

Patient Family Advisory Councils A Review of 2012 PFAC Reports

Report by Health Care For All, Massachusetts

2013



Executive Summary

Report Overview

In 2008, Massachusetts passed legislation which included a requirement for all hospitals in the state to establish PFACs – Patient and Family Advisory Councils. PFACs are required to produce a report summarizing their activity and impact each year, and provide these reports to the public upon request. This report, compiled by Health Care For All (HCFA) and affiliated volunteers, surveys the PFAC reports of 59 hospitals operating in Massachusetts, examining both routine data (such as membership information) and information on PFAC activity and achievement.

Analysis and Findings

PFAC reporting about membership largely shows a high level of compliance with state mandates and recommendations.

- 87% of hospitals providing information about membership reported that they had met the regulatory requirement for patient and family members to comprise at least half of the council;
- 51% of PFACs also reported that a patient or family member served as chair or co-chair of the council, although this is only a recommendation and not a requirement.

However, there is room for improvement:

- PFAC reports often did not include information about the representativeness of the PFAC of a hospital's geographic, ethnic, income, and racial communities. As this is mandated in the PFAC law, PFACs should make an effort to communicate with their hospital's community benefits departments to obtain this information;
- The report looks at the percentage of PFACs who have *initiated* change, which is about 42%. However, it was often difficult to discern if a PFAC was merely involved or consulted in a project or if they had initiated it;
- PFAC activity was often not related to the areas of required and recommended consultation written in the law, which may reflect the immaturity of PFAC membership or may signal a need for greater education on the law's content.

Individual PFAC Progress

HCFA looked at three indicators of PFAC engagement – establishment of goals, member placement on other hospital committees, and implementation of change. PFACs appeared very engaged, with over half of PFACs reporting affirmatively in all of these categories.

Many PFACs reported creating change through outreach activities, improving information for patients and families, and coordinating efforts with other committees and hospital departments. PFAC goals focused on similar areas, with the addition of plans to place PFAC members on hospital committees.

Committee membership was also a significant theme in the 2012 reports, with 28 PFACs reporting placing members on a diverse spectrum of committees focusing on patient care, the patient experience, and medication, among many other areas of institutional interest.

Summary of Results and Next Steps

HCFA highlights areas of significant growth over the past year, such as committee placement and greater engagement with hospital departments. HCFA suggests PFACs take advantage of the wide network of similar groups throughout the state, and hopes to facilitate communication by providing resources to connect PFACs. At the same time, HCFA notes a significant opportunity for PFACs to establish a greater presence in their own communities, expanding their institutions' access to the patient and family perspective.

Patient Family Advisory Councils

A Review of 2012 Activity Reports

I. Brief History and Overview of PFAC Law

In 2008, Massachusetts enacted a law that requires all acute-care and rehabilitation hospitals to create and maintain Patient and Family Advisory Councils (PFACs). PFACs are standing committees whose members include current and former patients and family members who partner with hospital staff to improve the care experience. Many hospitals, including some in Massachusetts, have had PFACs in place for a number of years. Health Care For All and its Consumer Health Quality Council were the leading proponents for passage of the Massachusetts PFAC law.

The Massachusetts 2008 law states:

“The department (of public health) shall promulgate regulations for the establishment of a patient and family advisory council at each hospital in the commonwealth. The council shall advise the hospital on matters including, but not limited to, patient and provider relationships, institutional review boards, quality improvement initiatives and patient education on safety and quality matters. Members of a council may act as reviewers of publicly reported quality information, members of task forces, members of awards committees for patient safety activities, members of advisory boards, participants on search committees and in the hiring of new staff, and may act as co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees or as participants in reward and recognition programs.”

In 2009, the Massachusetts Department of Public Health (DPH) issued regulations regarding PFAC establishment and reporting. These regulations include the following:

- PFACs must be established by October 2010.
- At least 50% of the PFAC members must be current or former patients and/or family representatives.
- PFAC membership should reflect the community served by the hospital.
- Each hospital must write an annual report on the work of the PFAC starting in 2010. Annual reports, to be completed by October 1 each year, must be available upon request to members of the public and DPH.
- It is recommended that each PFAC have a patient or family member as a chair or co-chair.

II. Health Care For All PFAC Report Workgroup

Health Care For All (HCFA) is a statewide consumer health advocacy organization. (Learn more at www.hcfama.org.) HCFA staff and volunteers concerned about quality of health care in the Commonwealth started a Consumer Health Quality Council (Consumer Council)

in 2006 to, “Empower those impacted by health care quality issues to have a voice in our health care system, to engage fellow consumers to be active partners in their health care, and to advocate for high quality, safe, and accessible health care for all Massachusetts residents.”

HCFA and Consumer Council members advocated during the 2007-2008 legislative session for passage of an omnibus health care quality improvement bill. Not all provisions of the bill became law, but a number of them did, including the hospital PFAC requirement.

