



BRIGHAM AND WOMEN'S
Faulkner Hospital

FY 2015 Patient and Family Advisory Council
Annual Report ~ October 1, 2015



Brigham and Women's Faulkner Hospital
PATIENT AND FAMILY
ADVISORY COUNCIL

Initial Report

Last Modified: 09/21/2015

1. Hospital Name

Answer	Total Responses
Brigham and Women's Faulkner Hospital	1
Total	1

2. Year PFAC Established

#	Answer	Bar	Response	%
1	Prior to 2008		0	0%
2	2008		1	100%
3	2009		0	0%
4	2010		0	0%
5	2011		0	0%
6	2012		0	0%
7	2013		0	0%
	Total		1	

3. Staff PFAC Contact Name and Title

Text Response

Rosemarie Shortt, MM, RN, Director of patient Family Relations

4. Staff PFAC Contact Email and Phone

Text Response

rshortt@partners.org - telephone - 617-983-7425








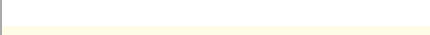

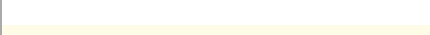



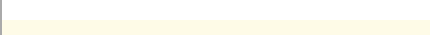

5. Our PFAC has (click the best choice):

#	Answer	Bar	Response	%
1	by-laws		1	100%
2	agreed-upon policies and procedures		0	0%
3	neither		0	0%
	Total		1	

6. Our PFAC manages itself through (describe in 1500 characters or fewer) :

This question was not displayed to the respondent.




7. Our PFAC recruits new members using the following approaches (click all that apply):

#	Answer	Bar	Response	%
1	Word of mouth		1	100%
2	Promotional efforts within institution to patients		1	100%
3	Promotional efforts within institution to providers or staff		1	100%
4	Through existing members		1	100%
5	Facebook and Twitter		0	0%
6	Recruitment brochures		1	100%
7	Hospital publications		1	100%
8	Hospital banners and posters		0	0%
9	Through care coordinators		0	0%
10	Through patient satisfaction surveys		0	0%
11	Through community-based organizations		1	100%
12	Through houses of worship		0	0%
13	At community events		1	100%
14	Other		0	0%
15	None		0	0%




8. Describe other recruitment method (in 1500 characters or fewer):

This question was not displayed to the respondent.

9. Our PFAC chair or co-chair is a patient or family member

#	Answer	Bar	Response	%
1	Yes		1	100%
2	No		0	0%
	Total		1	

10. Our PFAC chair or co-chair is a hospital staff member

#	Answer	Bar	Response	%
1	Yes		1	100%
2	No		0	0%
	Total		1	

11. Chair/Co-Chair hospital position title:

Text Response

Chief Medical Officer and Chief Nursing Officer/V.P of Nursing

12. This person is the official PFAC staff liason

#	Answer	Bar	Response	%
1	Yes		0	0%
2	No		1	100%
	Total		1	

13. Total number of staff members on the PFAC:

Text Response

seven

14. Total number of current or former patients or family members on the PFAC:

Text Response

11

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

Text Response

Patient Care Services - Patient Family Relations

16. If not mentioned above, the hospital position of the PFAC staff liason is:

Text Response

Director of Patient Family Relations

17. The hospital reimburses PFAC members for the following costs associated with attending or participating in meetings (click all that apply):

#	Answer	Bar	Response	%
1	Provide free parking		1	100%
2	Provide meals		1	100%
3	Provide translator or interpreter services		1	100%
4	Provide assistive services for those with disabilities		1	100%
5	Provide meeting conference call or webinar options		1	100%

6	Provide mileage or travel stipends		0	0%
7	Provide financial support for child care or elder care		0	0%
8	Provide stipends for participation		0	0%
9	Provide on-site child or elder care		0	0%
10	Provide reimbursement for attendance at annual PFAC conference		1	100%
11	Provide reimbursement for attendance at other conferences or trainings		1	100%
12	Provide gifts of appreciation to PFAC members annually		1	100%
13	Cover travel expenses to attend conferences		0	0%
14	Provide other supports		0	0%
15	None		0	0%

18. Describe other supports provided (in 1500 characters or fewer):

This question was not displayed to the respondent.

