

# Patient and Family Advisory Council Annual Report

2023

Prepared By

**Aideen Snell**

Director of Patient Experience



## Section I: General Information

### 2023 Patient and Family Advisory Council Annual Report Form The survey questions concern PFAC activities in fiscal year 2022 only: (July 1, 2022 – June 30, 2023)

#### 1. Hospital Name: Cambridge Health Alliance (CHA)

Cambridge Health Alliance (CHA) is a vibrant, innovative health system dedicated to providing equity and excellence for everyone, every time. With over 140,000 patients in Boston’s metro-north region, CHA is proud to offer the health care people need most in their lives. Central to any patient-centered experience effort are the voices and contributions from those receiving care. When the lived experiences of patients and families are included in our strategy and improvement efforts, patients and families feel respected and valued as both integral part of their healthcare team and change-agents for CHA.

##### 1a. Which best describes your PFAC?

- We are the only PFAC at a single hospital – skip to #3 below
- We are a PFAC for a system with several hospitals – skip to #2C below
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals – skip to #2C below
- Other (Please describe):

##### 1b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don’t know

##### 1c. Will another hospital within your system also submit a report?

- Yes
- No
- Don’t know

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## Section 2: PFAC Organization

### Partnership with patients through a robust Patient Advisor Program

This year, the PFAC recruited new members through the following approaches:

- Case managers/Care coordinators
- CHA website
- Hospital Publications
- Patient Experience Surveys
- Promotional efforts within institution to providers or staff

We have a total of 9 staff members on PFAC and 18 patient and family advisor members. The PFAC is supported by the Quality & Patient Safety Department and managed by the Director of Patient Experience.

Our goal is to create a flexible and welcoming environment for our advisors to volunteer their time, celebrating annually at the end of the calendar year to thank them for their efforts. We provide a conference call number and a “virtual google meet” for convenience outside of 9am - 5pm office hours. Interpreter services are also available for advisors when needed.

In addition to our PFAC membership, we have 43 active patient advisors participating in our comprehensive Advisor program which allows advisors the flexibility to contribute through eAdvisory, focus groups, and committee meetings.

**We often find opportunity in times when things don't go as expected, turning a negative situation into a positive!**

There are times when our patient raise concerns about their care or how they were treated at CHA. Patient complaints often help us identify processes that need improvement and help us shape the content for staff education and training. Many patients who speak up to advocate for themselves or a family member have lived experience that we can learn from. This has been a successful way for us to recruit patient and family advisors from diverse backgrounds.



#### Patient advisors can make a difference at CHA by volunteering for one of our three programs:

- **eAdvisors** share all of their feedback virtually, by filling out short online surveys.
- **Project focus groups** are a one time commitment that help CHA learn more about one specific issue.
- **Patient Advisor Committees** require a long term commitment as an ongoing advisor in an interest you are passionate about.

For more information, please contact **Aideen Snell** at [aisnell@challiance.org](mailto:aisnell@challiance.org) or visit our website at [www.challiance.org](http://www.challiance.org)

## CHA Patient Partnership

**Elevating the patient's voice to improve care, experience and safety.**

#### What is the Patient Partner Program?

The Patient Partner Program is a volunteer community of patients and family caregivers interested in working with us as advisors. They share personal experiences and expertise to help us improve and transform care at CHA.

#### What we look for in a Patient Partner

- Recent experience at CHA
- Ability to share personal experiences
- Enthusiastic about CHA's mission/vision
- Culturally sensitive and competent