Consumer Council members continued to be involved during the implementation phase of the law, particularly with respect to PFACs. Members gathered the initial hospital PFAC plans and the subsequent PFAC annual reports and posted these on-line for the public to read and PFACs to learn from one another. The Consumer Council and HCFA also created a [PFAC webpage](http://www.hcfama.org/pfac) (http://www.hcfama.org/pfac) with information about PFACs. This webpage is linked to a page listing all [Massachusetts hospitals](http://hcfama.org/index.cfm?fuseaction=page.viewPage&pageID=1373&nodeID=1) (http://hcfama.org/index.cfm?fuseaction=page.viewPage&pageID=1373&nodeID=1) with their most recent annual PFAC reports.

Each year, Consumer Council members and HCFA staff analyze available PFAC annual reports and report on findings, including compliance with the law and level of effort to engage in quality improvement. In October 2012, HCFA broadened the Consumer Council into a general HCFA consumer advocate voice covering a number of health care issues. As part of their on-going volunteer role with HCFA, former members of the Consumer Council continue to track PFAC implementation and report on the difference Massachusetts PFACs are making in quality of care.

For review of 2012 reports, HCFA staff and former Consumer Council members formed a PFAC Report Workgroup. See Appendix C for a list of 2012 PFAC Report Workgroup members. For ease of reading, this report uses “HCFA” to refer to the PFAC Report Workgroup comprised of HCFA staff and volunteers.

III. Method of Review

HCFA staff and volunteers searched Massachusetts hospital websites for posted 2012 PFAC reports. If a report was not found online, HCFA contacted the hospital and requested the report. Collected reports were posted or linked to from the HCFA PFAC webpage on HCFA’s website: <http://www.hcfama.org/pfac/reports>.

HCFA made a concerted effort to collect these reports.¹ However, approximately 20 hospitals did not provide HCFA with their reports for 2012.

Next, HCFA created a review instrument to evaluate reports. The organization distributed a template report form to PFACs (see Appendix B) in early September, and requested that hospitals consider utilizing the template as they wrote their reports. In developing our

¹ Multiple efforts were made to collect reports from every hospital required to file a report.

review instrument, HCFA followed much of that template. However, as PFACs become more mature, review questions focus less on process and more on PFAC impact, i.e., what difference is a particular PFAC making in hospital culture and care. Thus the 2012 review instrument omits process questions pertaining to organizing and training PFAC members, retaining outcome questions such as PFAC quality improvement consultations. As with the 2011 review instrument, HCFA examined information regarding PFAC membership and leadership, PFAC integration into hospital organization, current and planned quality improvement initiatives, and the extent to which quality improvement initiatives relate to national or state health care system reform priorities.

All workgroup members served as report reviewers and entered data into an online survey. Several reliability checks across reviewers were completed including an inter-rater reliability analysis of 20% of reviewed reports. Peer consultation was available throughout the review period to maximize consensus on best response coding. As with last year, workgroup members critiqued the review instrument and made suggestions for improving the review methodology in the future.

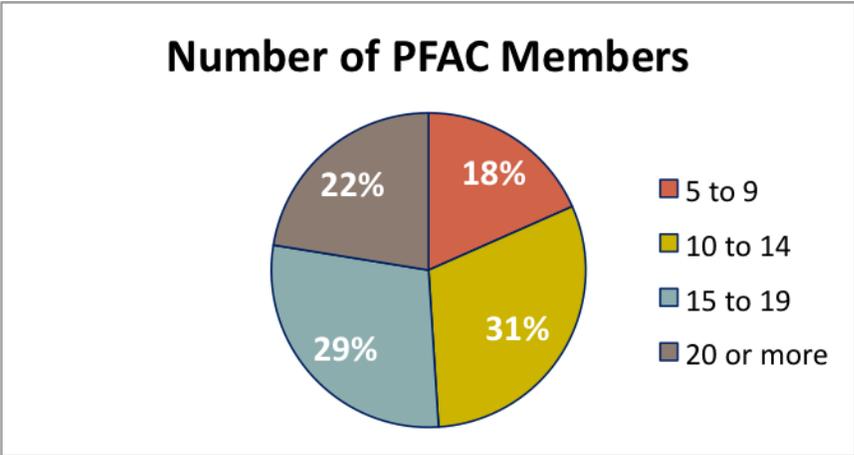
IV. Analysis and Findings

Findings are based on all PFAC 2012 annual reports received by HCFA by March 27, 2013, a date chosen as an appropriate cut-off to allow time to complete a report and analysis by the PFAC conference on May 17. The total number of hospitals and rehabilitation facilities governed by the PFAC law is 83. HCFA reviewed PFAC reports from 59 acute-care and rehabilitation facilities. Two hospitals operate at more than one location and operate separate PFACs. This report represents 71% of hospitals required to prepare PFAC annual reports. (For a list of hospitals that posted 2012 reports on-line or shared reports in response to our requests, and those that did not, see Appendix A.)

All data is presented in whole numbers, rounded to the closest whole number. This means 96.8% would be rounded up to 97%, while 96.4 % would be rounded down to 96%.

