



HEALTH CARE FOR ALL



PFAC Annual Report Form

Health Care For All (HCFA) promotes health justice in Massachusetts by working to reduce disparities 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's vision is that 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 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

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, 2019.

2019 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2019

Section 1: General Information



1. Hospital Name: Heywood Healthcare- Heywood 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 a PFAC for a system with several hospitals – skip to #2C below

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

Yes Athol Hospital

3. Staff PFAC Co-Chair Contact:

2a. Name and Title: Tina Santos COO & CNO changed to Nora Salovardos CNO 3/2019

2b. Email: Tina.Santos@heywood.org now Nora.Salovardos@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: 632-5174

In remembrance~

note: Mrs.Hartshorn passed away this year
Our thoughts and prayers go out to her
family. Her work and dedication on this
committee was greatly appreciated.

5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

Yes – skip to #7 (Section 1) below

6. Staff PFAC Liaison/Coordinator Contact:

6a. Name and Title: Barbara Nealon, Director of Social Service, Multicultural Services, Case Management and Utilization Review

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 :

1

We market on our website, community meetings and events; Leadership & Staff may also recommend patients and families to participate.

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

9. Total number of patient or family member advisors on the PFAC: 12

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

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Director of Social Service, Multicultural Services, Case Management and Utilization Review

