



PFAC Annual Report Form

Annual reports are an opportunity for Patient and Family Advisory Councils to summarize their work in the prior year, track progress toward goals, and share successes as well as challenges with the broader community.

Why complete an annual report for my PFAC?

In Massachusetts, hospital-wide PFACs are required to produce annual reports by October 1 of each year. These reports must be made available to members of the public upon request. In past years, Health Care For All (HCFA) has collected and aggregated hospital reports to share with the wider community.

This template was designed by HCFA to assist with information collection, as well as the reporting of key activities and milestones. As of 2023, the responsibility for collecting and sharing PFAC reports with the broader community has been assumed by the Betsy Lehman Center for Patient Safety. The Center is also planning to revitalize efforts to support PFAC work across the state and will have more information in the coming months on those efforts.

What will happen with my report?

PFAC reports submitted will be available online in early November at:
BetsyLehmanCenterMA.gov/PFAC

Who can I contact with questions?

Please contact Janell.Wilkinson@BetsyLehmanCenterMA.gov or call 617-701-8271.

Please email this completed form to
PFAC@BetsyLehmanCenterMA.gov by October 1, 2023.

2023 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2023 only: (July 1, 2022 – June 30, 2023).

Section 1: General Information

1. Hospital Name: Spaulding Hospital for Continuing Medical Care Cambridge

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. The Center strongly encourages the completion of an individual report for each hospital-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: John Horras, MSW, LICSW, Clinical Social Worker

2b. Email: jhorras@mgb.org

2c. Phone: 617-234-7787

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: Frank Cutitta

3b. Email: frank@cutitta.com

3c. Phone: 508-259-3230

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: Sarra Sabouri, Project Specialist

6b. Email: ssabouri@mgb.org

6c. Phone: 617-234-7791

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):
- N/A – we did not recruit new members in FY 2023

8. Total number of staff members on the PFAC: 4

9. Total number of patient or family member advisors on the PFAC: 6

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

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Project Specialist

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 childcare 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:

Boston and the surrounding areas, though we get patients from all over Massachusetts, New Hampshire, Maine, Vermont, Rhode Island, Connecticut and other states and countries. The majority of our patients come from hospitals in the Mass General Brigham system.

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								<input checked="" type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2023	0.3	3.3	9.2	0.0	77.0	4.5	6.1	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2023	16.7				83.3			<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 2023		<input checked="" type="checkbox"/> Don’t know
15b. PFAC patient and family advisors in FY 2023	0.0	<input type="checkbox"/> Don’t know

15c. What percentage of patients that the hospital provided care to in FY 2023 spoke the following as their primary language?

	%
Spanish	4.0
Portuguese	0.7
Chinese	0.8
Haitian Creole	0.6
Vietnamese	1.1
Russian	0.2
French	0.0
Mon-Khmer/Cambodian	0.0
Italian	0.1
Arabic	0.9
Albanian	0.2
Cape Verdean	0.0

Don't know

15d. In FY 2023, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	0.0
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

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:

We encourage staff and anyone making member referrals to the PFAC to consider racial and ethnic diversity when considering potential candidates.

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:

The PFAC Liaison/Coordinator solicits agenda items from the PFAC via email prior to each meeting. Staff also convene prior to the PFAC meeting to finalize the agenda.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2023 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 2023– Skip to #20

19. The PFAC had the following goals and objectives for 2023:

1. Recruit, orient, and optimize involvement of new members
2. Improve consistent meeting attendance
3. Invite hospital department managers to meetings to collaborate with PFAC members on hospital-wide improvement initiatives
4. Provide assistance with efforts to increase staff morale to further enhance the patient experience

20. Please list any subcommittees that your PFAC has established: None

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

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- Action items or concerns are part of an ongoing “Feedback Loop” to the Board
- PFAC member(s) attend(s) Board meetings
- Board member(s) attend(s) PFAC meetings
- PFAC member(s) are on board-level committee(s)
- Other (Please describe):
- N/A – the PFAC does not interact with the Hospital Board of Directors

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

We use email to communicate about meeting dates, to solicit agenda items, to send meeting agendas, to send meeting minutes and to coordinate any other meetings that may occur between PFAC co-chairs and support staff.

