



**HEALTH CARE FOR ALL**



## PFAC Annual Report Form

Health Care For All (HCFA) is a Massachusetts nonprofit consumer advocacy organization working to create a health care system that provides comprehensive, affordable, accessible and culturally competent care to everyone, especially the most vulnerable among us. HCFA works to achieve this mission through advocacy, education, direct service to consumers and collaboration with partners and consumers to develop strategies that empower the patient voice in improving the health care system.

- **Why complete an annual report for my PFAC?**

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1<sup>st</sup> each year. These reports must be made available to members of the public upon request. As in past years, HCFA is requesting a copy of each report and submitted reports will be posted on HCFA's website, [www.hcfama.org](http://www.hcfama.org). HCFA recommends using this template to assist with information collection, as well as the reporting of key activities and milestones.

- **What will happen with my report and how will HCFA use it?**

We recognize the importance of sharing of information across PFACs. Each year, we

- make individual reports available online
- share the data so that PFACs can learn about what other groups are doing
- Communicate with the Department of Public Health about report collection

- **Who can I contact with questions?**

- Please contact us at [PFAC@hcfama.org](mailto:PFAC@hcfama.org) or call us at 617-275-2982.

If you wish to use this Word document or any other form, please email it to [PFAC@hcfama.org](mailto:PFAC@hcfama.org).

**Reports should be completed by October 1, 2017.**

## 2017 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2017 only: (July 1, 2016 – June 30, 2017).

### Section 1: General Information

1. Hospital Name: Boston Children's 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 – **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: **We are the hospital-wide Family Advisory Council (FAC). Boston Children's Hospital has several other specialty-specific FACs, but we serve the entire population.**

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

2a. Name and Title: **Marcie Brostoff, Associate Chief Nursing Officer and Vice President  
Nursing/Patient Care & Clinical Operations**

2b. Email: [marcie.brostoff@childrens.harvard.edu](mailto:marcie.brostoff@childrens.harvard.edu)

2c. Phone: **617-355-8564**

- Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: **Valerie Fleishman**

3b. Email: [vfleishman@nehi.net](mailto:vfleishman@nehi.net)

3c. Phone: **617-794-8126**

- 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: Katie Litterer, Family Partnerships Coordinator

6b. Email: katherine.litterer@childrens.harvard.edu

6c. Phone: 617-919-1699

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: We created a recruitment flyer specific to the FAC and sent it to all social workers for posting in their respective clinics or distributing directly to prospective FAC candidates. We also posted this flyer in our Hale Family Center for Families where it is visible to a very large and diverse population of families.

N/A – we did not recruit new members in FY 2017

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

9. Total number of patient or family member advisors on the PFAC: 19

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

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

12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):

Annual gifts of appreciation

Assistive services for those with disabilities

Conference call phone numbers or “virtual meeting” options

- Meetings outside 9am-5pm office hours
- Parking, mileage, or meals
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Provision/reimbursement for child care or elder care
- Stipends
- Translator or interpreter services
- Other (Please describe: Annual Appreciation Dinner)
- 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:**

INPATIENT: Presently, more than 70.6% of patients hospitalized at Boston Children’s Hospital are from Massachusetts. In addition, 14.4% of patients hospitalized at Boston Children’s are from New England (excludes Massachusetts), 8.2% are from a national location, and 6.8% are from an international location.

OUTPATIENT: Presently, more than 88.1% of outpatient visits at Boston Children’s Hospital are from children and families who live in Massachusetts. In addition, 6.4% of patients hospitalized at Boston Children’s are from New England, 2.8% are from a national location, and 2.7% are from an international location.

