



PFAC Annual Report Form

Health Care For All (HCFA) advocates for health justice in Massachusetts by working to promote health equity and ensure coverage and access for all. HCFA uses direct service, policy development, coalition building, community organizing, public education and outreach to achieve its mission. HCFA envisions a day when everyone in Massachusetts has the equitable, affordable, and comprehensive care they need to be healthy.

Why complete an annual report for my PFAC?

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1st 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 which will be posted on HCFA's website, https://hcfama.org/pfac/. 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

Who can I contact with questions?

Please contact us at atappan@hcfama.org or call us at 617-275-2982.

Please email completed forms to PFAC@hcfama.org.

Reports should be completed by October 1, 2021.

2021 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2021 only: (July 1, 2020 – June 30, 2021).

Section 1: General Information

1. Hospital Name: Encompass Rehabilitation Hospital of Braintree

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages the completion of an individual report for each hospitals-wide PFAC.

1a. Which best describes your PFAC?
☐ We are a PFAC for a system with several hospitals – skip to #2C below
\square 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
\square No
☐ Don't know
1c. Will another hospital within your system also submit a report?
□ Yes
\square No
☐ Don't know
3. Staff PFAC Co-Chair Contact:
2a. Name and Title: Carol Gorman
2b. Email: carol.gorman@encompasshealth.com
2c. Phone: 781-348-2206
□ Not applicable
4. Patient/Family PFAC Co-Chair Contact:
3a. Name and Title: Kevin Dow
3b. Email: thewarroom09@yahoo.com
3c. Phone: 781-348-2206
\square Not applicable
5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?
□ No – describe below in #6
6. Staff PFAC Liaison/Coordinator Contact:
6a. Name and Title:
6b. Email:
6c. Phone:
\square Not applicable

Section 2: PFAC Organization

7. This year, the PF	AC recruited new members through the following approaches (check all that apply):
⊠ Case	managers/care coordinators
□ Com	munity based organizations
	munity events
	book, Twitter, and other social media
•	pital banners and posters
-	pital publications
	ses of worship/religious organizations
	ent satisfaction surveys
	notional efforts within institution to patients or families
	notional efforts within institution to providers or staff uitment brochures
	d of mouth/through existing members
	er (Please describe): staff recommendations through a patient recognition nominee process
	- we did not recruit new members in FY 2020
8. Total number of	staff members on the PFAC: 1
10. The name of the	e hospital department supporting the PFAC is: Case Management
11. The hospital po	sition of the PFAC Staff Liaison/Coordinator is: Director of Case Management
12. The hospital pro (check all that appl	ovides the following for PFAC members to encourage their participation in meetings y):
☐ Ann	ual gifts of appreciation
☐ Assis	stive services for those with disabilities
☐ Conf	erence call phone numbers or "virtual meeting" options
	rings outside 9am-5pm office hours
🛛 Park	ing, mileage, or meals
☐ Payr	nent for attendance at annual PFAC conference
☐ Payr	nent for attendance at other conferences or trainings
☐ Prov	ision/reimbursement for child care or elder care
☐ Stipe	
_ •	slator or interpreter services
	r (Please describe):
□ NI/Δ	

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	s geographically	defined as:
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☐ 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	.2	12	8	0	73.8	1	5	□ Don't know
14b. Patients the hospital provided care to in FY 2021	2	29.3	7.02	0	14.2	34	48.7	□ Don't know
14c. The PFAC patient and family advisors in FY 2021					100			□ Don't know

15. The languages spoken in these areas include (please provide percentages; <u>if you are unsure of the percentages select "don't know"</u>):

	Limited English Proficiency (LEP) %	
15a. Patients the hospital provided care to in FY 2021	<1	□ Don't know
15b. PFAC patient and family advisors in FY 2021	0	□ Don't know

15c. What percentage of patients that the hospital provided care to in FY 2021 spoke the following as their primary language?