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

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 0

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

- "Buddy program" with experienced members
- Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- Health care quality and safety
- History of the PFAC
- Hospital performance information
- Immediate "assignments" to participate in PFAC work
- Information on how PFAC fits within the organization's structure
- In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- Other (Please describe below in #24a)
- N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe:

We provide an Orientation Packet to PFAC members that contains a brochure about our PFAC, staff member list, mission/vision/values, our hospital organizational chart, operational guidelines, Massachusetts regulations related to the PFAC, and a copy of the most recent PFAC Annual Report.

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 2023 PFAC Impact and Accomplishments

The following information concerns PFAC activities in the fiscal year 2023.

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)
<p>Accomplishment/Impact 1: Invited various hospital department leaders to present the functions of their teams and how their work impacts the running of SHC, including work on the patient care units as well as behind the scenes. During these sessions, members of the PFAC provided feedback to leadership to enhance the patient experience.</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>Accomplishment/Impact 2: Provided feedback on how to improve the response rate to the NRC Patient Experience Survey given upon discharge. PFAC members provided feedback that the outreach was too soon post discharge (24 hrs post d/c) as patients/families are often overwhelmed at this time. SHC has since changed our frequency and timing of outreach based on this feedback.</p>	<p><input type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>
<p>Accomplishment/Impact 3: Assisted with efforts to increase staff morale to further enhance the patient experience.</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>

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)
<p>Accomplishment/Impact 1: Identified the need for and helped design a “Welcome to Spaulding Hospital Cambridge” video presentation that will be available to all patients and their family members. The presentation can be accessed via QR code at any point during their stay. This is expected to go live by the end of the calendar year.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input
<p>Accomplishment/Impact 2: Provided insight and feedback on the Patient Guide given to all patients on admission to SHC.</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<p>Accomplishment/Impact 3:</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input

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

Accomplishment/Impact	Idea came from (choose one)
<p>Accomplishment/Impact 1: As part of Patient Experience Week (April 23-29, 2023), members of each Spaulding PFAC created video clips sharing their story about how staff made a difference in their patient experience. The video clips were disseminated to all hospital staff via email.</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<p>Accomplishment/Impact 2: A member of our PFAC began participating in our monthly SHC Patient Experience Committee meetings.</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input
<p>Accomplishment/Impact 3: Added a “PFAC Corner” to our quarterly Patient Experience Newsletter to highlight former patient stories, PFAC accomplishments, etc.</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input

27. The five greatest challenges the PFAC had in FY 2023:

Challenge 1: Increasing PFAC member diversity to better-represent patients served.

Challenge 2: Consistent member attendance.

Challenge 3: Time restraints to accomplish as many tasks as we would like during meetings.

Challenge 4:

Challenge 5:

N/A – we did not encounter any challenges in FY 2023

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?

We have one PFAC member who serves on the SHC Patient Experience Committee. MGB and SHC Patient Experience Committee updates are a standard agenda item at our PFAC meetings.

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 2023

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 (e.g. 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 focused on improving the patient experience including improving patient satisfaction survey scores and response rates, improving food service, therapy services, nursing care directly related to patient care, hospital amenities, etc.

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

Data was presented by staff. Advisors encouraged members to share their experiences and opinions surrounding specific hospital aspects, then as a group, the PFAC found ways to enhance such aspects. These

exchanges were conveyed to the patient experience committee and will be used to implement change as well as in future staff training.

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):

John Horras - staff and co-chair of the PFAC
Frank Cutitta - patient/family advisor and co-chair of the PFAC
Susan Howard - patient/family advisor
Monica Hamilton - patient/family advisor
Elizabeth Greene - patient/family advisor
Anne McKivergan - patient/family advisor
Donald "Bob" Collier - patient/family advisor
Joanne Fucile - staff
Carrie Charney - staff
Sarrah Sabouri - staff

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: [Patient and Family Advisory Council \(spauldingrehab.org\)](http://spauldingrehab.org)
- 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: John Horras, 617-234-7787, jhorras@mgb.org
- No

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

- Yes, link: [Patient and Family Advisory Council \(spauldingrehab.org\)](http://spauldingrehab.org)
- No, we don't have such a section on our website