Don’t know

**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 |                                  |       |                           |   |       |       |                                     | <input checked="" type="checkbox"/> Don’t know |

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| 14b. Patients the hospital provided care to in FY 2017 |  |  |  |  |  |  |  | <input checked="" type="checkbox"/> Don't know |
| 14c. The PFAC patient and family advisors in FY 2017   |  |  |  |  |  |  |  | <input checked="" 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 2017 | 14%                               | <input type="checkbox"/> Don't know |
| 15b. PFAC patient and family advisors in FY2017        | 0%                                | <input type="checkbox"/> Don't know |

15c. What percentage of patients that the hospital provided care to in FY 2017 spoke the following as their primary language?

|                     | %    |
|---------------------|------|
| Spanish             | 5.23 |
| Portuguese          | 0.53 |
| Chinese             | 0.58 |
| Haitian Creole      | 0.21 |
| Vietnamese          | 0.17 |
| Russian             | 0.11 |
| French              | 0.06 |
| Mon-Khmer/Cambodian | 0.03 |

|              |      |
|--------------|------|
| Italian      | 0.02 |
| Arabic       | 1.02 |
| Albanian     | 0.01 |
| Cape Verdean | 0.24 |

Don't know

**15d. In FY 2017, 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 |

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:** Ensuring appropriate representation of our membership is an ongoing priority for our FAC. Our Family Partnership Coordinators are focused on building relationships with a diverse group of families, which includes families of varying races/ethnicities, socioeconomic status and hospital experience. Our Hale Family

Center for Families also has a full-time program coordinator dedicated to working with our Latino and Spanish-speaking families. We also have a part-time Family Partnerships Coordinator focused solely on providing support to our Latino families.

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## 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:**

A Steering Committee — comprised of six families and hospital staff — meets monthly in person to develop FAC meeting agendas together as a group. Members of this committee include our Staff Co-Chair, our Parent/Caregiver Co-Chair, our FAC Liaison staff member, the Chief Experience Officer for the hospital (who is an MD), parent co-chairs of our three strategic planning groups and another supporting staff member.

**17b. If other process, please describe:**

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**18. The PFAC goals and objectives for 2017 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 2017 – Skip to #20

**19. The PFAC had the following goals and objectives for 2017:**

- 1.) Direct impact on employees/patient families
- 2.) Roll out and administer FAC Seal
- 3.) Drive FAC Strategic Plan: Operational Excellence, Optimizing Partnerships, Define Optimal Patient and Family Experience
- 4.) Recruit diverse members
- 5.) Increase family engagements

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



Staff Appreciation: Develop awards program that is patient and family nomination driven.  
Strategic Planning Committees: Three separate subcommittees formed to drive our three key strategic initiatives: Operational Excellence, Optimizing Partnerships and Optimal Care Experience

**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:**

In the summer of 2014, a private page on the free social networking site, Yammer, was created to allow our FAC members to connect with one another between meetings, read meeting minutes, take surveys and more. All of our FAC members are registered on this site. Prior to Yammer, the FAC utilized an e-mail DL and private Facebook page (which is no longer used) to communicate with each other.

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

## Section 5: Orientation and Continuing Education

**23. Number of new PFAC members this year: 4**

**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:**

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**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:**

As a group, our FAC received education/training on the above topics as it pertained to agenda items and presentations delivered to the group by senior leadership within the hospital. Several individual members of the FAC also have received relevant training as members of various committees/workgroups/project on ALL of the above topics listed.

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## Section 6: FY 2017 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2017.

26. The five greatest accomplishments of the PFAC were:

| Accomplishment  | Idea came from (choose one)   | PFAC role can be best described as (choose one)  |
|---|---|--|
| <p>26a. Accomplishment 1:</p> <p><b>Direct Family Impact on Employees &amp; Families: In 2017, FAC members directly impacted employees through ongoing speaking engagements at weekly New Employee Orientation sessions and resident orientation, in addition to department/unit specific meetings. Through these speaking engagements, FAC members have raised awareness amongst the employee population about what it's like to be here as a patient family. This has also opened doors for partnership opportunities with various groups throughout the enterprise. During the summer of 2017 we incorporated teen patients into our speaker pool for these sessions with great success and overwhelmingly positive feedback from attendees. Our approximate total employee direct impact is: 2,400 in FY 2017.</b></p> <p><b>We have also had more than eight family stories published in Boston Children's Hospital's blogs. These stories highlight patient and family journeys, the impact that families have had on research, and more. Many of these stories have been accompanied by tips for</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 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> |