	%
Spanish	16.1
Portuguese	9.8
Chinese	7.25
Haitian Creole	17.95
Vietnamese	9.1
Russian	4.4
French	1.2
Mon-Khmer/Cambodian	0.2
Italian	0.1
Arabic	0.1
Albanian	0.4
Cape Verdean	28.7

☐ Don't know

15d. In FY 2021, 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:

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 Director of Case Management Co-chair PFAC member and the community PFAC member Co-chair discuss agenda items to bring forward to the committee. Any PFAC Committee member can also raise agenda items at any time for discussion
17b. If other process, please describe:
18. The PFAC goals and objectives for 2021 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 2020– Skip to #20
19. The PFAC had the following goals and objectives for 2021: Working on active recruitment efforts which has been a challenge with the COVID pandemic
20. Please list any subcommittees that your PFAC has established: none given the COVID pandemic
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: Communication by Encompass Health Rehabilitation Hospital of Braintree with PFAC member occurs via e-mail or telephonically.
□ 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):
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☐ 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:
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
\square 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.)
Mospital performance information

☐ Patient engagement in	research				
\square Types of research conducted in the hospital					
	ow in #25a): Information on the Hospital Patient Satisfaction reports eviewed along with Patient First Data for Falls and Pressure Ulcers and				
☐ N/A – the PFAC did no	ot receive training				
25a. If other, describe:					
	2021 PFAC Impact and Accomplishments				
The following infor	rmation concerns PFAC activities in the fiscal year 2021.				
26. Please share the following informa	ation on the PFACs accomplishments and impacts:				
26a. What were the three great or perspective?	est accomplishments/impacts of the PFAC related to providing feedback				
Accomplishment/Impact	Idea came from (choose one)				
Accomplishment/Impact 1: Coordinated with hospital leadership on a patient experience initiative	☑ Patient/family advisors of the PFAC☑ Department, committee, or unit that requested PFAC input				
Accomplishment/Impact 2:	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input				
Accomplishment/Impact 3:	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input				
26b. What were the three great institution's financial and prog	rest accomplishments/impacts of the PFAC related to influencing the grammatic decisions?				
Accomplishment/Impact	Idea came from (choose one)				
Accomplishment/Impact 1:	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input				
Accomplishment/Impact 2:	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input				
Accomplishment/Impact 3:	☐ Patient/family advisors of the PFAC ☐ Department, committee, or unit that requested PFAC input				
26c. What were the three great	est accomplishments/impacts of the PFAC related leading/co-leading				

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

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Accomplishment/Impact 1:	☐ Patient/family advisors of the PFAC
	☐ Department, committee, or unit that requested PFAC input
A 1' 1 (/T 10	
Accomplishment/Impact 2:	☐ Patient/family advisors of the PFAC
	☐ Department, committee, or unit that requested PFAC input
Accomplishment/Impact 3:	☐ Patient/family advisors of the PFAC
•	
	☐ Department, committee, or unit that requested PFAC input
27. The five greatest challenges t	he PFAC had in FY 2021:
Challenge 1: Recruitment of new	v members
Challenge 2. COVID 1	
Challenge 2: COVID pandemic	
Challenge 3:	
Challenge 4:	
Challenge 5:	
28. The PFAC members serve on t	he following hospital-wide committees, projects, task forces, work groups,
or Board committees:	
☐ Behavioral Health/Subst	
	ance Use
☐ Bereavement	rance Use
	rance Use
□ Bereavement	ance Use
☐ Bereavement☐ Board of Directors	ance Use
☐ Bereavement☐ Board of Directors☐ Care Transitions	rance Use
☐ Bereavement☐ Board of Directors☐ Care Transitions☐ Code of Conduct	ance Use
☐ Bereavement ☐ Board of Directors ☐ Care Transitions ☐ Code of Conduct ☐ Community Benefits	
 □ Bereavement □ Board of Directors □ Care Transitions □ Code of Conduct □ Community Benefits □ Critical Care 	
☐ Bereavement ☐ Board of Directors ☐ Care Transitions ☐ Code of Conduct ☐ Community Benefits ☐ Critical Care ☐ Culturally Competent C	
☐ Bereavement ☐ Board of Directors ☐ Care Transitions ☐ Code of Conduct ☐ Community Benefits ☐ Critical Care ☐ Culturally Competent C	
☐ Bereavement ☐ Board of Directors ☐ Care Transitions ☐ Code of Conduct ☐ Community Benefits ☐ Critical Care ☐ Culturally Competent C ☐ Discharge Delays ☐ Diversity & Inclusion	are
☐ Bereavement ☐ Board of Directors ☐ Care Transitions ☐ Code of Conduct ☐ Community Benefits ☐ Critical Care ☐ Culturally Competent C ☐ Discharge Delays ☐ Diversity & Inclusion ☐ Drug Shortage ☐ Eliminating Preventable	are
☐ Bereavement ☐ Board of Directors ☐ Care Transitions ☐ Code of Conduct ☐ Community Benefits ☐ Critical Care ☐ Culturally Competent C ☐ Discharge Delays ☐ Diversity & Inclusion ☐ Drug Shortage ☐ Eliminating Preventable	are Harm
□ Bereavement □ Board of Directors □ Care Transitions □ Code of Conduct □ Community Benefits □ Critical Care □ Culturally Competent C □ Discharge Delays □ Diversity & Inclusion □ Drug Shortage □ Eliminating Preventable □ Emergency Department □ Ethics	are Harm Patient/Family Experience Improvement
□ Bereavement □ Board of Directors □ Care Transitions □ Code of Conduct □ Community Benefits □ Critical Care □ Culturally Competent C □ Discharge Delays □ Diversity & Inclusion □ Drug Shortage □ Eliminating Preventable □ Emergency Department □ Ethics □ Institutional Review Board	are Harm Patient/Family Experience Improvement ard (IRB)
□ Bereavement □ Board of Directors □ Care Transitions □ Code of Conduct □ Community Benefits □ Critical Care □ Culturally Competent C □ Discharge Delays □ Diversity & Inclusion □ Drug Shortage □ Eliminating Preventable □ Emergency Department □ Ethics □ Institutional Review Boa	are Harm Patient/Family Experience Improvement ard (IRB) and Transgender (LGBT) – Sensitive Care
□ Bereavement □ Board of Directors □ Care Transitions □ Code of Conduct □ Community Benefits □ Critical Care □ Culturally Competent C □ Discharge Delays □ Diversity & Inclusion □ Drug Shortage □ Eliminating Preventable □ Emergency Department □ Ethics □ Institutional Review Boa □ Lesbian, Gay, Bisexual, a	are Harm Patient/Family Experience Improvement ard (IRB) and Transgender (LGBT) – Sensitive Care
□ Bereavement □ Board of Directors □ Care Transitions □ Code of Conduct □ Community Benefits □ Critical Care □ Culturally Competent C □ Discharge Delays □ Diversity & Inclusion □ Drug Shortage □ Eliminating Preventable □ Emergency Department □ Ethics □ Institutional Review Boa	Harm Patient/Family Experience Improvement and (IRB) and Transgender (LGBT) – Sensitive Care