A. Size of PFAC

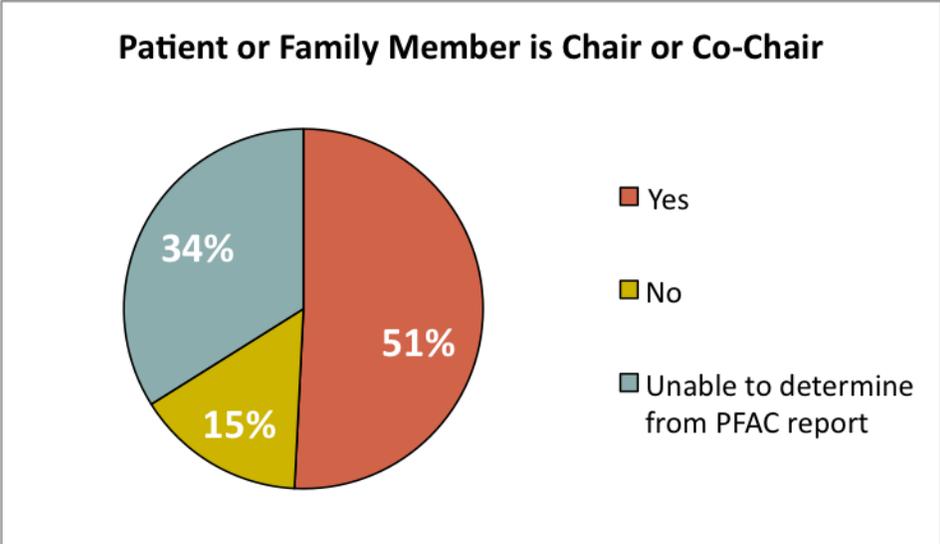
PFAC membership ranges from 5 to 27. Most common are PFACs with 10 to 14 members, followed closely by PFACs organized with 15 to 19 members. The chart below illustrates PFAC member sizes by four groupings: 5 to 9 members, 10 to 14, 15 to 19, and 20 or more members. Information on PFAC size was not found in 17% of reports (n=10).



Most PFACs were in compliance with the DPH requirement that patient or family members represent at least 50% of the membership. Of the 46 hospitals that provided quantifiable information about both membership and representation, 87% of the PFACs (n=40) met this goal.

B. PFAC Chair/Co-Chair

While not a requirement, DPH recommends that PFAC chairs or co-chairs be patient or family member representatives. More than half of reporting hospitals noted that a patient or family member either chairs or co-chairs the PFAC (51%, n=30). However, 34% of hospitals (n=20) did not report this information. The chart below illustrates the extent to which patient or family member representatives serve as either PFAC chair or co-chair.

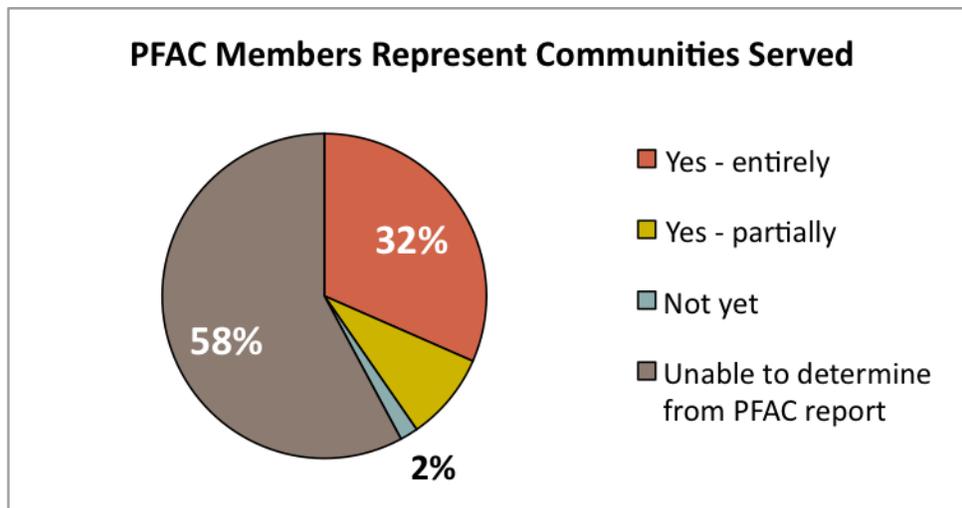


C. Representative of Community Served

Although required in regulation, the majority of PFAC reports did not include sufficient information to determine if the membership reflects the communities served by the hospital (58%, n=33). Reviewers did not have a set definition of “community representation,” allowing PFACs themselves to define the standard for their own

communities. We examined PFAC reports for representative information such as geography, income, race, ethnicity, and service use.

Of hospitals that did report on representativeness, a very high percentage, 96% (n=23) reported their PFACs were either somewhat or entirely representative of the hospital's service communities. These hospitals were also more likely to note focusing on diversity and representativeness when creating their PFAC complexion. The chart below illustrates these findings.