|  |   |  |
|--|---|--|
| <p>patients, families and friends regarding a variety of topics from maximizing your experience in outpatient appointments to supporting families spending the holidays in the hospital.</p>   |   |  |
| <p>26b. Accomplishment 2:</p> <p><b>Expansion of Family Voice / Engagements</b></p> <p>In FY 2017, we have expanded our FAC family engagement opportunities from 62 to more than 98. These engagement opportunities represent family integration on standing committees as well as short-term and one-time engagement opportunities. Family engagements span topics from Quality and Safety to Art and Greenspace Committees, Research, Patient Experience, etc.</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 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> |
| <p>26c. Accomplishment 3:</p> <p><b>Addition of Latina Family Partnerships Coordinator</b></p> <p>In January 2017, we welcomed a Latina Family Partnerships Coordinator to the team. This individual works to support our 30% Latino and Spanish speaking population here at Boston Children's. This community is supported specifically through translation of materials, support groups for patient families, assistance with navigating resources beyond the hospital and working to achieve a fluid culture within the enterprise that can</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 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> |

|   |   |  |
|---|---|--|
| <p><b>comfortably accommodate families who are primary Spanish speakers and who may have different cultural norms.</b></p>  |   |  |
| <p>26d. Accomplishment 4:</p> <p><b>Family Voices Incorporated into Safety/Quality work</b></p> <p><b>Families now have ongoing representation on several different Hospital Acquired Condition Committees (HACs). In 2016, there were no families serving on these committees. Now, the following subject matter expert (SME) groups have active family participation in meetings and interventions: Sepsis Prevention, Venous Thromboembolism (VTE) and Readmissions.</b></p> <p><b>Families are currently working on creating patient and family education regarding sepsis. In addition, families designed, in partnership with the fall SMEs, a survey used to identify the best ways to educate patients and families about the risks of falls at the hospital.</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 type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p> |
| <p>26e. Accomplishment 5:</p> <p><b>Patient Experience Week</b></p> <p><b>As part of the first Patient Experience Week at Boston Children's, the FAC hosted a table at a "Get To Know Us" forum. This forum featured groups from all over the hospital and enabled families to speak with both employees as well as patient families who</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 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> |

came to the event.

Additionally, as a capstone event to this week, families were featured on a patient/family panel hosted by retiring ACNO and FAC Senior Leadership Co-Chair, Susan Shaw. Panel discussion highlighted insights from three parents (all FAC members) and one patient (member of our Teen Advisory Committee).

27. The five greatest challenges the PFAC had in FY 2017:

27a. Challenge 1: Cultural, Ethnic, Educational and Socio-economic Diversity on the FAC  
Like many other PFACs, Boston Children's experiences challenges around the diversity of its FAC.

For our hospital, diversity spans beyond race and ethnicity; it represents different sexes, diagnoses, hospital experiences, parents of children of varying ages, and sexual orientation. While we work with a wide variety of units and departments to recruit for the FAC, we find that the people who are most interested in joining this volunteer opportunity are those who have deep relationships with Boston Children's— often families of complex care children who see many specialties and may have frequent hospitalizations. It has been a challenge to recruit families from our satellite locations as well as those who receive episodic care (e.g. ED visits, primary care). We continue to work to increase the visibility of our FAC through an external marketing campaign that includes our new website, blog posts about — and by — FAC members, and targeted internal recruiting efforts.

27b. Challenge 2: Demand for family voices is greater than supply

This year, we faced a challenge we have never faced before: finding enough Family Advisors to meet the demands of the dozens of committees and workgroups seeking family input on varying bodies of work. We are proud of this challenge, as it demonstrates the value FAC members bring to hospital committees as well as the hospital's strong support to integrate family voices into many key areas of the hospital. More employees are proactively seeking to collaborate with family members on both short- and long-term projects ranging from culture-changing quality and safety initiatives to research projects. We have both increased and expanded our recruiting efforts this year to identify and onboard additional family members who can help our relatively small group of family advisors say "yes!" to every request.