19. Our catchment area is geographically defined as:

Text Response

Our primary catchment area is geographically defined as Hyde Park, Jamaica Plain, Roslindale, West Roxbury and Dedham

20. Race:

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
	3.75	17.3		60

21. Ethnicity:

Hispanic or Latino	Not Hispanic or Latino
16.4	2.8

22. Race:

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
.3	1.	12.5		69.5

23. Ethnicity:

Hispanic or Latino	Not Hispanic or Latino
8.4	5.7

24. Race:

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
				100

25. Ethnicity:

Hispanic or Latino	Not Hispanic or Latino

26. Our PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area (describe in 3000 characters or fewer):

Text Response
<p>We have presented our PFAC work and goals for recruiting additional members to achieve the diversity we see reflected in our patient population to a variety of audiences and venues. This includes recruitment discussions directly with individual MDs with diverse practice populations; requests at the Tri-annual Meeting of the medical staff; consultation with our Cultural Competence Committee for their recommendations. I presented the PFAC work and accomplishments to the Nursing Department's Annual Unit Council Summit and at a meeting with Interpreter Services at their regularly scheduled staff meeting to present the work of the PFAC and to request that they keep an eye out for any patients that they believe may be interested. Direct recruitment takes place by using PFAC Promotional flyers that inform patients and visitors of the PFAC work and inviting them to be part of it. These flyers are located throughout the organization in waiting room pamphlet racks and in the Patient Family Resource Center as well as the Taiclet Family Center where family members wait for their loved ones who are having surgery or ambulatory procedures. We are in the process of translating this document into Spanish. We have had booths at community fairs and gatherings and will be again recruiting here at BWFH during our Annual Community Health Fair on 10/3, which is free and will attended by local residents - an excellent representation of the hospital's constituency. I have attended workshops on recruiting a diverse PFAC membership at both the Institute of Patient Family Centered Care and at the Annual Conferences of Health Care for All and have followed the advice of peers at these workshops . I am passionately committed to reaching out in as many ways possible to ensure that we have disseminated the word about our work and the need for diverse viewpoint through which to do see where there are opportunities to improve our care. I have spoken to current members of the PFAC as well as the Hospital's Volunteer Workforce. I have encouraged them to bring information about our PFAC to friends, their Church communities and other community groups where they are members. I have extended my availability to meet with any community gatherings to promote this important volunteer opportunity.</p>

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

#	Answer	Bar	Response	%
1	The staff develops the agenda and sends it out prior to the meeting		0	0%
2	The staff develops the agenda and distributes it at the meeting		0	0%
3	PFAC members develop the agenda and send it out prior to the meeting		0	0%
4	PFAC members develop the agenda and distribute it at the meeting		0	0%
5	The PFAC has a collaborative process between staff and patients/family members to develop and distribute the agenda		1	100%
6	Other process		0	0%
7	None		0	0%
	Total		1	

28. Describe the process (in 1500 characters or fewer):

Text Response

Our Agenda evolves during the time between meetings through a variety of sources. Patient/family PFAC members may propose a particular review or discussion topic based on recent observations during a hospital visit, or based on their participation in standing hospital-wide committees. Anyone in our organization, including members of our hospital Leadership Council(which is comprised of Sr. Leaders and all Department Directors and Managers), representatives of Clinical Unit Service Councils or hospital-wide committee chairs may request a PFAC "Consultation". This may involve reviewing a new patient/family-centered document or a powerpoint presentation of a process improvement initiative for recommendations from the patient/family perspective . Other Agenda items include routine periodic reporting such as patient safety data, patient complaint statistics and Quality Improvement initiatives. The Agenda may also include any updates or follow-up information from a previous meeting. An administrative support person compiles the Agenda and distributes it by email to the PFAC members along with the minutes of the last meeting and any documents that may require review prior to the meeting.

29. Describe the process (in 1500 characters or fewer):

This question was not displayed to the respondent.

30. The PFAC goals set for FY 2015 were (describe in 1500 characters or fewer):

Text Response

---Recruitment of new members continues to be a priority. Respect is one of the key components of our C.A.R.E standards, our goal is for the PFAC to reflect our patient population.. Any efforts to improve the experience of our patients here at BWFH must begin with recognizing, appreciating and supporting their cultural differences and belief systems It is important that our PFAC be as diverse as our patient population to truly reflect the needs and perspectives of the patients and the communities we serve.
 --Continue to partner in efforts to improve the patient experience by problem solving on Patient Experience /Press Ganey outcome initiatives by working with groups such as the Patient Satisfaction Committee, Service Excellence leaders and Unit Councils on issues such as, patient education and safety, communication and service recovery.
 --PFAC involvement in implementation of ECare problem solving and education of patients with the rollout of EPIC / Partners Patient Gateway, the electronic patient access and communication system.
 --Continued PFAC participation on the Total Joint Team through the last stages of implementation of the new Orthopedic Unit on 7 South to ensure that decisions related to the environment of care and educational resource materials reflect PFAC recommendations made during the development stages. Due to open in October 2015, continued involvement will ensure that PFAC remains involved in problem solving for the new patient care unit.