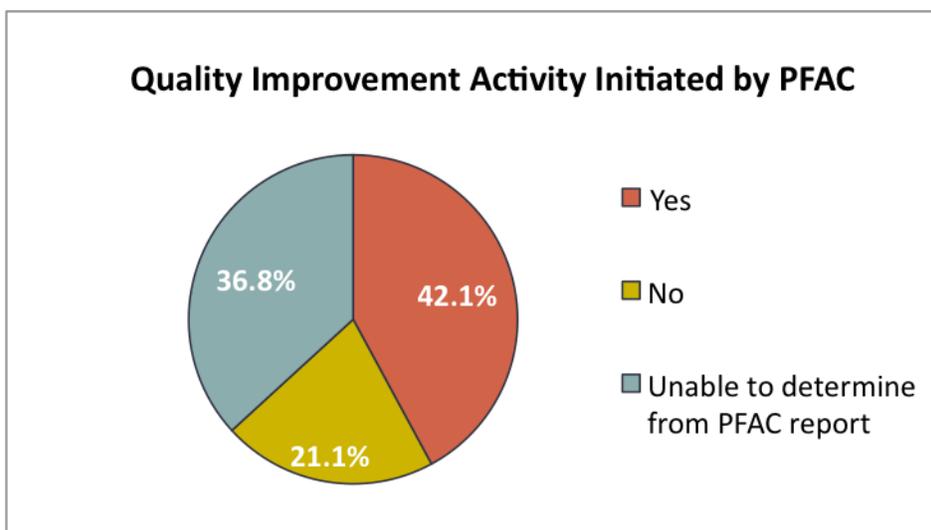
D. PFAC Impact

HCFA is interested in the extent to which PFACs are making a difference to improve quality of care and service in hospitals. PFAC reports were examined for mention of quality improvement initiatives. Where initiatives were noted, HCFA tried to discern if the initiative or activity:

- Was initiated by the PFAC (i.e., PFAC-generated); or
- PFAC members were requested to provide consultation (i.e., PFAC-involved).

PFAC-initiated Quality Improvement

In 2012, PFAC reports that clearly presented PFAC-initiated activity rose over 2011 levels; HCFA found twice as many PFACs initiated quality improvement activity as those that did not (42% compared to 21%). However, as in 2011 reports, HCFA was unable to determine whether PFAC activity or influence arose from PFAC members or other hospital entities in a significant number of reports (37%, n=22). The chart below shows the percent of PFACs with PFAC-initiated quality initiatives clearly noted in 2012 reports.



PFAC-involved Quality Improvement

Massachusetts’ PFAC law requires and recommends a broad range of areas for hospitals to utilize PFAC consultation. Hospitals are not limited to the areas noted in law, *“The council shall advise the hospital on matters including, but not limited to, patient and provider relationships, institutional review boards, quality improvement initiatives and patient education on safety and quality matters. Members of a council may act as reviewers of publicly reported quality information, members of task forces, members of awards committees for patient safety activities, members of advisory boards, participants on search committees and in the hiring of new staff, and may act as co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees or as participants in reward and recognition programs.”*

HCFA examined whether these required and suggested areas of consultation were present in PFAC reports. Rather than examining each consultation area by hospital, HCFA reviewed reports to determine an overall frequency with which hospitals report these activities. All areas of consultation in the PFAC law were present in at least one hospital in 2012 reports, however, only one area of consultation (patient education on safety and quality) was found in more than five reports.

The very low adoption of PFAC consultation in these areas may be due to a need for more education on the specifics in the law. It may also be that these consultation functions are rather specific and we may under-report the extent to which PFACs are integrating the patient and family member voice into hospital quality improvement. HCFA’s findings may highlight a need for PFAC member skills building. For example, while a number of hospitals offer PFAC members opportunities to participate in clinical and non-clinical trainings and programs, three hospitals expanded on this and utilized PFAC members as co-trainers.

Many PFAC members participate in standing and ad hoc committees, which often involve reviewing data about performance. However, the committees may be focusing on in-hospital data that may not be public or publicly reported data. HCFA looked specifically for mention that *publicly* reported quality data was shared with PFAC members, for example:

- Press-Ganey patient satisfaction data;
- DPH reports on Serious Reportable Events and Healthcare-Associated Infections;²
- Hospital performance data such as posted by the Federal Centers for Medicare and Medicaid Services (CMS) Hospital Compare website;³
- other hospital comparison websites such as Leapfrog; or⁴
- State Snapshots summarizing national and state health care quality and disparity reports posted by the Agency for Healthcare Research and Quality.⁵

In 2011 reports, 62 of 67 (93%) hospitals' reports included information on how PFACs were engaged in quality improvement; this year, 56 of the 59 (95%) did.

E. Implementing Individual PFAC Accomplishment

The following chart details PFAC accomplishment in three indicative categories of engagement. Information has been gathered from the PFAC reports submitted to HCFA – therefore, what follows is a conservative estimation of these factors based on the language of the reports. Lack of a checkmark does not necessarily mean a PFAC was not involved in these activities: instead, it means evidence of these activities was not reported.

These three categories were chosen as signals that a PFAC is both ambitious and well integrated into a hospital environment.

Implementing change. PFACs were involved in a wide variety of initiatives over the past year. (A detailed survey of these follows after the chart.) HCFA wishes to highlight concrete changes to hospital quality or patient experience over the past year.