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**27c. Challenge 3: Preparing Families for Individual-Level Committee Participation**

Historically, the FAC has been supported by staff members who fulfill full-time roles at the hospital in addition to their duties with the FAC. Time to deeply support each family member engaging with a new committee or project simply wasn't available. In 2016, we welcomed our first part-time Family Partnerships Coordinator who revamped FAC recruiting, new member orientation and onboarding processes for incoming 2017 members. There is still a need for family member coaching, education and preparation to maximize both experience and integration into new committees. This will be a 2018 project in which we plan to include training about effective storytelling for families.

**27d. Challenge 4: Preparing Hospital Staff for Family Participation in Their Committees**

As mentioned above, this year our volume of family member engagements has skyrocketed. When speaking with both the Family Advisors and workgroup/committee leaders, we found that both parties would like training about how best to work together and cross that invisible bridge between family members and employees. Family members were often hesitant to speak up in new groups and employees often times carried on as they usually do without encouraging the family member to participate. A regular assumption was made by parents that they would be prompted to give input at specific junctures and employees assumed that family members would speak up if they had something to say. Additionally, many family members felt ill-prepared going into new groups without background information on the group, the members of the group, and the goals that were being worked towards. We are currently working to create a formalized training program that will be easily flexible to any kind of engagement but that will follow a checklist to ensure that members of the FAC support staff adequately prepare all parties to work together in the best and most productive manner, from the very first meeting.

**27e. Challenge 5: Consistent use of electronic communication by FAC members**

Utilizing Yammer is a secure way for FAC members, staff and leadership to communicate, especially in between FAC monthly meetings. Yammer is utilized and contributed to consistently by a core population of families and all FAC staff. However, not everyone is using it consistently, which leads to individual family members not being up to speed on conversations happening either through Yammer or at meetings where background information has been provided on specific topics through Yammer. We continue to struggle to gain buy-in from 100% of our FAC population regarding utilization of Yammer for FAC purposes.

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N/A – we did not encounter any challenges in FY 2017

*Continued...*



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

- Behavioral Health/Substance Use
- Bereavement
- Board of Directors
- Care Transitions
- Code of Conduct
- Community Benefits
- Critical Care
- Culturally Competent Care
- Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care
- Patient Care Assessment
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe: \_\_\_\_\_)
- N/A – the PFAC members do not serve on these – **Skip to #30**

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

Members either utilize Yammer to report back to the group about their individual engagements and committee/workgroup/initiative updates OR they will present to the group at a monthly meeting on such topics OR they provide feedback and information to Parent Co-Chair and/or FAC staff liaison during semi-annual phone interviews conducted with each member of the FAC.

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**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 2017

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

- Advisory boards/groups or panels
- Award committees
- Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Search committees and in the hiring of new staff
- Selection of reward and recognition programs
- Standing hospital committees that address quality
- Task forces
- N/A – the PFAC members did not participate in any of these activities

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

**32a. Complaints and serious events**

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

**32b. Quality of care**

- High-risk surgeries (such as aortic valve replacement, pancreatic resection)
- Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)
- Medicare Hospital Compare (such as complications, readmissions, medical imaging)
- Maternity care (such as C-sections, high risk deliveries)

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

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)

- Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)
- Other (Please describe: \_\_\_\_\_)

N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

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

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

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**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:**

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**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):

Marcie Brostoff (Staff, Co-Chair)  
Kristin Barton (Staff, FAC Liaison)  
Valerie Fleishman (Parent Co-Chair)  
Katie Litterer (Staff, FAC Liaison)  
Lisa Rubino (Staff, FAC Liaison)

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: <http://www.childrenshospital.org/patient-resources/family-resources/family-partnerships/family-advisory-council/annual-report>  
 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:  
[Familypartnerships@childrens.harvard.edu](mailto:Familypartnerships@childrens.harvard.edu)  
 No

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

- Yes, link: <http://www.childrenshospital.org/patient-resources/family-resources/family-partnerships/family-advisory-council>  
 No, we don't have such a section on our website