12. The hospital provides the following for PFAC members to encourage their participation in meetings:
We provide dinner

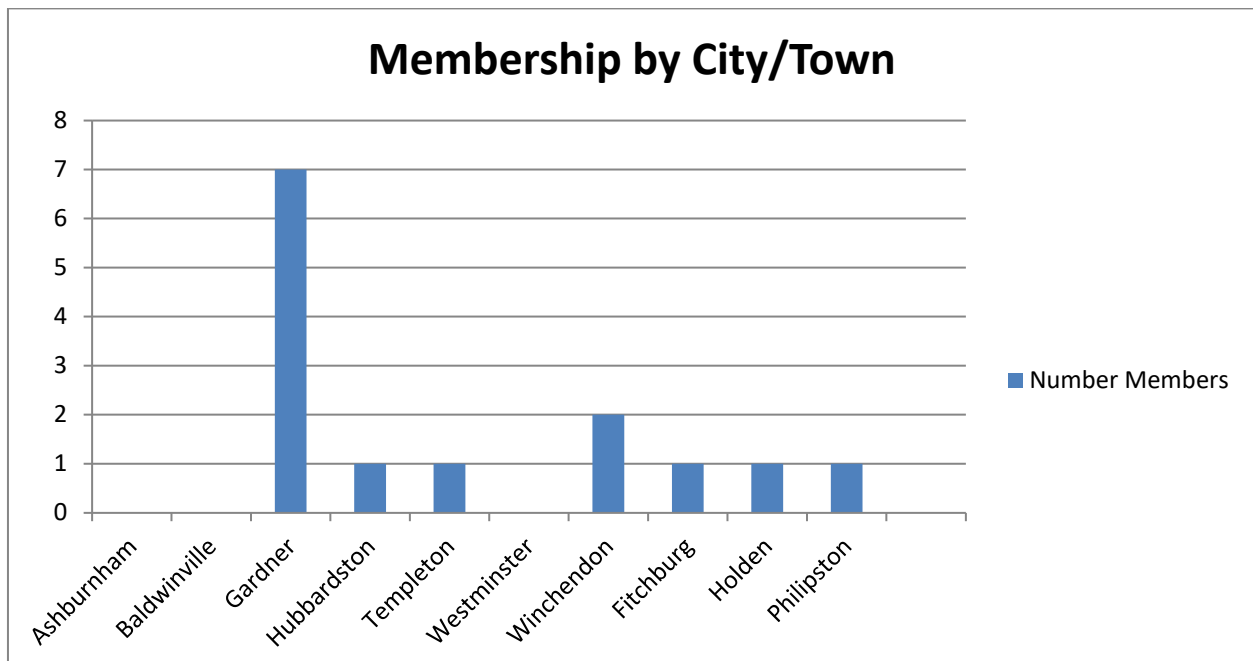
Section 3: Community Representation