One PFAC has improved signage, made improvements to a frustrating phone system, developed a continuing campaign to curb noise in the hospital, created a video educating staff on patient experiences, and placed volunteer greeters in the hospital's Cardiac Care unit. In addition, the PFAC provided a report detailing not only the projects themselves, but the status and progress on their implementation.

Goals. Well-articulated goals signify that a PFAC has set a path forward in the coming year – that it has recognized areas in need of attention from the patient and family perspective. One PFAC, for instance, laid out ambitious and specific goals, including the committees it planned to place members on, outreach presentations it planned to give, and a video it planned to create. PFACs with clearly identified goals earned a checkmark.

² Massachusetts Department of Public Health public reports:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/healthcare-quality/>

³ Federal Centers for Medicare and Medicaid Services: <http://www.medicare.gov/hospitalcompare/>

⁴ Leapfrog Hospital Safety Ratings: <http://www.leapfroggroup.org/cp>

⁵ Agency for Health Care Quality and Research, State Snapshots:

<http://statesnapshots.ahrq.gov/snaps11/index.jsp?menuId=1&state=MA>

Committee placement. Many PFACs have broadened their influence by placing members on other hospital committees or task forces. These efforts demonstrate a commitment by the PFAC to integrate their efforts into a larger hospital culture. One particular hospital, which managed to place PFAC members on a wide variety of committees, was able to generate enough interest amongst hospital staff to create new department-specific councils geared towards integrating the patient perspective in everyday operations.

Hospital	Did the PFAC report implementing change in the hospital?	Did the PFAC report its goals for the coming year?	Did the PFAC report placing its members on hospital committees?
Anna Jaques Hospital	✓		
Athol Memorial Hospital	✓		
Baystate Medical Center Adult Patient Family Advisory Council	✓	✓	✓
Berkshire Medical Center	✓	✓	✓
Beth Israel Deaconess Medical Center	✓	✓	✓
Beth Israel Deaconess - Needham	✓		
Beth Israel Deaconess - Milton		✓	
Beverly Hospital – Northeast Hospital Corporation		✓	
Boston Children's Hospital	✓	✓	✓
Braintree Rehabilitation Hospital	✓	✓	
Brigham and	✓	✓	

Women's Hospital			
Hospital	Did the PFAC report implementing change in the hospital?	Did the PFAC report its goals for the coming year?	Did the PFAC report placing its members on hospital committees?
Brigham and Women's Faulkner Hospital	✓	✓	
Cambridge Health Alliance	✓		✓
Cape Cod Hospital	✓	✓	✓
Carney Hospital			
Cooley Dickenson Hospital	✓	✓	✓
Emerson Hospital	✓		✓
Fairview Hospital	✓		
Falmouth Hospital	✓	✓	
Good Samaritan Medical Center	✓		
Heywood Hospital	✓		
Holy Family Hospital	✓		✓
Holyoke Medical Center	✓		✓
Jordan Hospital		✓	
Kindred Hospital – Boston	✓		✓
Lahey Hospital & Medical Center	✓	✓	
Lawrence General Hospital	✓		✓
Lowell General Hospital		✓	
MA Eye and Ear Infirmary			✓

Marlborough Hospital	✓	✓	✓
Martha's Vineyard Hospital	✓		
Hospital	Did the PFAC report implementing change in the hospital?	Did the PFAC report its goals for the coming year?	Did the PFAC report placing its members on hospital committees?
Massachusetts General Hospital	✓	✓	
Mercy Medical Center	✓		✓
Merrimack Valley Hospital	✓	✓	✓
Metro West Medical Center	✓		
Milford Regional Medical Center	✓	✓	
Morton Hospital			✓
Mount Auburn Hospital			
Nashoba Valley Medical Center	✓		
New England Baptist Hospital	✓		✓
New England Rehabilitation Hospital	✓	✓	✓
New England Sinai Hospital	✓		✓
North Adams Regional Hospital	✓		
Norwood Hospital	✓		✓
Quincy Medical Center	✓	✓	✓
Saints Medical Center	✓	✓	

Shriners Hospitals for Children - Boston	✓		✓
Shriners Hospitals for Children - Springfield	✓		✓
Signature Healthcare Brockton Hospital	✓		
Hospital	Did the PFAC report implementing change in the hospital?	Did the PFAC report its goals for the coming year?	Did the PFAC report placing its members on hospital committees?
South Shore Hospital	✓	✓	✓
Southcoast Hospitals Group	✓	✓	✓
Spaulding Rehabilitation Hospital	✓		
St. Anne's Hospital	✓	✓	✓
St. Elizabeth's Medical Center	✓		
St. Vincent's Hospital	✓	✓	
Sturdy Memorial Hospital	✓	✓	
UMass Memorial Hospital	✓	✓	✓
Winchester Hospital	✓	✓	✓
Wing Memorial Hospital		✓	

i. Implementing Change

PFACs are using a wide network of hospital resources to effect significant reforms in patient care. HCFA wishes to recognize some of the year’s particularly exciting developments over the past year.