31. The FY 2015 goals were (click the best choice):

#	Answer	Bar	Response	%
1	Developed by staff and reviewed by PFAC members		0	0%
2	Developed by PFAC members and staff		1	100%
3	Neither		0	0%
	Total		1	

32. Our PFAC has the following subcommittees (click all that apply):

#	Answer	Bar	Response	%
1	Government Relations		0	0%
2	Emergency Department		0	0%
3	Education and Communication		0	0%

4	Family Support		0	0%
5	Policies and Procedures		0	0%
6	Palliative Care		0	0%
7	Annual Report		0	0%
8	Publications		0	0%
9	Nominations		0	0%
10	Marketing		0	0%
11	Behavioral Health		0	0%
12	Medication Safety		0	0%
13	Hospital Safety		0	0%
14	Other		0	0%
15	None		1	100%

33. Describe other subcommittee (in 1500 characters or fewer):

This question was not displayed to the respondent.

34. How does the PFAC interact with the Hospital Board of Directors? (click all that apply)

#	Answer	Bar	Response	%
1	PFAC submits annual report to Board		1	100%
2	PFAC submits meeting minutes to Board		1	100%
3	PFAC member(s) attends Board meetings		0	0%
4	Board member(s) attends PFAC meetings		0	0%
5	PFAC member(s) are on board-level committee(s)		0	0%
7	Other		0	0%

35. Describe other interaction (in 1500 characters or fewer):

This question was not displayed to the respondent.

36. URL/link to the PFAC section of the hospital website:

Text Response

<http://brighamandwomensfaulkner.org/about-us/patient-visitor-information/patient-family-advisory-council.aspx#.VgA55tJVhHx>

37. Describe the PFAC's use of email, listservs, or social media (in 3000 characters or fewer):

Text Response

We have established a Sharepoint site for minutes and other documents. Our Agenda is emailed out to our PFAC members in

advance along with any materials requiring review prior to the next meeting. In addition, PFAC members automatically receive all hospital wide educational and program updates, including notification of upcoming events .

38. Number of new PFAC members this year:

Text Response

1

39. The orientation was provided by:

Number of Staff Members	Number of PFAC Members
2	2

40. The content included (click all that apply):

#	Answer	Bar	Response	%
1	Meeting with hospital staff		1	100%
2	A general hospital orientation		0	0%
3	Information on concepts of patient- and family-centered care (PFCC)		1	100%
4	Information on patient engagement in research		0	0%
5	PFAC policies, member roles and responsibilities		1	100%
6	Information on health care quality and safety		1	100%
7	History of the PFAC		1	100%
8	A "buddy program" with old members		1	100%
9	How PFAC fits within the organization's structure		1	100%
10	Other		0	0%

41. Describe other content (in 3000 characters or fewer):

This question was not displayed to the respondent.

42. PFAC members are considered hospital volunteers and therefore (click all that apply):

#	Answer	Bar	Response	%
1	Attend hospital volunteer trainings		0	0%
2	Require immunizations or TB checks		0	0%
3	Require CORI checks		0	0%
4	Other		1	100%

43. Describe other PFAC member requirement(s) (in 1500 characters or fewer):

Text Response

PFAC members complete and Application Form and sign our Hospital-wide HIPAA form ensuring that they understand and will adhere to all Patient Privacy regulations.

44. Our PFAC provides education to our members on the topic of patient-centered outcomes research

#	Answer	Bar	Response	%
1	Yes		1	100%
2	No		0	0%
	Total		1	

45. Accomplishment 1 (describe in 3000 characters or fewer):

Text Response

The PFAC participated in a major new Service Excellence initiative that will be the cornerstone of customer service standards for all staff called I CARE Connections. They attended a focus group designed to review the key components this new program to provide feedback on their perceptions of how to show empathy, service recovery strategies and what constitutes the patient experience. The I CARE Connections framework will include a training program that will constitute a large component of new employee orientation in addition to being rolled out throughout the organization. The PFAC Advisors participated in exercises designed to give examples of how to integrate the I CARE standards into daily interactions with patients, families and staff; nonverbal communication, eye contact, tone of voice and the varied roles of employees were included in the work.