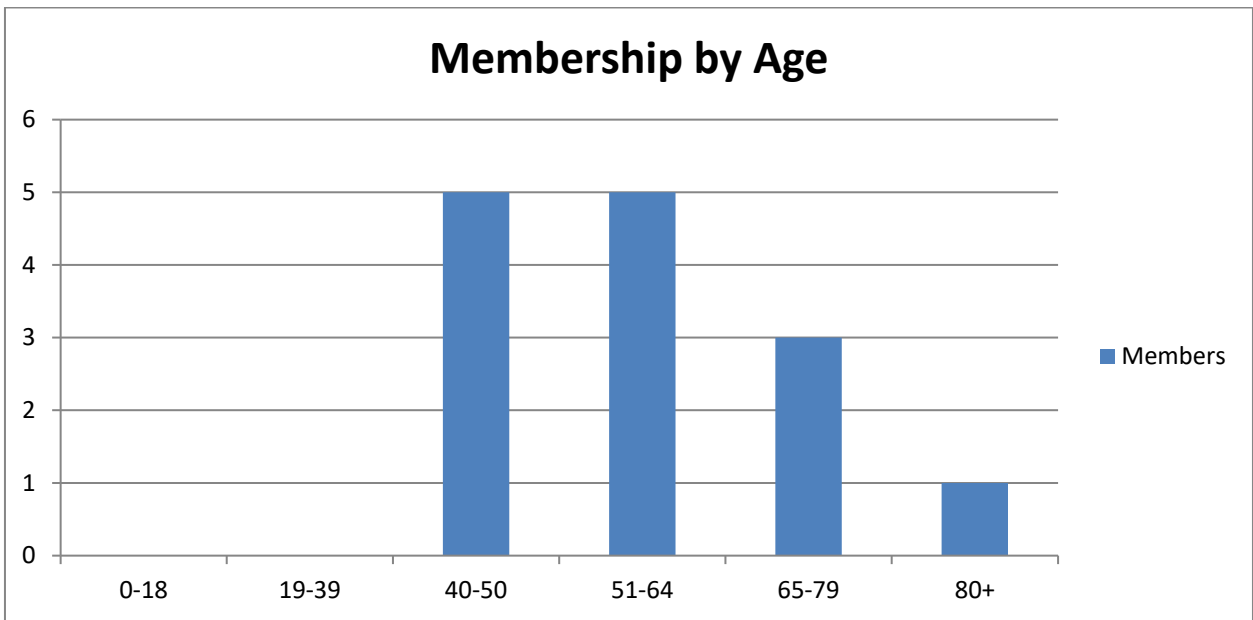
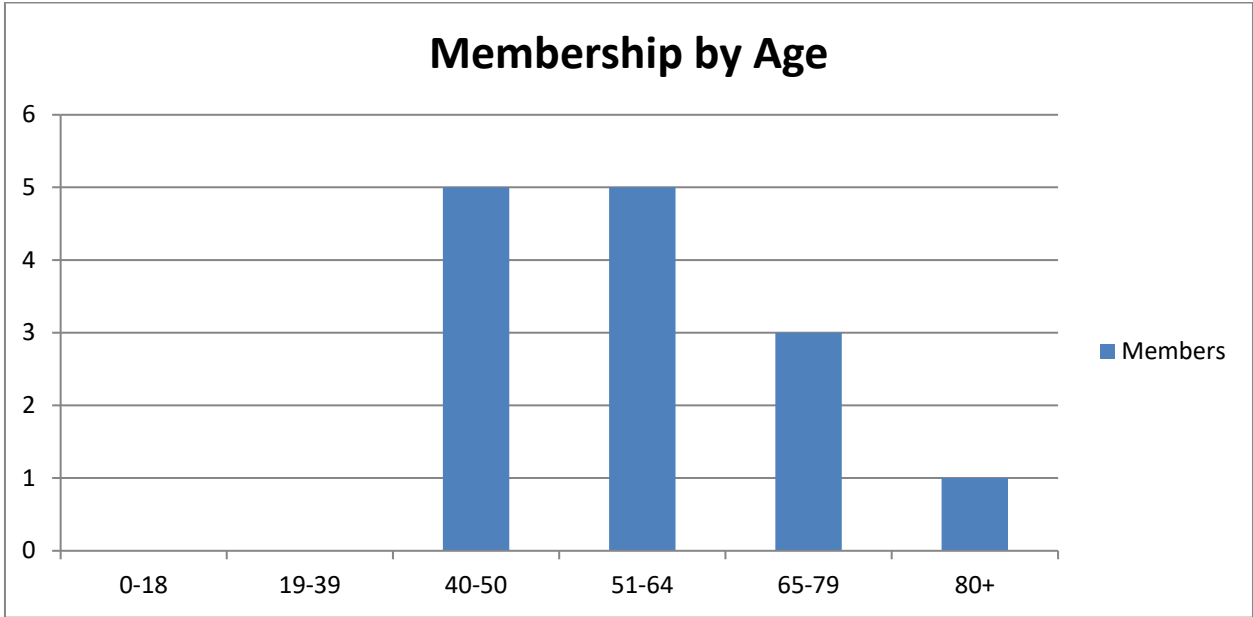
The PFAC regulations require that patient and family members in your PFAC be “representative of the community served by the hospital.”

