



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 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 and submitted reports will be posted on HCFA's website, 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 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.

Reports should be completed by October 1, 2017.

2017 Patient and Family Advisory Council Annual Report Form

Section 1: General Information

1. Hospital Name: Heywood Hospital (a member of the Heywood Healthcare system)

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: _____)

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

- Yes
- No

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

- Yes
- No
- D

3. Staff PFAC Co-Chair Contact:

- 2a. Name and Title: Tina Santos, MSN, VP of Operations & CNO
- 2b. Email: Tina.Santos@heywood.org
- 2c. Phone: 978-630-6220

4. Patient/Family PFAC Co-Chair Contact:

- 3a. Name and Title: Sally Hartshorn
- 3b. Email: Sally.Hartshorn@comcast.net
- 3c. Phone: 978-632-5174

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: Barbara Nealon

- 6a. Name and Title: Director of Social Service & Multicultural Services
- 6b. Email: Barbara.Nealon@heywood.org
- 6c. Phone: 978-630-6386

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: _____)

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

8. Total number of staff members on the PFAC: 2.

9. Total number of patient or family member advisors on the PFAC: 17.

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

11. The hospital position of the PFAC Staff Liaison/Coordinator is Social Service & Multicultural Services

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

- Annual gifts of appreciation
- x Assistive services for those with disabilities
- Conference call phone numbers or “virtual meeting” options
- x Meetings outside 9am-5pm office hours
- Parking, mileage, or meals
- x 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: _____)
- 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: Gardner, Ashburnham, Westminster, Winchendon, Templeton, Hubbardston, Baldwinville

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	.3%	1.2%	1.1%	.01%	93%	1.3%	3.6%	<input type="checkbox"/> Don’t know
14b. Patients the hospital provided care to in FY 2017	.15%	.43%	1.1%	.01%	94.5%	2.1%	1.6%	<input type="checkbox"/> Don’t know
14c. The PFAC patient and family advisors in FY 2017	0	1 0.05%	1 0.05%	0	14 82%		2 0.11%	<input 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”):

	<p>Limited English Proficiency (LEP)</p> <p>%</p>
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15a. Patients the hospital provided care to in FY 2017	.6%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2017	1 member out of 17	<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	.41%
Portuguese	.17%
Chinese	.01%
Haitian Creole	.002%
Vietnamese	.002%
Russian	.01%
French	0
Mon-Khmer/Cambodian	.001%
Italian	0
Arabic	.08%
Albanian	0
Cape Verdean	0

15d. In FY 2017, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	1
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

16. The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient population or catchment area:

Working with the North Central Mass Minority Coalition and Religious Council to solicit assistance as well as working with the Multicultural Services Department who coordinates Interpreter Services to screen potential candidates for this committee. Other languages include Lao, HMONG, Korean still small numbers but still need provision of service.

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:

During meetings and if not identified during meeting at the end of the meeting, membership is asked what topics would they like to hear about.

17b. If other process, please describe:

When updating membership on current events, services, performance improvement recommendations for future programs may come out of that; or if MHA or AHA has identified Alerts or postings that may be beneficial for the membership to learn about, may be presented.

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:

To improve patient satisfaction Participate in projects as assigned

To promote patient choice in end of life care Participate in Educational Events; assess Patient satisfaction

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

PFAC has not established a subcommittees however membership does participate in Multicultural Services, Workplace Violence Task Force, Multicultural Task Force, Medical Ethics etc.

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 for meetings and between meetings on seminars, readings updates etc.

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 0

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

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

24a. If other, describe:

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.)
- X 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: 4 PFAC members sit on Medical Ethics which is our IRB for the hospital WE also facilitate Schwartz Center Rounds {Caregiver Rounds} which provides a safe confidential venue to practitioners to verbalize and express emotions associated with providing care. Topics are identified by attendees, Medical Ethics Committee and PFAC membership. Our SCR's program has been in place for over 10 years and lead by our Medical Ethics Chairperson. Program facilitator for SCR's is a PFAC member.

Additional educational opportunities included:

Onsite Visit to the new Quabbin Retreat Treatment Center provided input and feedback on creation of program;

Participated in a GVNA Presentation "Being Mortal: Medicine and What Matters in the End" 2015 video presentation Atul Gawande MD. Interactive discussion question and answer period followed and how one engages in the End of Life discussions;

A member shared a PFAC brochure from another hospital where they had been for review Discussion followed. Informational;

Presentation from Heywood's Health & Wellness Center Instructor on Comprehensive Wellness Leadership and Engagement Program; Handed out top 10 Fitness Facts-emphasis on healthy employees and hospital reaps the rewards of healthy and productive employees resulting in increased patient satisfaction. Membership was able to take a tour also of the fitness center.