Outreach. PFAC members have proven exceptional organizers and communicators. One PFAC, for instance, targeted medication safety as a priority. The PFAC organized a project team to engage in outreach toward the elderly. The project culminated in two seminars at

nearby senior centers regarding medication management, which featured one-on-one assistance from members of the task force. This PFAC additionally established a presence at a local health fair, representing their hospital while giving residents blood pressure screenings. This example demonstrates a highly engaged PFAC, committed to establishing a healthy community connected to the hospital.

Accomplishments in this area from other hospitals include:

- Addressing reports of age bias by organizing a training module on issues concerning culturally competent elder care.

Improving information for patients and families. Many PFACs strove to improve materials for patients and family members. One PFAC, however, stood out by implementing a pilot program establishing an emergency room liaison. This position, which has become permanent, places an employee in the emergency room who facilitates communication between waiting patients and the hospital staff. While the position was originally designed for a volunteer, the overwhelming success of the program led to the implementation of a full-time paid employee for this role.

Accomplishments in this area from other hospitals include:

- Drafting and implementing a checklist for patients to use before discharge, making sure all their questions have been answered; and
- Researching and choosing appropriate resources for end-of-life care to educate patients.

Integrating the patient and family voice on a departmental level. Especially promising results were seen in PFACs who engaged with specific hospital departments. A particular PFAC created new committees in its hospital's Palliative Care and Emergency departments. Through the palliative care committee, the PFAC was able to rewrite the hospital's current palliative care brochure and bring the patient and family voice into community forums on palliative care services. The emergency department committee implemented a post-visit survey to solicit feedback from patients. Survey results are being used as the basis for future improvement projects.

Accomplishments in this area from other hospitals include:

- Developing a committee to work on behavioral health issues in the Emergency Department.

Other PFAC changes which cannot fit into the above categories follow:

Quality Projects

- Initiating a Patient Safety Award for individuals, teams, or departments that make consistent efforts toward patient safety;

- Implementing a secret shopper program;
- Involving PFAC members in conducting follow-up calls after discharge to evaluate how well-prepared patients were for discharge ;
- PFAC worked to increase communication during family-centered rounding;
- PFAC members involved in hiring committees for key hospital positions;
- Participated in selecting electronic health record vendor and software; and
- PFAC worked on a “communicating while on a ventilator” initiative.

PFAC Support

- Simultaneous interpretation equipment made available at PFAC meetings;
- PFAC exchanges - members visited and participated in another hospital’s PFAC meeting to share the work of one another’s councils and ideas;
- Hospital provides free parking, dinner and also reimburses PFAC members for dependent care expenses related to attending meetings;
- Establishing a self-assessment to understand members’ perception of effectiveness;
- Several hospital PFACs have good recruitment and orientation procedures in place;
- Affirmatively recruiting patients on the PFAC who have had a negative experience;
- Meetings are in English and Spanish and, in order to include those who cannot attend in person, conference call participation is allowed;
- PFAC has a blog; and
- PFAC has a webpage.

ii. Goals

Among PFACs reporting goals (n=39), administrative goals pertaining to recruitment, internal communications, membership, and outreach were common (33%, n=13). Goals to increase PFAC participation in hospital committees was another common area for internal development (26%, n=10). Goals to improve information for patients and families followed these as next most frequently noted (18%, n=7). Additional goal focus areas:

- Staff trainings;
- Noise reduction;
- Patient satisfaction reports;
- Spiritual care;
- Transitions of care;
- Quality data analysis;
- Design advising on facility construction;
- Secret shopping;
- Improved hospital navigation;
- Encouraging hand washing; and
- Accessibility.

Twenty reporting hospitals (34%) did not provide information on PFAC goals.

iii. Committee Placement

One element of fully engaged and mature PFACs is the cross fertilization of PFAC members on other hospital committees. Such involvement can yield a greater patient and family voice in quality improvement.

Almost as many PFAC reports provided information (n=28) on whether PFAC members participated, either as standing members or visitor members, on other hospital committees as those reports that did not (n= 31). Reporting hospitals showed a wide variety of committee types in which PFAC members engaged. Most common were committees concerned with medication (18%, n=5), patient care (14%, n=4), the patient experience (14%, n=4), and aesthetic/design concerns (14%, n=4).

Some hospitals reported PFAC members involved in many committees, others reported PFAC member involvement in a single outside committee. Among PFACs involved in a quantified number of other hospital committees (n=22), the average number of additional committees was 2.5.

F. Summary of Findings

Many hospitals report receiving significant value from their PFACs. This report cannot reflect upon the experience of the non-reporting hospitals.

Most reporting hospitals have established PFACs, have at least 50% membership of patients, former patients and family members, and have a chair or co-chair that represents the patient or family member voice.

PFACs varied widely on the extent and reach of their contributions. Some hospital PFAC reports convey PFACs that are well integrated into the institution and have numerous opportunities to contribute. Others appear to be rather circumscribed and still feeling their way. As described in this report, many PFACs are engaged in a wide range of quality improvement activities, from reviewing websites to noise reduction to hiring key staff. PFAC engagement seems most concentrated in the areas of:

- Improving information for patients and families;
- Improving care transitions; and
- End of life planning.

