hope we are able to diversify the council even further into the coming year. We have hopes of employing further incentives, involving interpreter services, and changing meeting locations in order to help with this recruitment.

N/A – we did not encounter any challenges in FY 2019

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**

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

Members will either report back at meetings on what they are doing in their respective committees and/or the staff member who sits on the committee and also sits on the PFAC will provide an update.

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 2018

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:

Information was shared when the committee had specific questions or interests in topics and if there were things that specific departments wanted the PFAC to know or provide input into. Moving forward, we hope to use this list above to guide our meetings and inform topics that we should try to cover every year.

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

As described above, representatives from many departments throughout CHA came to present and gather feedback at our monthly meetings. This year we have had guests from quality discuss adverse

events and ways CHA was planning to improve as well as guests from inpatient care who needed feedback on patient discharge, readmissions, and safety. Furthermore, a staff member of the PFAC is responsible for all Press Ganey reporting and often discusses issues with the group and asks for input on specific topics.

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

* One of our PFAC patient members sits on the IRB

- 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):

Barbara August, Patient/Family Co-Chair
Mary Cassesso, PFAC Co-Chair, Chief Community Officer & Foundation President
Sarah Primeau, PFAC Co-Chair, Community Relations Manager
Adrienne Frankel, PFAC member & Senior Quality Project Improvement 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
- 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.challiance.org/about/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. <https://www.challiance.org/about/patient-family-advisory-council>

- Yes, link:
 No, we don't have such a section on our website