Presentation on the Heywood Bariatric Care Program provided, membership followed with question and answer period; HCAPs, Infection Rates, STAAR-Transition in Care program, Information on Press Ganey and satisfaction surveys shared

Update on hospital initiatives: Capital Campaign, LEAN, design and redesign efforts, moves within the facility of department relocations, OBS Creation of Cuddling Program -Member of PFAC directly involved in this process, Joint Commission survey of the Nutrition Department and designated as a JC Center of Excellence #88 in the country, Promoting Schwartz Center Rounds attendance-PFAC member served as a panelist and shared her experience based on lack of cultural diversity and discriminatory process that effected her in another setting and lessons learned from that experience, Presentation of the recent findings from the January 2017 survey, updates on hospital's Solar project, Occupational Health Program, potential services using DeVinci OR device in future and types of cases, Food and Nutrition Programs provided an overview of their services including LEAN project for improving patient satisfaction for Menu/Diet Selection, temperature of food from kitchen to patient, devices/equipment used, recycling and composting available etc; a Tour of the Kitchen was provided; The value of soda was also discussed as patient preference. Very interactive discussion. The PFAC membership provided feedback and recommendations during each presentation throughout the year.

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>Ability to maintain good attendance to the meetings by soliciting input from membership on topics</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 checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>
<p>26b. Accomplishment 2:</p> <p>End of Life Program using Atul Gawande MD's video of Being Mortal reinforced patient right to self determination and ongoing Palliative Care work at Hospital</p> <p>Palliative Care Committee was created with ACS, Mass DPH and Heywood & other providers</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p> <p>PFAC is represented on this committee</p>
<p>26c. Accomplishment 3:</p> <p>Patient Satisfaction with food and nutrition issues identified opportunities for a LEAN project to be considered to assure meals are delivered timely; patient preference is considered and PFAC after seeing the facility size of the Kitchen, equipment and staffing have a better understanding of this service and supported their LEAN initiative</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input checked="" type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>

<p>26d. Accomplishment 4:</p> <p>Workplace Violence Task Force deals with Violence Prevention and Disaster Preparedness participation is key and will plan to work with PFAC memberships and Schwartz Center Rounds on these topics as they relate to the emotional side of caregiving.</p>	<p>x Patient/family advisors of the PFAC</p> <p>x Department, committee, or unit that requested PFAC input</p>	<p>x Being informed about topic</p> <p>x Providing feedback or perspective</p> <p>x Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26e. Accomplishment 5:</p>	<p><input 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 type="checkbox"/> Leading/co leading</p>

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

27a. Challenge 1:

Attempting to try to keep membership engaged and active in meetings but seeking presentations that will stimulate conversation rather than just provide dry data

27b. Challenge 2:

**Difficulty getting membership onto other sub committees due to time limitations.
Need to work with group to see how best meet this need.**

27c. Challenge 3:

27d. Challenge 4:

27e. Challenge 5:

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

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: Workplace Violence Task Force & Emergency Preparedness)
- 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? Share updates at meetings

30. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply):

- Institutional Review Boards
- Patient and provider relationships
- Patient education on safety and quality matters
- Quality improvement initiatives
- N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 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:

Based on feedback from PFAC membership & process

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

Shared current practices, offered additional feedback and input

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) No studies submitted this past year

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: Medical Ethics Committee serves as the IRB for the hospital. We have 4 members on the Medical Ethics & PFAC Committee so we directly pay a key role in IRB's. When IRB's are indicated, staff contact Medical Ethics for the IRB review. Quality & Chair of Ethics review to see if case requires IRB criteria before bringing it to the full committee.

39. About how many studies have your PFAC members advised on? None this year however over the years

- 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): Tina Santos, VP of Operations & Barbara Nealon-Staff; then emailed report to membership for feedback/comment.

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: Heywood.org
- No

43. We provide a phone number or e-mail address on our website to use for requesting the report.

- Yes, phone number/e-mail address:

No Report is located on our website for review and /or printing

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

Yes, link:

[http://www.heywood.org/about/quality-and-patient-satisfaction/patient-and-family advisory-council](http://www.heywood.org/about/quality-and-patient-satisfaction/patient-and-family-advisory-council)

No, we don't have such a section on our website