

2016 Annual PFAC Report:

Vibra Hospital of Western Massachusetts Central Campus

Please list

1. Hospital Name: Vibra Hospital of Western Massachusetts – Central Campus
2. Year PFAC Established: To be established in 2016
3. Staff PFAC Contact (name and title): Helen Kotilainen, Director, Quality Management
4. Staff PFAC Contact E-mail and Phone: hkotilainen@vhwmasscentral.com, 508-892-6023

Note: The following questions only concern PFAC activities in fiscal year 2016

Section 1: PFAC Organization

5. Our PFAC has (check the best choice)

- By-laws
- Agreed-upon policies and procedures
- Neither

6. (If neither) Our PFAC manages itself through (describe in 1500 characters or fewer): We have yet to incorporate our PFAC ; we are planning on using agreed upon policies and procedures and a Council Charter_____

7. Our PFAC recruits new members using the following approaches (check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Word of mouth | <input type="checkbox"/> Hospital banners and posters |
| <input type="checkbox"/> Promotional efforts within institution to patients | <input type="checkbox"/> Through care coordinators |
| <input type="checkbox"/> Promotional efforts within hospital to providers or staff | <input type="checkbox"/> Through patient satisfaction surveys |
| <input type="checkbox"/> Through existing members | <input checked="" type="checkbox"/> Through community based organizations |
| <input type="checkbox"/> Facebook and Twitter | <input type="checkbox"/> Through houses of worship |
| <input type="checkbox"/> Recruitment brochure | <input type="checkbox"/> At community events |
| <input type="checkbox"/> Hospital publications | <input type="checkbox"/> Other |
| | <input type="checkbox"/> None |

8. If other, describe (in 1500 characters or fewer): In 2016, we are hoping to be able to recruit members through word of mouth, hospital posters, communication with patients and families. We mailed personal letters to 25 patient who were recently discharged from the facility. We did not receive any responses

9. Our PFAC chair or co-chair is a patient or family member.

- Yes
- No

We are still planning on having a patient or family member as a co-chair

10. Our PFAC chair or co-chair is a hospital staff member.

- Yes
- No

The co-chair will be a hospital staff member

11. This person's position title Shared responsibilities for this role by the Director of Nursing and the Director, Quality Management

12. This person is the official PFAC staff liaison

- Yes
- No
- To be determined

13. Our PFAC has a total of __0__ staff members.

14. Our PFAC has __0__ current or former patients or family members.

15. The name of the hospital department supporting the PFAC is: Nursing/Quality Management

16. If not mentioned above, the hospital position of the PFAC staff liaison is__

17. The hospital reimburses PFAC members for the following costs associated with attending or participating in meetings (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Provide free parking | <input type="checkbox"/> Provide reimbursement for attendance at annual PFAC conference |
| <input type="checkbox"/> Provide meals | <input type="checkbox"/> Provide reimbursement for attendance at other conferences or trainings |
| <input type="checkbox"/> Provide translator or interpreter services | <input type="checkbox"/> Provide gifts of appreciation to PFAC members annually |
| <input type="checkbox"/> Provide assistive services for those with disabilities | <input type="checkbox"/> Cover travel expenses to attend conferences |
| <input type="checkbox"/> Provide meeting conference call or webinar options | <input type="checkbox"/> Provide other supports |
| <input type="checkbox"/> Provide mileage or travel stipends | <input checked="" type="checkbox"/> None |
| <input type="checkbox"/> Provide financial support for child care or elder care | |
| <input type="checkbox"/> Provide stipends for participation | |
| <input type="checkbox"/> Provide on-site child or elder care | |

We are hoping to be able to provide meals, mileage stipends and appreciation gifts

18. If other, describe (in 1500 characters or fewer): _____

Section 2: Community Representation

The PFAC regulations require every PFAC to represent the community served by the hospital.

19. Our catchment area is geographically defined as: central Worcester County. We occasionally care for patients from greater Boston and Burlington areas.

20-25. Our catchment area is made up of the following demographic percentages:

	RACE					ETHNICITY	
	%	%	%	%	%	%	%
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Latino	Not Latino
Our catchment area is made up of the following ethnic and racial groups							
In FY 2016, the our institution provided care to patients from the following ethnic and racial groups		X	X		X	X	
In FY 2015, our PFAC <u>patients and family members</u> came from the following ethnic and racial groups NA							

26. Our PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient or catchment area (describe):

n/a

Section 3: PFAC Operations

27. Our process for developing and distributing agendas for our PFAC meetings (choose one):

- The staff develops the agenda and sends it out prior to the meeting
- The 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

- The PFAC has a collaborative process between staff and patients/family members to develop and distribute the agenda
This would be our preferred approach
- None
- Other process