Some hospitals have invested a great deal of time and resources in place to ensure their PFAC is vital and contributing. They have recruited members that represent the hospital's service communities, provided solid orientations and ongoing training opportunities, put in place policies and procedures, provided translation services, and offered volunteer appreciation supports such as free parking and food.

Many hospitals have integrated PFAC members into other hospital committees, broadening their voice and impact. Several hospitals, after finding success with the PFAC model, have taken its structure and implemented it on a departmental level, establishing, for example, a Children's PFAC. Some PFACs are empowered to develop their own projects and then are

able to see those projects implemented, while others are more constrained. Compared to last year's report, HCFA is pleased to see more results-oriented activity taking place. As these trends continue, in coming years there will be many more examples to share with the public and among PFACs.

V. Next Steps

On May 17, HCFA is hosting the inaugural Massachusetts PFAC conference, "Engaging the Patient-Family Voice for Improving Health Care." This is an exciting opportunity for PFAC members from across the state to come together to learn and exchange ideas. HCFA staff expect this conference will be the first step in an on-going process of networking PFAC members in various ways, including:

- Developing a Massachusetts PFAC member list-serve;
- Creating an active PFAC web presence through the HCFA website that PFACs can use to post materials and share information with one another;
- Hosting webinars based on the interests and needs of the PFAC members;
- Encouraging each PFAC to have a web presence so that consumers can easily access information about the PFACs at the hospitals they utilize;
- Preparing future annual reports of PFAC activity that include analysis of impact over time; and
- Planning future conferences.

HCFA also hopes to develop a PFAC advisory committee comprised of PFAC volunteers from across the state and from a variety of hospitals, to advise and help coordinate its on-going support to PFACs.

This is an exciting time in Massachusetts. With payment and delivery system reform underway, PFACs will play an even more vital role. HCFA looks forward to continuing to collaborate with PFACs as they move into this new health care landscape and work with health care providers to ensure patients and families are true partners in care.

Evaluation of the PFAC reports for 2012 demonstrates a gaining level of engagement and an increasing level of sophistication for these novel committees. HCFA regards PFACs as a vital resource for hospitals and appreciates the complexity of incorporating patient and family members into the traditional decision making structures of these institutions. HCFA is encouraged by the expansion of the roles and expectations that hospital leaders are setting for their PFACs, as the organization believes they can be invaluable resources. As Massachusetts heightens focus and incentives for patient-centered care, fully engaged PFACs can provide effective feedback to speed delivery reform that reflects the values and vision of their sponsoring hospital.

HCFA is committed to providing resources to hospital leadership, PFAC members and to patients and consumers so that Patient and Family Advisory Councils can live up to the expectations that served as the catalyst for their creation.

Appendix A

Hospital 2012 Annual PFAC Reports Reviewed

(This list contains 63 reports. 4 reports were inadvertently not included in the review.)

Anna Jaques Hospital	Marlborough Hospital
Athol Memorial Hospital	Martha's Vineyard Hospital
Baystate Medical Center Adult Patient Family Advisory Council	Massachusetts General Hospital
Berkshire Medical Center	Mercy Medical Center
Beth Israel Deaconess Hospital-Needham	Merrimack Valley Hospital
Beth Israel Deaconess Medical Center	Metro West Medical Center
Beth Israel Deaconess Milton	Milford Regional Medical Center
Beverly Hospital - Northeast Hospital Corporation	Morton Hospital
Boston Children's Hospital	Mount Auburn Hospital
Braintree Rehabilitation Hospital	Nashoba Valley Medical Center
Brigham and Women's Hospital	New England Baptist Hospital
Brigham and Women's Faulkner Hospital	New England Rehabilitation Hospital
Cambridge Health Alliance	New England Sinai Hospital
Cape Cod Hospital	North Adams Regional Hospital
Carney Hospital	North Shore Medical Center
Cooley-Dickenson Hospital	Norwood Hospital
Clinton Hospital	Quincy Medical Center
Emerson Hospital	Radius Specialty Hospital
Fairview Hospital	Saints Medical Center
Falmouth Hospital	Shriners Hospital for Children-Boston
Good Samaritan Medical Center	Shriners Hospitals for Children-Springfield
Hallmark Health System	Signature Healthcare Brockton Hospital
Heywood Hospital	South Shore Hospital
Holy Family Hospital	Southcoast Hospitals Group
Holyoke Medical Center	Spaulding Rehabilitation Hospital
Jordan Hospital	St. Anne's Hospital
Kindred Hospital - Boston	St. Elizabeth's Medical Center
Lahey Hospital & Medical Center (aka Lahey Clinic, Burlington MA)	St. Vincent's Hospital
Lawrence General Hospital	Sturdy Memorial Hospital
Lowell General Hospital	UMass Memorial Medical Center
MA Eye and Ear Infirmary	Winchester Hospital
	Wing Memorial Hospital