#### Do you know a patient that would be a great fit?

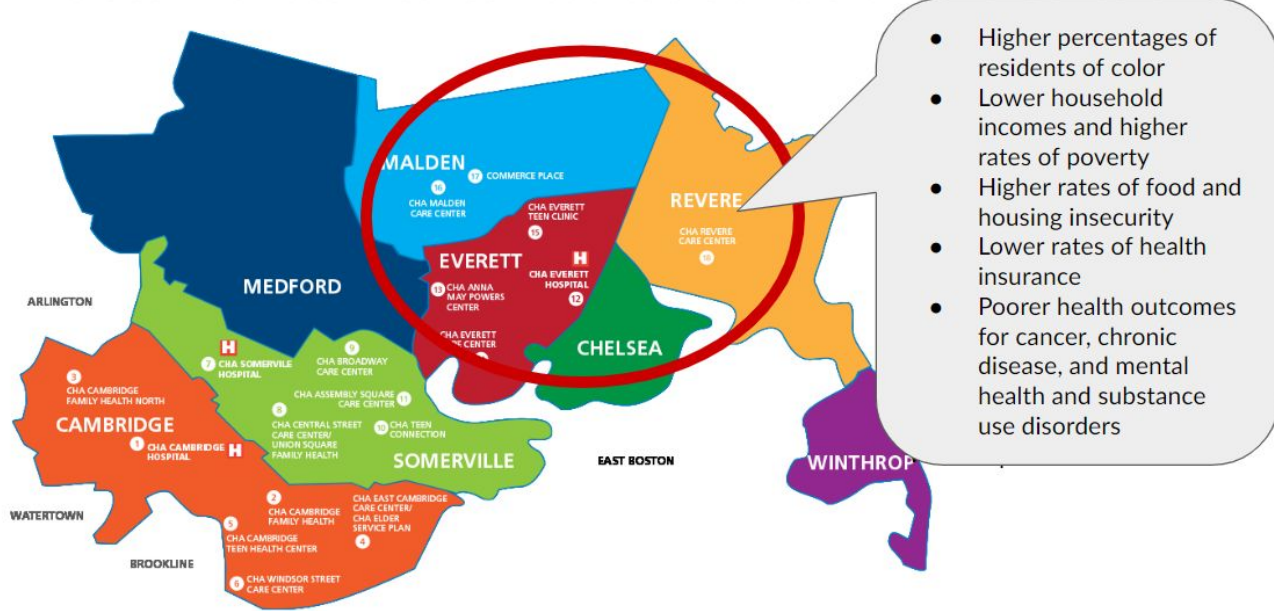
Please direct patients you think may be interested to our website ([challiance.org/patientadvisor](http://challiance.org/patientadvisor)) or give them the patient handout.

We appreciate your help!

### Our hospital's catchment area is geographically defined as:

Cambridge, Somerville & Metro-north (Malden/Medford/Chelsea/Revere/Everett/Winthrop) Cambridge Health Alliance (CHA) is a regional safety net health system committed to providing high quality care to diverse and low-income populations from eight urban cities north and west of Boston, MA. CHA has two hospitals in Cambridge and Everett, one campus in Somerville that includes an urgent care center, as well as 15 neighborhood health centers and primary care practices throughout Somerville, Cambridge, Everett, Malden, and Revere

### The 8 communities in our service area are different from one another



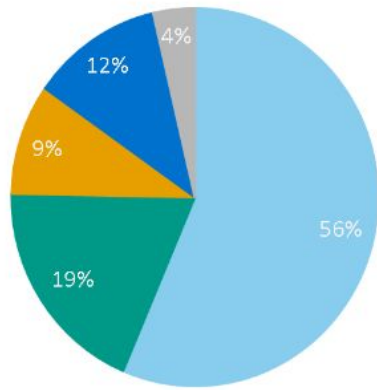
### The racial and ethnic groups in these areas include:

As the sole public hospital in Massachusetts, CHA serves as a safety net for nearly 140,000 of the state's most vulnerable and diverse patients. Approximately 70% of CHA patients are low-income, disabled, elderly or uninsured. CHA's primary service area has a high percentage of residents living below the federal poverty level (13-28% compared with the state average of 11.6%) and serves a diverse patient population (see below). CHA has a longstanding commitment to vulnerable and diverse patients and is proud to serve all those in need. Our motto is "We Care for All."

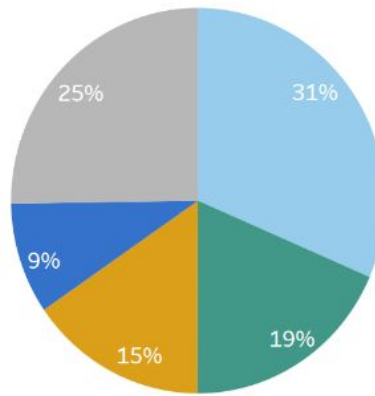
Many CHA patients have public or subsidized insurance (Medicare, Medicaid, etc.) and traditionally experience barriers to care. In order to serve these individuals and families, CHA has bilingual providers, a robust interpreter program and numerous linguistic services. It also has an award-winning Volunteer Health Advisor program that brings together people from many cultures to help local residents gain access to care and live healthier lives.