13. Our hospital’s catchment area is geographically defined as: Gardner, Ashburnham, Hubbardston, Templeton, Westminster, Winchendon

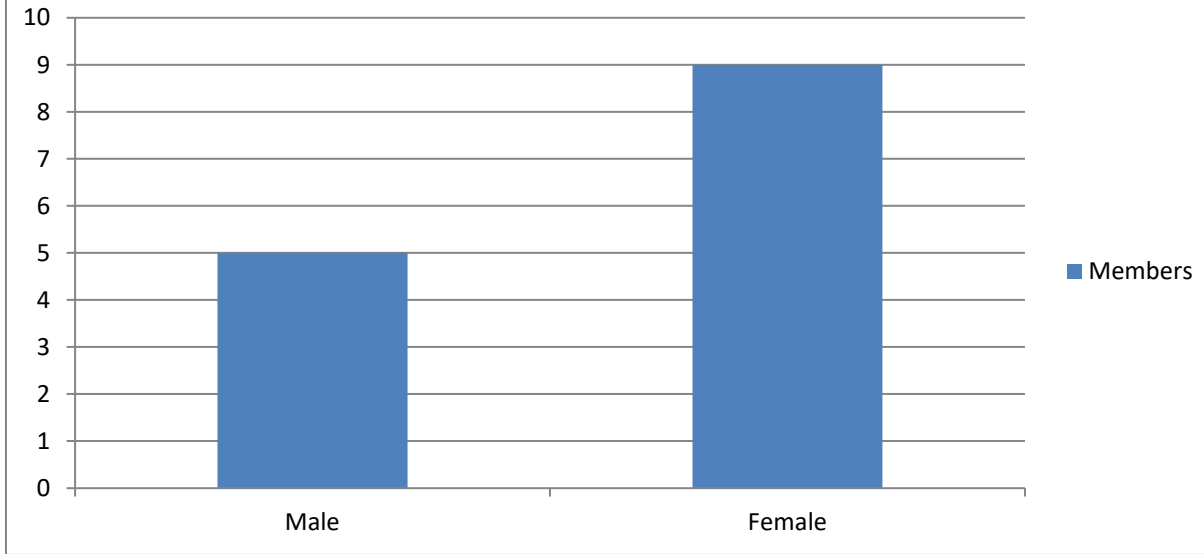
14. Tell us about racial and ethnic groups in these areas