46. The idea for Accomplishment 1 came:

#	Answer	Bar	Response	%
1	Directly from the PFAC		0	0%
2	From a department, committee, or unit that requested PFAC input		1	100%
	Total		1	

47. Accomplishment 2 (describe in 3000 characters or fewer):

Text Response

In keeping with goals to be a health literate organization, the PFAC was consulted on several patient-family directed educational documents. The ICU staff presented a series of patient-family focused materials, including an ICU Guide for Patients and Families, and letters to patients and/or family members to request that they participate in a survey. These documents include emotionally sensitive language and ICU leaders and unit council members worked collaboratively with PFAC to ensure that optimal care was taken to consider the feelings and reactions these documents could cause, while keeping the focus on gathering feedback essential to the on-going assessment of where there were opportunities to improve care, communication and collaboration between caregivers and loved ones.

48. The idea for Accomplishment 2 came:

#	Answer	Bar	Response	%
1	Directly from the PFAC		0	0%
2	From a department, committee, or unit that requested PFAC input		1	100%
	Total		1	

49. Accomplishment 3 (describe in 3000 characters or fewer):

Text Response

For the past 3 years, Partners has been on a journey to select a vendor to create one single health information record for all patients and providers. This began with an invitation to our PFAC member to be involved in the initial evaluation of the vendors being considered for this enormous undertaking. We were pleased to have been included in the selection of EPIC and to be engaged in the two year countdown to GO LIVE on 5/31/15. PFAC was included in discussions and planning to provide explanations about how patients would be affected and involved in roll outs of each step, from hardware installation and location for inpatient rooms, to how the Partners Patient Gateway would function in order to improve communication with PCP and other providers, appointment scheduling and access to Personal Health Information (PHI). Patients were given the opportunity to ask questions of the Project Director, who would periodically report on new developments or the status of a previously discussed issue. Posters prepared for the general patient population were reviewed for PFAC's input regarding whether there was too much information, whether the subject matter was too complicated, easy to understand or the content was too "busy". PFACs brought current, personal challenges from their own Partners Patient Gateway experience to help the Project Manager to identify unanticipated glitches in the system.

50. The idea for Accomplishment 3 came:

#	Answer	Bar	Response	%
1	Directly from the PFAC		1	100%
2	From a department, committee, or unit that requested PFAC input		0	0%
	Total		1	

51. Accomplishment 1 (describe in 3000 characters or fewer):

Text Response

see accomplishments

52. The idea for Accomplishment 1 came:

#	Answer	Bar	Response	%
1	Directly from the PFAC		0	0%
2	From a department, committee, or unit that requested PFAC input		0	0%
	Total		0	

53. Accomplishment 2 (describe in 3000 characters or fewer):

Text Response

see accomplishments

54. The idea for Accomplishment 2 came:

#	Answer	Bar	Response	%
1	Directly from the PFAC		0	0%
2	From a department, committee, or unit that requested PFAC input		0	0%
	Total		0	

55. Accomplishment 3 (describe in 3000 characters or fewer):

Text Response

see accomplishemnts

56. The idea for Accomplishment 3 came:

#	Answer	Bar	Response	%
1	Directly from the PFAC		0	0%
2	From a department, committee, or unit that requested PFAC input		0	0%
	Total		0	

57. Challenge 1 (describe in 3000 characters or fewer):

Text Response

This year we employed all strategies known to us, but have not succeeded with recruitment of racially diverse members . When networking with fellow hospital PFAC groups, we hear that they share our struggle. While I have attended workshops and trainings that are focused on this issue, there have been very few candiates, and those who expressed an interest, had conflicts with time and competing priorities such as work and child care, which is not available at our campus.

58. Challenge 2 (describe in 3000 characters or fewer):

Text Response

Our current members are actively involved in our work and attendance at our meetings has been consistently high, we have only two members who are current members of hospital wide committees. Our community teaching hospital has a patient population with many working parents with children that are not able to come to the hospital during the day to participate in standing committees.