CHA Primary Care patients are more diverse than the catchment area, with more CHA patients identifying as members of “other” racial groups. Many CHA patients identifying as racially “other” identify as ethnically Brazilian.

Catchment Area (N= 474,503)



Primary Care Panel FY23 (N=125,534)

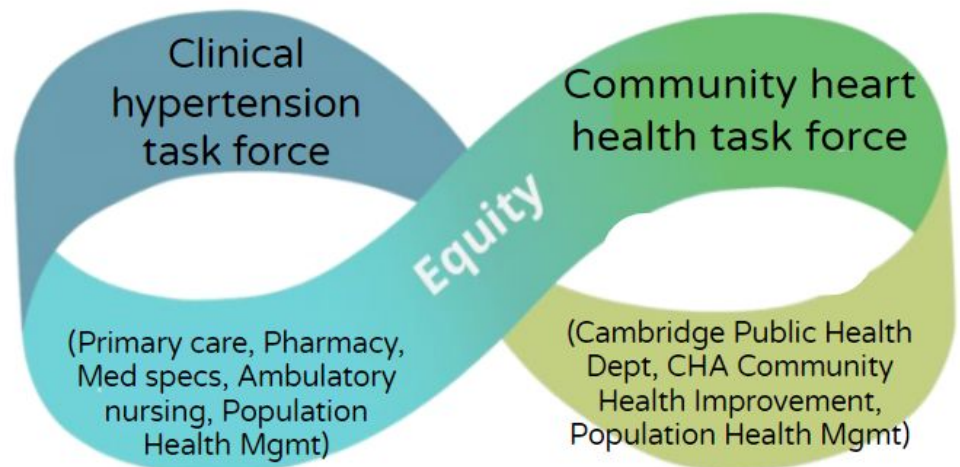
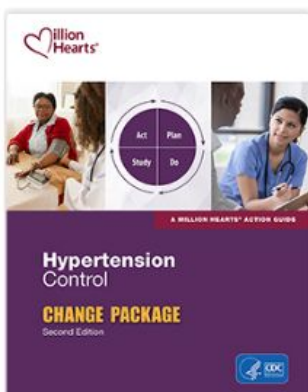


- FY23 is reflective of FY22 trends

White Hispanic Black Asian Other

We are implementing a new Signature Health Equity Initiative to improve disparities in Hypertension Control

## Our Signature Health Equity Initiative

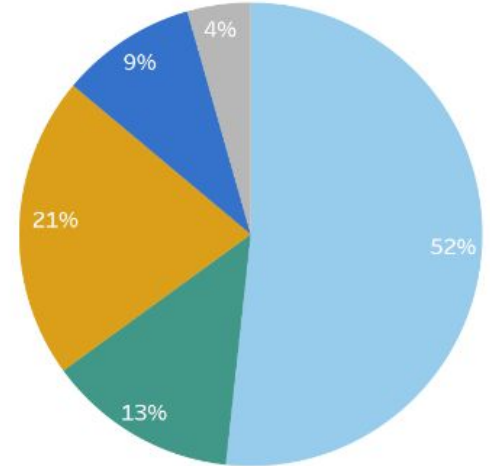
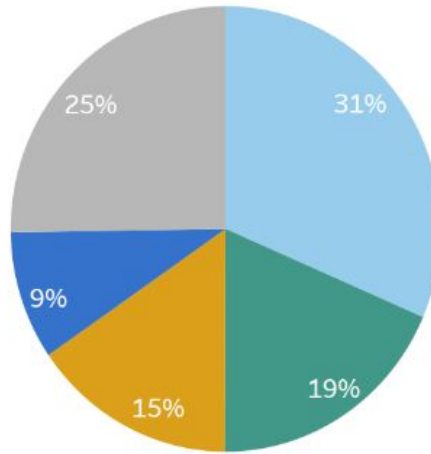
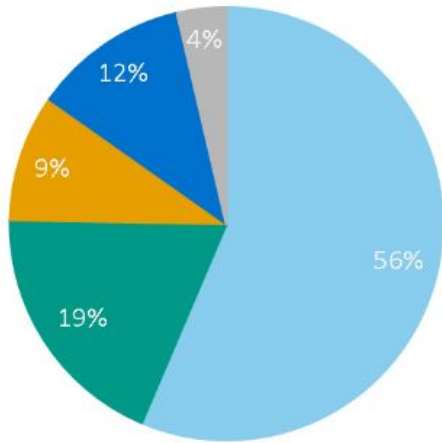


# The overall racial distribution of the CHA workforce is comparable to the racial distribution of the residents in our communities.