Membership Demographics

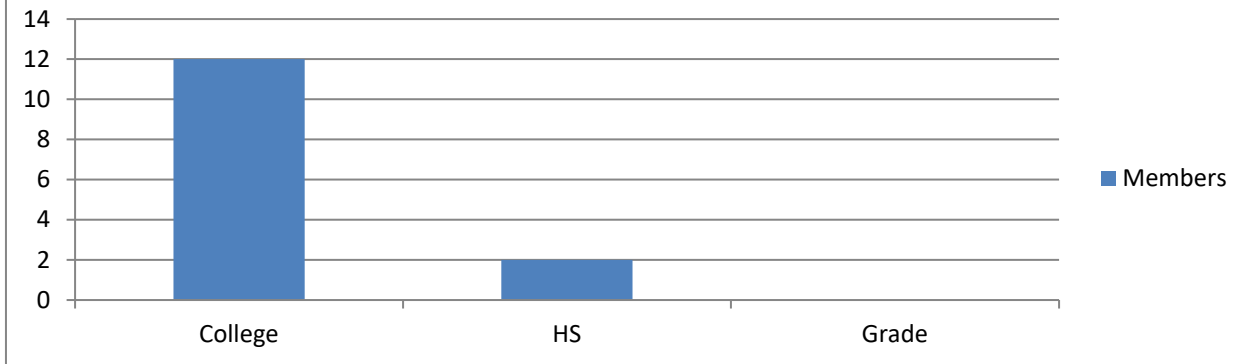




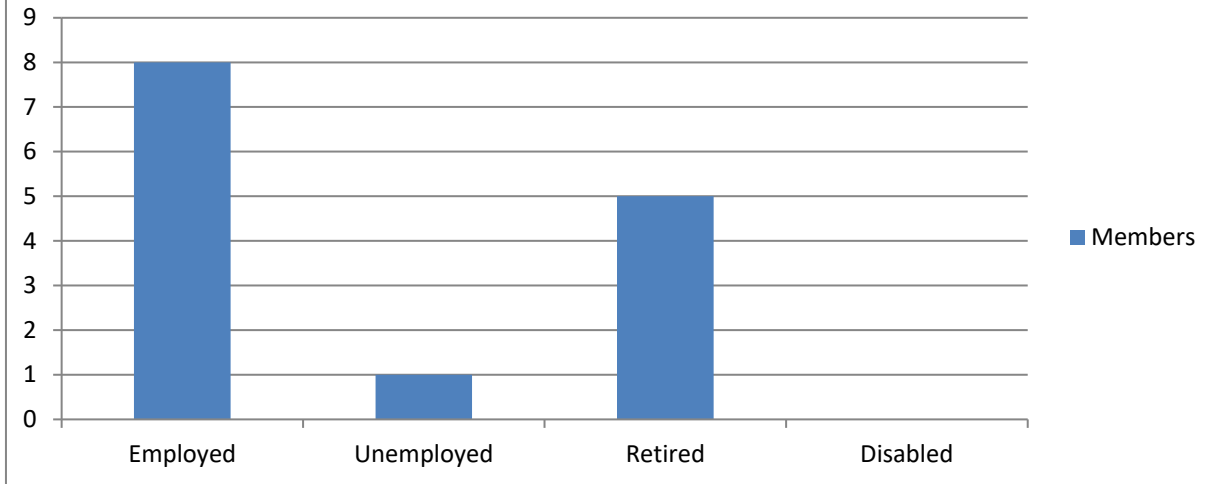
Membership by Sex



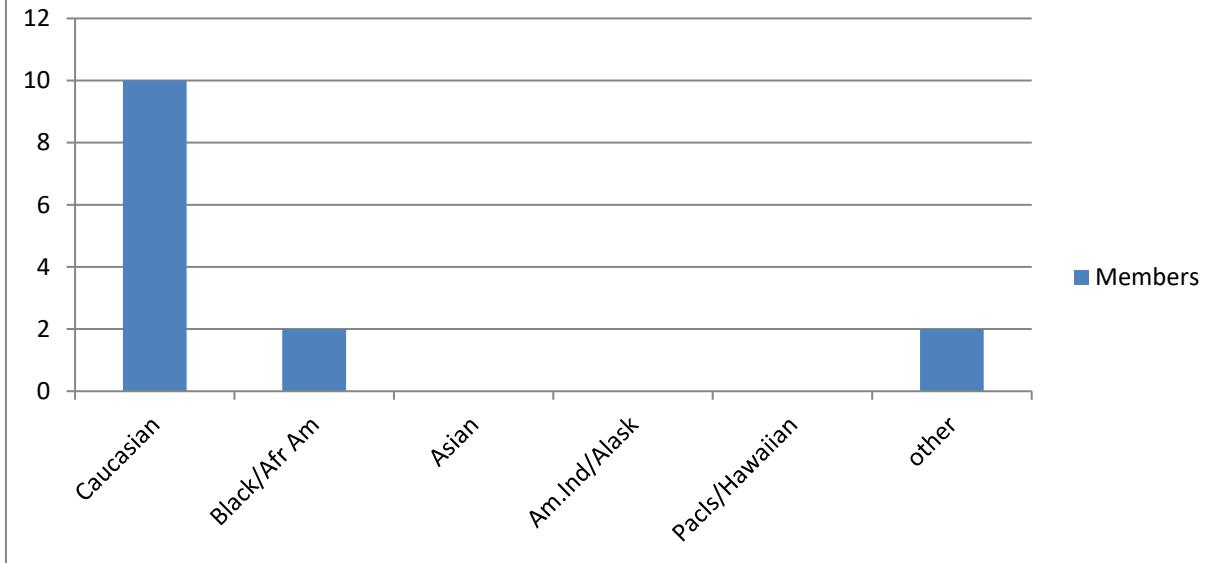
Membership by Education



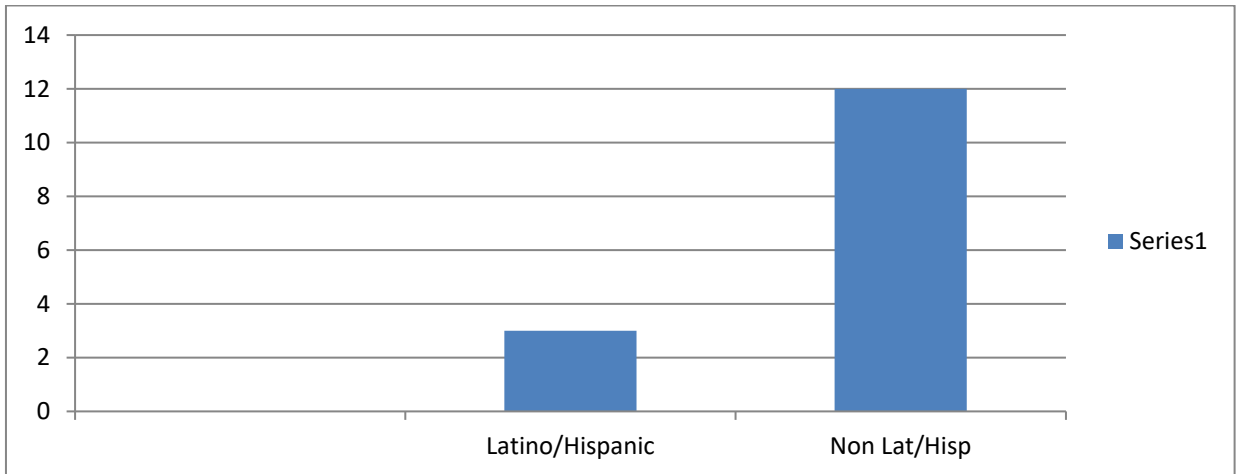
Membership by Employment Status



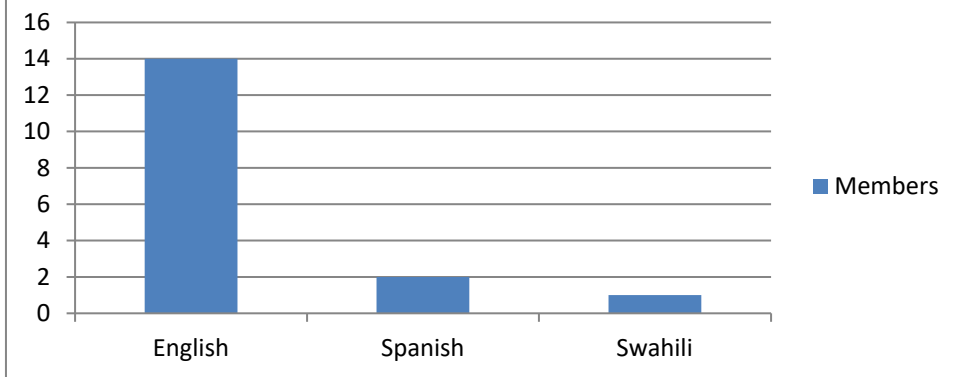
Membership by Race



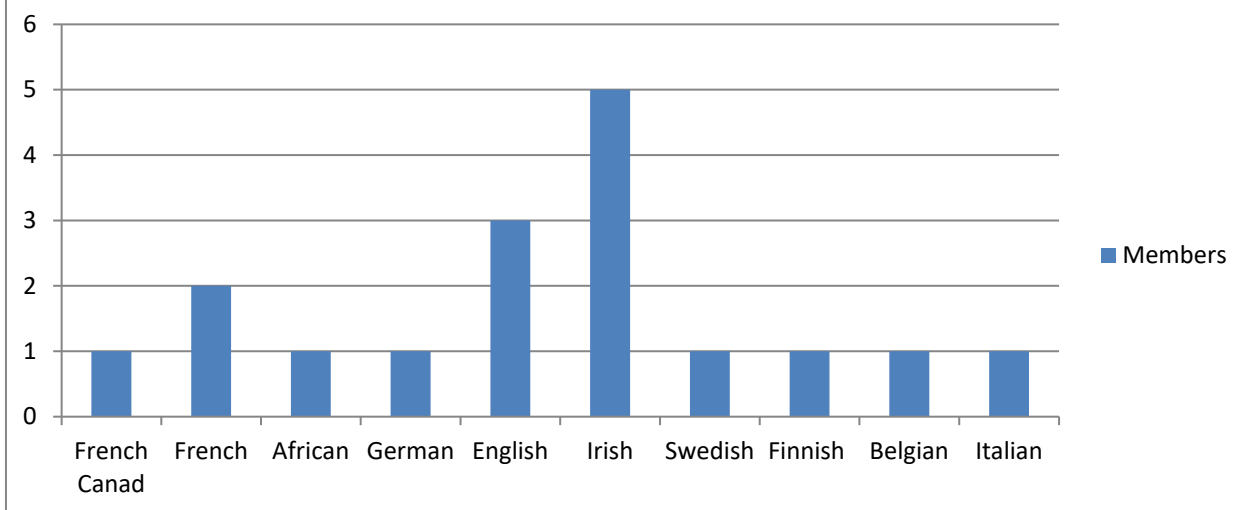
Hispanic/Latino Indicator



Languages Spoken by Membership



Membership by Ethnicity



	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	.5	1	2	0	91	1.5	4	<input type="checkbox"/> Don't know
14b. Patients the hospital provided care to in FY 2019	0.03	0.4	1.3	0	92	3.1	2.4	<input type="checkbox"/> Don't know
14c. The PFAC patient and family advisors in FY 2019	0	0	2	0	10	BiRacial noted	3	<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"):

	Limited English Proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2019	1.4%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY 2018	1 member	<input type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2019 spoke the following as their primary language?