59. Challenge 3 (describe in 3000 characters or fewer):

Text Response

We had hoped that all of our PFAC members would be available to attend Healthcare for All's Annual Conference, only 2 were able to, along with the PfAC facilitator Rosemarie Shortt.

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

#	Answer	Bar	Response	%
1	Quality improvement initiatives		1	100%
2	Patient education on safety and quality matters		1	100%
3	Patient and provider relationships		1	100%
4	Institutional Review Boards		0	0%
5	Other		0	0%
6	None		0	0%

61. Describe other advice/recommendations (in 1500 characters or fewer):

This question was not displayed to the respondent.

62. PFAC members participated in the following activities mentioned in the law (click all that apply):

#	Answer	Bar	Response	%
1	Served as members of task forces		1	100%
2	Served as members of awards committees		0	0%
3	Served as members of advisory boards/groups or panels		0	0%
4	Served on search committees and in the hiring of new staff		0	0%
5	Served as co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees		0	0%
6	Serve on selection of reward and recognition programs		0	0%
7	Serve as members of standing hospital committees that address quality		1	100%
8	Other areas of service not listed above		0	0%
9	None		0	0%

63. More details about PFAC member activities:

Number of members serving on task forces	Number of members serving on awards committees	Number of members serving on advisory boards/groups or panels	List names of above groups and number of members serving on each	Number of members serving on search committees	Number of members serving as co-trainers	Number of members serving as members of hospital quality committees	List names of above groups and number of members serving on each	List names and number of members participating in other areas of service
			Jane Maier and John Downes on Task force to select				Diane Grallo serves on Patient Safety and	

2		1	to select ECare vendor ; Jane Maier sits on BWH Community Care Advisory Board		2	Quality Commettee and John Downes is a member of the Total Joint Center Committee	
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64. The hospital shared the following public hospital performance information with the PFAC (click all that apply):

#	Answer	Bar	Response	%
1	Serious Reportable Events		1	100%
2	Healthcare-Associated Infections		1	100%
3	Department of Public Health (DPH) information on complaints and investigations		0	0%
4	Staff influenza immunization rate		1	100%
5	Patient experience/satisfaction scores		1	100%
6	Patient complaints		1	100%
7	Patient Care Link		0	0%
8	Joint Commission surveys		1	100%
9	Hospital Compare		0	0%
10	Family satisfaction surveys		0	0%
11	Quality of life data		0	0%
12	Rapid response data		0	0%
13	Other		0	0%
14	None		0	0%

65. List other public hospital performance information shared (in 1500 characters or fewer):

This question was not displayed to the respondent.

66. Describe the process by which public hospital performance information was shared (describe in 1500 characters or fewer):

Text Response

The appropriate Department Directors presented annual data via power point presentation to PFAC regarding SREs, Infection Prevention efforts, Complaint and investigations and Joint Commission survey results. Staff flu immunization rates are shared and flu shots are offered to our PFAC members free of charge.

67. Our PFAC activities related to the following state or national quality of care initiatives (click all that apply):

#	Answer	Bar	Response	%
1	Healthcare-Associated Infections		0	0%

2	Rapid response teams		0	0%
3	Hand-washing initiatives		1	100%
4	Checklists		1	100%
5	Disclosure of harm and apology		0	0%
6	Fall prevention		1	100%
7	Informed decision making/informed consent		0	0%
8	Improving information for patients and families		1	100%
9	Health care proxies/substituted decision making		0	0%
10	End-of-life planning (e.g. hospice, palliative, advanced directives)		0	0%
11	Care transitions (e.g. discharge planning, passports, care coordination, and follow-up between care settings)		0	0%
12	Observation status for Medicare patients		1	100%
13	Mental health care		1	100%
14	Other program		0	0%
15	None		0	0%

68. Describe other program (in 1500 characters or fewer):

This question was not displayed to the respondent.

69. The hospital shares the PFAC annual reports with PFAC members:

#	Answer	Bar	Response	%
1	Yes		1	100%
2	No		0	0%
	Total		1	

70. Massachusetts law requires that the PFAC report be available to the public. We (click the best choice):

#	Answer	Bar	Response	%
1	Post the report online		1	100%
2	Provide a phone number or email to use for accessing the report		0	0%
3	Other		0	0%

71. Describe other method for making the report available to the public (in 1500 characters or fewer):

This question was not displayed to the respondent.