Catchment Area (N= 474,503)

Primary Care Panel FY23 (N=125,534)

CHA Workforce (N=4,665)



White Hispanic Black Asian Other



## CHA 10 Equity Commitments

We strive to achieve equitable health outcomes for our community by...

Capacity building and collaboration

### Our patients

Demographic and health related social needs data

1. \*Improving completeness and accuracy of data regarding patient demographics and health related social needs

Equitable quality and access

2. \*Identifying and reducing disparities in key **quality, safety, and patient experience** outcomes
3. \*Identifying and reducing disparities in **access to care** for patients addressing barriers related to language, disability, and ability to pay

### Our communities

4. Engaging in active **outreach** to enroll new patients and expand the diversity of CHA's patient panel
5. \*Cultivating active **partnerships** with community resources to improve health outcomes for our patients
6. Advancing an equity-focused **research agenda** that includes evaluation of CHA equity programs

### Our workforce

7. Supporting and **developing diverse CHA staff members**
8. \*Offering **training and education** for staff in cultural humility, bias prevention, racism, and disability competency
9. **Diversifying the workforce** through new hires and pathway programs

Items with a star (\*) are linked to expectations that are embedded in our Medicaid Waiver

10. \*Developing **organizational capabilities** to earn health equity certification. Reviewing institutional policy and practice to identify and mitigate structural inequity at CHA and in our relationship to our communities

## Looking back: Key accomplishments in calendar year 2023

- 1) \*Developed workflows for collecting **expanded demographic information (RELD-SOGI)** on patients at registration and expanded collection of **data regarding unmet needs in social determinants of health**
- 2) Prepared a **second annual health equity report**
- 3) \*Completed an **assessment of our institutions ability to provide “disability competent care”** and set improvement priorities
- 4) Trained over **50 new community health workers**; CHA community health workers provided health-related assistance to over 4000 clients and CHA patients and **enrolled over 400 new patients in CHA primary care**
- 5) Continued ongoing clinical services to vulnerable patients through our school health program in four schools
- 6) Partnered with the Commonwealth to meet **health needs of new immigrants**
- 7) Created partnerships with schools, community agencies, and municipal programs to build **pathway programs for new hires** and to **increase diversity in pools from which we recruit**
- 8) **DEI education** through the development of a manager’s toolkit
- 9) Development and dissemination of an **institutional anti-racism statement**

## Looking forward: Anticipated work in the coming year

1. \*Continue work to improve data collection for patient demographics and unmet needs related to social drivers of health
2. \*Launch an **equity-focussed “signature” initiative on hypertension and heart health**
3. \*Targeted improvement on reducing **disparities in timely follow up after mental health hospitalization**
4. Continued work on **maternal health** through the PNQIN program
5. Train an additional 60 community health workers
6. Create pathways for **expanding outreach to community members to grow our primary care panels, our new Birth Center, and use of our two Community Behavioral Health Centers**
7. Grow our equity-focussed health research endeavors in the **Health Equity Research Lab** with a focus on the mental health of diverse youth
8. \*Education and training for all patient-facing staff in **disability-competent care** and key concepts in diversity, equity and inclusion
9. More comprehensive **data collection of staff and provider demographics** to enable reporting and monitoring of diversity goals
10. \*Achieve advanced **health equity certification** from the Joint Commission and from the National Commission on Quality Assurance (NCQA)

## Section 4: PFAC Operations

Our process for developing and distributing agendas for the PFAC meeting has many layers. We provide routine surveys where our members provide feedback on topics they have liked and ideas they would like to learn about in the future. An internal team works on the monthly agenda with a focus on performance improvement efforts across the organization and service line projects looking to gain knowledge and insight from our advisors with lived experiences. The team meets with project leads to support them in defining the information they are seeking from the patient and family advisors and develops specific questions to lead the conversation. The agenda, presentation slides and specific questions related to the presentation are shared with the PFAC members prior to the meeting.