2012 PFAC Reports Not Received

Adcare Hospital of Worcester
Boston Medical Center
Dana-Farber Cancer Institute
Fairlawn Rehabilitation Hospital
Franciscan Hospital for Children
Harrington Memorial Hospital
HealthAlliance Hospital – Leominster
Healthsouth Rehabilitation Hospital of
Western Massachusetts
Hebrew Rehabilitation Center
Kindred Hospital – Boston North Shore

Kindred Hospital Northeast – Stoughton
Kindred Hospital Park View
McLean Hospital
Nantucket Cottage Hospital
New Bedford Rehabilitation Hospital
Newton-Wellesley Hospital
Noble Hospital
Tufts Medical Center
Whittier Rehabilitation Hospital: Bradford
Whittier Rehabilitation Hospital:
Westborough

Appendix B

HCFA Suggested Patient and Family Advisory Council Annual Report Template

Hospital Name:

Date of Report:

Year Covered by Report:

Year PFAC Established:

Staff PFAC Contact (name and title):

PFAC Purpose, Membership, and Structure

1. Describe the purpose and mission of the PFAC.
2. How do you recruit PFAC members?
3. What is your selection process?
4. How do you elect officers?
5. Is the PFAC chair or co-chair a patient or family member?
6. Is there a staff liaison(s) for the PFAC? In what department is the PFAC situated?
7. What is the size of the PFAC?
8. Are at least 50% of PFAC members current or former patients or family members?
How many patient and family members and how many staff members are on the PFAC?
9. What is the term of service for PFAC members?
10. What are the hospital's attendance expectations? How often does the PFAC meet?
11. Do you reimburse PFAC members for any costs associated with attending meetings and/or provide any other related assistance (eg. free parking, babysitting, etc.).
12. Are PFAC members representative of the hospital's service community? Explain.
13. Who sets agendas for PFAC meetings?
14. Does the PFAC have subcommittees? If yes, please describe them.
15. To what extent does the PFAC have access to the hospital Board of Directors?
16. Are PFAC meeting minutes submitted to the hospital board?
17. Is there a PFAC section on the hospital website? What is the URL?
18. To what extent did the PFAC communicate with PFACs at other hospitals?

Orientation and Continuing Education

19. Describe the PFAC orientation for new members. Include in description how often it is given, by whom, and the content covered.

20. What continuing education was provided to PFAC members this reporting year?

PFAC Impact and Accomplishments

21. On what hospital committees or boards have you placed PFAC members?

22. In what ways did the PFAC influence quality of care at this hospital? Describe the PFAC's accomplishments over the past year. Also note for each initiative undertaken, did the idea arise directly from the PFAC or did a department, committee or unit request PFAC input on the initiatives? (Questions 23-26 below can inform your responses.)

23. The law allows a hospital to engage its PFAC in a broad consulting role. Did the PFAC advise the hospital on any of the following (please circle):

- a. patient and provider relationships
- b. institutional review boards
- c. quality improvement initiatives
- d. patient education on safety and quality matters

24. Did the PFAC engage in any of the following (please circle):

- a. reviewers of publicly reported quality information (see #25 for more specifics)
- b. members of task forces
- c. members of hospital standing committees that address quality (list committees and how many PFAC members serve on each)
- d. members of awards committees
- e. members of advisory boards
- f. participants on search committees and in the hiring of new staff
- g. co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees or as participants in reward and recognition programs

25. Was any of the following information on hospital performance shared with the PFAC? (please circle):

- a. Serious Reportable Events
- b. Healthcare-Associated Infections
- c. DPH information on complaints and investigations
- d. staff influenza immunization rate
- e. other

26. Did PFAC quality of care initiatives relate to any of the following state and/or national quality of care initiatives, (please circle):
- a. Healthcare acquired infections
 - b. Public reporting of hospital performance
 - c. Rapid response teams
 - d. Hand-washing initiatives
 - e. Checklists for surgical procedures
 - f. Checklist for nonsurgical procedures
 - g. Disclosure of harm and Apology
 - h. Fall prevention
 - i. Informed decision making/informed consent
 - j. Improving information for patients and families
 - k. Health care proxies/substituted decision making
 - l. End of life planning (e.g., hospice, palliative, advanced directives)
 - m. Care transitions (e.g., discharge planning, passports, care coordination & follow up between care settings)

PFAC Annual Report

27. Do PFAC members participate in the development of the PFAC annual report?
28. Does the hospital share the PFAC annual reports with PFAC members?
29. Did the hospital share the PFAC annual report with the Board of Directors/Trustees?
How?
30. Do you make the PFAC report accessible to the public? How?
31. Is the annual PFAC report posted to the hospital's website for public access? When was it posted?

Goals

32. What goals or quality improvement strategies, if any, has the PFAC set for the coming year? (Please list.)

Appendix C

HCFA 2012 PFAC Annual Report Review Committee

Opinions expressed in this report are those of the Report Review Committee members listed below.

HCFA Volunteers (alphabetical listing)

John Evers
Barbara Holtz
Elizabeth Pell
Nicola Truppin

HCFA Staff

Devon Branin
Deb Wachenheim

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