



BRIGHAM AND WOMEN'S  
Faulkner Hospital

**FY 2016 Patient and Family Advisory Council Annual  
Report**

**October 14, 2016**



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

1. Hospital Name: **Brigham and Women's Faulkner Hospital**

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 –

Other Our Emergency Department will be implementing a PFAC – beginning October 2016

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

No

2c. Will another hospital within your system also submit a report?

Don't know

3. Staff PFAC Co-Chair Contact:

2a. Name and Title: **Judy Hayes, Chief Nursing Officer, VP, Patient Care Services**

2b. Email: **JHAYES4@PARTNERS.ORG**

2c. Phone: **617-983-7990**

4. Physician/ PFAC Co-Chair Contact:

3a. Name and Title: **Dr. Margaret Duggan**

3b. Email: **MDUGGAN3@PARTNERS.ORG**

3c. Phone: **617-983-7985**

4A **4A Patient/Family PFAC Co-Chair – John N. Downes**

Email: **jndownes@gmail.com**

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

No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

5a. Name and Title: **Rosemarie Shortt, RN, Director of Patient Family Relations**

5b. Email: **rshortt@partners.org**

5c. Phone: **617-983-7425**

## **Section 1: PFAC Organization**

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

Community based organizations

Community events

- Facebook and Twitter
- Hospital publications
- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Recruitment brochures
- Word of mouth / through existing members

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

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

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

**Patient Family Relations and Patient Care Services**

11. The hospital position of the PFAC Staff Liaison/ Coordinator

**Director of Patient Family Relations**

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, meals
- pay for attendance at annual PFAC conference
- Translator or interpreter services

## **Section 2: 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:

**Our primary catchment area is geographically defined as Hyde Park, Jamaica Plain, Roslindale, West Roxbury and Dedham. However many of our patients come from throughout New England for care and treatment at one of our destination practices such as**

the Brigham and Women’s Faulkner Breast Centre or the Foot and Brigham and Women’s Orthopedic Center , where Spine, Foot and Ankle and Upper Extremity specialists practice.

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		3.75	17.3		60		16.4	<input type="checkbox"/> Don't know
14b. Patients the hospital provided care to in FY 2016	.3	2.	14.		62		20.	<input type="checkbox"/> Don't know
14c. The PFAC patient and family advisors in FY 2016					100			<input type="checkbox"/> 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 2016	31%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2016	0	<input type="checkbox"/> Don't know

**15c. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?**

	%
Spanish	14
Portuguese	2
Chinese	1
Haitian Creole	1
Vietnamese	.5
Russian	3
French	.5
Mon-Khmer/Cambodian	1
Italian	.5
Arabic	1
Albanian	.5
Cape Verdean	.5

**15d. In FY 2016, what percentage of PFAC patient and family advisors spoke the following as their primary language?**

	%
Spanish	0
Portuguese	0
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0

Albanian	0
Cape Verdean	0

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

We consider recruitment of a more diverse PFAC membership as our most challenging and long-standing goal. Our intention has always been to achieve the diversity we see in our waiting rooms and on inpatient units reflected in our PFAC . I have followed many of the actions suggested by colleagues via the Beryl Institute listserv and at national conferences of the Institute for Patient Family- Centered Care. I have attended each of the Health Care for All - Annual Conferences along with several of our patient advisors. We participated in each of the workshops focusing on recruiting a diverse workforce to learn and network as much as possible and implemented many of the suggested strategies for addressing this challenging initiative. Current PFAC members have been encouraged to speak to friends, members of their community and church and civic groups they may attend.

Our recruitment goals have been presented at a variety of forums within the Hospital, including Leadership Council, which is comprised of department managers and directors and Senior Leadership, the Quality Steering Committee which includes Senior Leadership, Department Directors and the Chiefs of Medicine, Surgery, Anesthesia, Radiology and Pathology and Board members, the Tri-Annual meeting of the Medical Staff which includes all Hospital physicians, and the Annual Department of Nursing Unit Council Summit. In addition, presentations were made to the Cultural Competence Steering Committee, the Interpreter Services departmental staff meeting.

Our PFAC is featured in the Brigham and Women’s Health Care’s Annual Report, has a page on the Hospital’s website, inviting patients and members of the community to apply for membership and a promotional Fact Sheet was developed to highlight the work of the PFAC and is distributed throughout the Hospital in pamphlet racks and physician practice waiting rooms.

### Section 3: PFAC Operations

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

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

**Our Agenda is developed in a combination of ways. PFAC advisors will propose a particular topic related to current topic of interest in the media, a follow up progress report on an earlier presentation, or based on their**

participation in standing Hospital- wide committee work. Consultation requests come from throughout the Hospital, including Leadership Council which is comprised of the Hospital President, Vice Presidents and all department directors and managers. For example, PFAC is routinely asked to review documents such as patient education sheets, pre-procedure instructions, new brochures, the Patient Guide. There are regularly scheduled updates on patient safety data, patient complaint statistics and risk management and quality improvement initiatives.

An administrative support person compiles the Agenda material which is reviewed by the three Co-chairs and distributed to members in advance by email to the PFAC members with a copy of minutes from the last meeting. On occasion materials are forwarded for the PFAC members to review and return or bring comments with them to the meeting.

18. The PFAC goals and objectives for 2016 were: (check the best choice):

Developed by PFAC members and staff

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

- Diversify Patient Advisors to reflect diversity of our patient population
- Increase PFAC involvement in care redesign initiatives
- Improve awareness of the value of PFAC engagement in improvement and safety initiatives

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

Other PFAC reports in to Quality Steering Committee which reports in to the Board.