In September 2022, the management of PFAC transitioned from the Department of Community Health Improvement to Quality and Patient Safety. During this transition the goal for FY23 was to further develop the meeting structure; a schedule that provided presentations designed to hear from our patient and family advisors; robust recruitment strategy to improve the diversity of our advisors, and Advisor development to improve the efficiency of the meetings and support advisors to think outside their own experiences.

Shared governance & accountability is the foundation to a successful patient experience effort set on who we are as an organization, our mission and values. When our culture is aligned with our mission and values, patients and families will feel CHA is designed to provide them with the best possible experience. Our PFAC is accountable to the hospital Board of Directors. Actions items and concerns are part of an ongoing “feedback loop” to the board and annually PFAC efforts are shared with the Board through the Patient Experience presentation.

The CHA PFAC primarily communicates through email between monthly in-person meetings. On occasion, when a department request requires a fast turnaround, emails and/or additional meetings may be sent and arranged. Most frequently, documents are sent by email to patient members to solicit their feedback. In an effort to provide Advisor growth with diversified representation we updated the CHA website to improve search features and access to information about the patient experience program, which includes details about becoming an advisor and an online application. The Patient Advisor role has been expanded to provide flexibility in an effort to diversify our membership. Volunteering ones time is a privilege for many. Removing this barrier may support our work towards health equity. Two PFAC members also joined a regional PFAC learning collaborative with BIDMC and other local Boston area hospitals.

The presentations shared with our PFAC this past year to solicit their input on improvement were in the categories of: Patient Engagement & Experience, Health Equity & DEI, Technology, Program & Curriculum Development, High Reliability Organization (HRO), CHA Reputation.

- HRO, Everybody Behavior and Skills Curriculum Development
- MyChart Communication & Notification
- Participation and dropout rates in the Cognitive Behavior Therapy mindfulness programs ot treat depression
- [CHA Connect](#), a Community Resource Database (CRD) used to make referrals and obtain reduced-cost social service programs based on zip codes
- Disability Competent Care
- Elevating the Voice of the Patient Advisor Program
- COO discussion on property lease and relocation of clinics
- Patient Code of Conduct for disruptive behaviors
- CHA Community Behavioral Health Centers
- CHA Telehealth
- Improving our online reputation to better reflect our strengths
- Service Recovery: Tell us about your experience with the front desk in Primary Care





## Section 5: Orientation and Continuing Education




We have added 5 new patient and family advisor members to the PFAC this year and 25 patient advisors in total to our program. Efforts were made to further develop our PFAC members on the concepts of patient and family centered care, health care quality and safety, high reliability organization, information on how PFAC fits within the organizations structure and PFAC policies, member roles and responsibilities. We have also created an asynchronous orientation highlighting information about the populations CHA serves, the importance of confidentiality and HIPAA privacy laws.

### PFAC learned about and provided additional feedback on the following topics:

- The impact of High Reliability on patient safety and participated in the curriculum development of the CHA HRO Everybody Behaviors and Skills.
- CHA Anti-racism statement and our commitment to equity and inclusion.
- Marketing reputation and transparency strategy and the impact on the health of CHA.
- Disability Competent Care and CHA Connect for community health resources.
- CHA's commitment to elevating the patient voice, central to our experience effort and how their voices can influence providers and hospital staff to think differently.

## Section 6: FY23 PFAC Impact and Accomplishments

### 2023 Accomplishments

Accomplishment One	We successful transition to new management of the committee, developed a diversified agenda with various opportunities to share and provided a schedule of presentations based on member interest. Recruitment of additional members to PFAC and a growing advisor program.	
Accomplishment Two	Advisors provided influence on recruitment strategy to enroll racially and ethnically diverse patients in therapeutic trials of mindfulness.	
Accomplishment Three	Improvement in signage and wayfinding on CHA's Somerville Campus, including standardized clinic hours on weekends to improve access to the building.	

### 2023 Challenges

Challenges One	Recruitment of diverse members with lived experience to match the demographic CHA serves.
Challenges Two	Internal buy in to elevate the patient and family advisors voices early in the process of improvement projects; and managing the process of matching the right advisor with an appropriate project with limited resources.
Challenges Three	Managing advisor ongoing engagement as the group grows, with limited resources.

### Member feedback

Our member shared they see a positive change in the new leadership of PFAC:

- Transparency to the members about the organization has increased
- There is a lot of follow up on what is brought up by the members.
- There is more opportunity to speak up and share experiences or request future presentation topics.