	%
Spanish	1
Portuguese	0.01
Chinese	0
Haitian Creole	0
Vietnamese	0
Russian	0
French	0
Mon-Khmer/Cambodian	0
Italian	0
Arabic	0.1
Albanian	0
Cape Verdean	0

15d. In FY 2019, what percentage of PFAC patient and family advisors spoke the following as their primary language? Refer to our graft

English	100%
Spanish	2
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: We market on our website, community meetings, events and staff may also recommend patients and families to participate directly. We have membership of the North Central Mass Minority Coalition & Board members of Three Pyramids Inc on our committee; They also serve on the hospital's diversity committee-Multicultural Task Force and have served on both for years. Hospital actively uses the CLAS standards as part of their annual Language Needs Assessment.

Section 4: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):

PFAC members and staff develop agenda together based recommendations, ideas from membership; use our Annual FY Review as a needs assessment as well; identify areas we may not have addressed, Needed updates on previous topics as well as ideas identified at each meeting held and reviews this report annually to look at opportunities not addressed as part of our needs assessment as well.

18. The PFAC goals and objectives for 2019 were:

Developed by PFAC members and staff and are ongoing. At each meeting as part of our discussion after a presentation / agenda items presented we often identify additional opportunities for presentation at our PFAC.

19. The PFAC had the following goals and objectives for 2019:

- Improve committee participation on sub committees and ask them to report back on activities
- Update membership on hospital wide initiatives to solicit their feedback
- Increase knowledge re: Infection Prevention, Workplace Safety and Pharmacy Surveillance performance improvement

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

We have not established any committees but membership is encouraged and participate in various committees within the hospital and periodically reports back to PFAC status on that committee.

21. How does the PFAC interact with the hospital Board of Directors (check all that apply):

Action items or concerns are part of an ongoing "Feedback Loop" to the Board through the CNO

22. Describe the PFAC's use of email, listservs, or social media for communication: we have used email distribution group and Google calendar reminders.

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year: 2 {1 was an ad hoc member who became permanent}

24. Orientation content included: for all new orientees we could do any or all of these items:

Buddy program" with experienced members
Concepts of patient- and family-centered care (PFCC)
History of the PFAC *
Hospital performance information
Information on how PFAC fits within the organization's structure*
In-person training
Massachusetts law and PFACs*
PFAC policies, member roles and responsibilities*
*Core minimum requirements
An Orientation packet is completed*

25. The PFAC received training/education on the following topics through presentations during meetings:

Concepts of patient- and family-centered care (PFCC)
Health care quality and safety measurement
Hospital performance information

Section 6: FY 2019 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2019.

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>Added member to Pharmacy & Therapeutics Committee</p> <p>After having a presentation on Medication Quality & Safety Performance Indicators presentation</p>	<p><input 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 type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26b. Accomplishment 2:</p> <p>Membership volunteered at the Annual "The Ride of Your Life" suicide prevention event</p> <p>After review of the Suicide Prevention efforts within the community and with the hospital system with Zero Suicide Initiatives</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 type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26c. Accomplishment 3:</p> <p>Round Table Discussion with the CEO who provided an update on facility operations as well as system wide; Construction updates; Physician recruitment updates</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 type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26d. Accomplishment 4:</p> <p>Workpalce Violence-A Focus on the Emergency Department</p>	<p><input 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 type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input type="checkbox"/> Leading/co leading</p>
<p>26e. Accomplishment 5:</p> <p>Infection Control Presentation on Antibiotic Stewardship & Performance Improvement Indicators for Infection Prevention</p>	<p><input 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 type="checkbox"/> Being informed about topic</p> <p><input type="checkbox"/> Providing feedback or perspective</p> <p><input type="checkbox"/> Discussing and influencing</p>

provided

decisions/agenda

Leading/co leading

27. The five greatest challenges the PFAC had in FY 2019:

27a. Challenge 1:

Membership-we lost our two eldest members this past year that were very active

27b. Challenge 2:

Recruitment of younger population 19-39 years of age

27c. Challenge 3:

27d. Challenge 4:

27e. Challenge 5:

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

X Care Transitions

X Culturally Competent Care

X Diversity & Inclusion

X Ethics

X Institutional Review Board (IRB)

X Other (Please describe): added to Pharmacy & Therapeutics ; Medical Library Services; Workplace Violence Task Force; Multicultural Task Force/ Diveristy Committee.