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

Communication of meeting schedules, minutes and the Agenda for each upcoming meeting are sent to patients by email along with any documents for their review and comments. On occasion, when a work request requires an expedited turnaround time, documents are forwarded to patients for their feedback. PFAC members are on the email distribution mailing list for Hospital-wide newsletters, and activities and educational announcements.

## Section 4: Orientation and Continuing Education

23. Number of new PFAC members this year: 2

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

- "Buddy program" with experienced members is offered
- Individualized orientation
- Concepts of patient- and family-centered care (PFCC)
- History of the PFAC
- Information on how PFAC fits within the organization's structure
- In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- PFAC policies, member roles and responsibilities

25. The PFAC received training on the following topics:

- Concepts of patient- and family-centered care (PFCC)
- Health care quality and safety measurement
- A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental patient discharge, etc)
- Hospital performance information

## Section 5: FY 2016 PFAC Impact and Accomplishments

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from...	PFAC role can be best described as...
<p><b>The Massachusetts Opioid Epidemic and the BWFH Response Educational Series</b></p> <p><b>Multi –part presentations:</b></p> <p><b>Dr. J. Fromson , Chief of Psychiatry</b></p> <p><b>Dr. Luis Lobon, Chief of BWFH ED</b></p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>



Jeff Stone, PFAC member		
<b>Re-design of Mammography model of Care</b>  <b>Brian McIntosh, Director of Radiology</b>  <b>Doug Mayberry, Director of Sagoff Centre for Breast Imaging</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<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
<b>Transformation of Press Ganey Survey- revision of instrument content and process to electronic surveying</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<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
<b>Service Excellence Program</b>  <b>Refining staff education curriculum and components of service recovery program</b>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<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
<b>Revision of Patient Education Documents – including:</b> <ul style="list-style-type: none"> <li>• GI Prep instructions</li> <li>• 2 South Patient and Family Guides</li> <li>• Nerve Block Injury Prevention</li> </ul>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing

27. The greatest challenges the PFAC had in FY 2016:

27a. Challenge 1:

Recruitment- see previous note in Section 16.

**27b. Challenge 2:**

**Hospital- wide committee membership- personal commitments and committee schedules make it difficult to commit to consistent attendance at daytime meetings.**

We did not encounter any additional challenges in FY 2016

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

- Behavioral Health/substance use
- BWHC Community Care Committee
- Emergency Department Patient/Family Experience Improvement\*
- Quality and Safety

\* The Emergency Department has a newly formed PFAC as of October 2016

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

**They report in to the PFAC on the committee activity and their observations and participation. They also present**

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

- N/A Institutional Review Boards
- Patient and provider relationships
- Patient education on safety and quality matters
- Quality improvement initiatives

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

- Advisory boards/groups or panels
- Standing hospital committees that address quality
- Task forces

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

**32a. Complaints and serious events**

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

**32b. Quality of care**

- Director of Patient Safety, Quality, Infection Control and Accreditation reports in to PFAC
- Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)

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

- Inpatient care management (such as new eCare –Epic, electronic medical record system, recent Massachusetts legislation regarding ICU nurse staffing)
- Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)

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

These data represent a broad spectrum of information; some items listed are not applicable, we do not have our own IRB, we do not have a Labor and Delivery service line.

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

Every PFAC meeting provides the opportunity for PFAC members to discuss quality initiatives presented by the various department directors. Discussion includes clarification of particular process improvement work or challenges to improvement; the new Weekly Safety Newsletter was introduced and the feedback reporter was highlighted. The BWHC Safety Culture Survey and findings were described with the Hospital's responses and comparison of aggregated data were shown by power point presentation to demonstrate our scores similar nationally reported scores for processes needing improvement.

**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

**35b. Prevention and errors**

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
- Electronic Health Records
- Hand-washing initiatives
- Fall prevention
- Safety

**35c. Decision-making and advanced planning**

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

Improving information for patients and families

**35d. Other quality initiatives**

Disclosure of harm and apology

Integration of behavioral health care

Rapid response teams

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

No – N/A

## **Section 6: 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):**

Patient - John N. Downes - Co-Chair

Physician - Margaret Duggan, MD- Co-Chair

Chief Nursing Officer, VP Patient Care Services, Judy Hayes, RN – Co-Chair

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

Staff wrote report and PFAC members reviewed it

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,

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

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

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

Yes, link: <http://www.brighamandwomensfaulkner.org/about-us/patient-visitor-information/patient-family-advisory-council.aspx>

45. The FY17 Brigham and Women’s Faulkner Hospital PFAC Goals, established in alignment with the Hospital wide goals are:

<u>FY17 PFAC GOALS</u>	<u>BRIGHAM &amp; WOMEN'S FAULKNER HOSPITAL</u>
Clinical Growth & Innovation	Innovate and re-design existing models of care in several key clinical areas
	Engage PFAC members in care re-design discussions to collect feedback from their perspective
	Enhance patient access through focus on operational efficiency & asset utilization
	Utilize experiences of PFAC members to identify barriers to access or systems issues
Financial Performance	Complete major renovation projects & begin phase 2 campus investments
	Use PFAC feedback to optimize way finding, signage to minimize disruption, support pt. access
Quality & Safety	Improve key quality outcomes measures
	Through PFAC feedback, identify and forward safety and quality improvement opportunities –
Service Excellence	Improve inpatient & outpatient satisfaction
	Continue efforts to recruit members reflecting diversity of pt panels Develop and implement Patient Experience forum for examples of care, service and communication that exceeded or fell short of expectations