☐ 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?	
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	
2020	
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)	
201. Over11 and over	
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 roviders 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	
3. Please	explain why the hospital shared only the data you checked in Q 32 above:	
	eview of applicable items has been reviewed by the Council who selected to receive feedback on the ove indicators	
	describe how the PFAC was engaged in discussions around these data in #32 above and any quality improvement initiatives:	
The information is reviewed at the Council meetings. Discussion occurs as a result of the data. The Council nembers are aware they can participate in a facility task force to address any of the areas discussed. The Council members are also aware they may request Encompass Health Rehabilitation Hospital of Braintree eadership to come and meet with the Council regarding any areas of questions or concerns. In the past everal years department heads have met with the Council regarding any questions they have raised egarding a process or a concern. The facility's CEO attends the Council meetings on an AD HOC basis for eedback and support.		
	AC participated in activities related to the following state or national quality of care initiatives that apply):	
3.	5a. National Patient Safety Hospital Goals	
	l Identifying patient safety risks	
	Identifying patients correctly	
	Preventing infection	
	l Preventing mistakes in surgery	
	Using medicines safely	
	l Using alarms safely	
3	5b. Prevention and errors	
	Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care	
	ettings)	
	l Checklists	
	l Electronic Health Records –related errors	
	Hand-washing initiatives	
	Human Factors Engineering	
	Fall prevention	
	Team training	
L	l Safety	
3.	5c. Decision-making and advanced planning	
	l End of life planning (e.g., hospice, palliative, advanced directives)	
	l Health care proxies	
	Improving information for patients and families	
	Informed decision making/informed consent	
3.	5d. 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		
\square 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		
\square More than 5 \square None of our members are involved in research studies		
☐ None of our members are involved in research studies		
Section 7: PFAC Annual Report		
We <u>strongly</u> 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):		
PFAC Committee Members and Facility Co-chair Staff Person		
41 Describe the process by which this DEAC report was considered and a second of the considered and		
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	
	\boxtimes Other (Please describe): Co-written by PFAC Co-chair and reviewed for edits via PFAC Council members.	
Massachu	setts 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 pos	et the report online.	
	⊠ Yes, link:	
	□ 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: □ No	
44. Our ho	spital has a link on its website to a PFAC page.	
	⊠ Yes, link: encompasshealth.com/braintreerehab	
	□ No, we don't have such a section on our website	