29. How do members on these hospital-wide committees or projects report back to the PFAC about their work? Members will periodically update membership of status, updates, issues etc. It is an interactive process.

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

X Institutional Review Boards IRB presented on Elder Abuse Screening in the ED project

- X Patient and provider relationships
- X Patient education on safety and quality matters
- X Quality improvement initiatives

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

- X Standing hospital committees that address quality
- X Task forces

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

32a. Complaints and serious events

- X Healthcare-Associated Infections (National Healthcare Safety Network)
- X Serious Reportable Events reported to Department of Public Health (DPH)

32b. Quality of care

- X Infection Prevention Performance Improvement indicators and Antibiotic Stewardship
- X Pharmacy Quality & Safety Indicators

32c. Resource use, patient satisfaction, and other

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

We meet 6 times per year and attempt to only have 1 presentation per meeting as request of Membership to optimize time on each presentation.

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

Membership supported /endorsed processes currently under surveillance

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

- X Identifying patient safety risks
- X Identifying patients correctly
- X Preventing infection
- Preventing mistakes in surgery
- X Using medicines safely
- Using alarms safely

35b. Prevention and errors

- X Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- X Errors
- X Hand-washing initiatives
- X Safety

35c. Decision-making and advanced planning

- X 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 Those members who sit on Medical Ethics Committee we function as the IRB for the hospital as well.

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
Functions as a IRB member.

38. How are members of your PFAC approached about advising on research studies?

None of our members are involved in research studies

39. About how many studies have your PFAC members advised on?

1 recently for an ED Elder Abuse Grant

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): P &F: M.Arsenault, M.Blanchard, N.Boucher, K.Culkeen, N.Erickson, I.Hernandez, R.Juma, G.Kelly, M. Rodriguez B.Rome Staff: N.Salovardos, D.Girouard and B.Nealon

41. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option).

Staff wrote report and PFAC members reviewed it
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: www.heywood.org

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

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

Yes, link: <https://www.heywood.org/about/quality-and-patient-satisfaction/patient-and-family-advisory-council>



Patient & Family Advisory Council

- Patient & Family Advisory Council

[Heywood Hospital PFAC 2018 Annual Report](#)

[Heywood Hospital PFAC 2017 Annual Report](#)

[Heywood Hospital PFAC 2016 Annual Report](#)

The Patient and Family Advisory Council (PFAC) at Heywood Hospital is a volunteer group of patients and their family members and members of the healthcare team at Heywood Hospital. The focus of the PFAC is to provide a forum for patients and family members to give feedback and provide input to the Hospital so that Heywood can continually improve its patient safety, quality of care, service and patient satisfaction. It also provides a chance for Hospital staff to share ideas with members about upcoming changes or improvements to care. The PFAC is also designed to encourage the participation of patients and families in the development of new hospital programs and services.

The development of the PFAC was spurred by state legislation that requires hospitals to form such groups, but Heywood's interest in forming a team goes beyond meeting regulations. Heywood is working diligently to implement changes and achieve improved outcomes that support our goal of delivering patient and family-centered care at the highest levels.

The PFAC reports annually to the Massachusetts Department of Public Health on its activities and achievements.

If you are interested in joining PFAC, please download our application: [PFAC Application](#).

For more information about Heywood's Patient and Family Advisory Council, contact PFAC Liaison/Coordinator: Barbara.Nealon@heywood.org or call: 978-630-6386.