28. If collaborative process, describe: _____

29. If other process, describe: _____

30. The PFAC goals set for FY 2016 were:

To be determined

31. The PFAC goals for FY 2016 were (check the best choice): NA

- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff

32. Our PFAC has the following subcommittees (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Government relations | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Behavioral Health |
| <input type="checkbox"/> Education and Communication | <input type="checkbox"/> Medication Safety |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Hospital Safety |
| <input type="checkbox"/> Policies and Procedures | <input checked="" type="checkbox"/> None – at this time |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Other |
| <input type="checkbox"/> Annual Reports | |
| <input type="checkbox"/> Publications | |

33. If other, describe (in 1500 characters or fewer): _____

34. Our PFAC interacts with the Hospital Board of Directors in the following ways (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> PFAC submits annual report to Board | <input type="checkbox"/> PFAC member(s) are on board-level committee(s) |
| <input type="checkbox"/> PFAC submits meeting minutes to Board | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> PFAC member(s) attends Board meetings | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Board member(s) attends PFAC meetings | |

35. If other, describe (in 1500 characters or fewer): We are still planning on submitting our PFAC reports to the Quality Assurance and Performance Improvement Committee and the Medical Executive Committee. PFAC activity will be included in our quarterly quality reports to the Board of Trustees.

36. This is the url/link to the PFAC section on our hospital's website:

We don't have such a section on our website

37. Describe the PFAC's use of email, listservs, or social media:

We don't communicate through these approaches

Section 4: Orientation and Continuing Education

38. The PFAC had 0 new members this year

39. Our PFAC orientation program this year was provided by staff and PFAC members

40. The content included (check all that apply):

- Meeting with hospital staff
- A general hospital orientation
- Information on concepts of patient- and family-centered care (PFCC)
- Information on patient engagement in research
- PFAC policies, member roles and responsibilities
- Information on health care quality and safety
- History of the PFAC
- A “buddy program” with old members
- How PFAC fits within the organization’s structure
- Other

Remains to be decided. Initially, we plan a meeting with hospital staff, hospital orientation, information on health care quality and safety and the role and structure of the PFAC

41. If other, describe (in 3000 characters or fewer): _____

42. PFAC members are considered hospital volunteers and therefore (check all that apply):

- Attend hospital volunteer trainings
- Require immunizations or TB checks
- Require CORI checks
- Not applicable
- Other

Currently, we do not have hospital volunteers

43. If other, describe: _____

44. Our PFAC provides education to our members on the topic patient-centered outcomes research

- Yes
- No

We are hoping to have standing agenda item presenting best practices on patient centered outcomes.

Section 5: FY 2015 PFAC Impact and Accomplishments

45-50. The three greatest accomplishments of our PFAC were: Does not apply

Accomplishment (describe each in 3000 characters or fewer)	Idea originated from PFAC	Idea originated from Department/Committee/Unit that requested PFAC input
Accomplishment 1	<input type="checkbox"/>	<input type="checkbox"/>
Accomplishment 2	<input type="checkbox"/>	<input type="checkbox"/>
Accomplishment 3	<input type="checkbox"/>	<input type="checkbox"/>

51-56. (If not already listed above) Our PFAC's three greatest accomplishments in relation to quality of care initiatives in FY 2015 include

Does not apply

Quality of Care Accomplishment (describe each in 3000 characters or fewer)	Idea originated from PFAC	Idea originated from Department/Committee/Unit that requested PFAC input
Accomplishment 1	<input type="checkbox"/>	<input type="checkbox"/>
Accomplishment 2	<input type="checkbox"/>	<input type="checkbox"/>
Accomplishment 3	<input type="checkbox"/>	<input type="checkbox"/>

57-59. The greatest three challenges our PFAC had (describe each in 3000 characters or fewer):

57. Challenge 1 Recruiting members

58. Challenge 2

59. Challenge 3

60. Our PFAC provided advice or recommendations to the hospital on the following areas mentioned in the law (check all that apply): Unable to answer

- Quality improvement initiatives
- Patient education on safety and quality matters
- Patient and provider relationships
- Institutional Review Boards
- Other
- None

61. If other, describe (in 1500 characters or fewer): _____

62-63. PFAC members participated in the following activities mentioned in the law (check all that apply):

- Serve as members of task forces; number of people serving____
- Serve as members of awards committees; number serving____
- Serve as members of advisory boards/groups or panels
- List names of each group ____ and number serving on each____
- Serve on search committees and in the hiring of new staff; number serving____
- Serve as co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees; number serving____
- Serve on selection of reward and recognition programs; Number serving____
- Serve as members of standing hospital committees that address quality
(List) names of each group ____ and number serving on each____
- Other areas of service not listed above;
(List) names of each group ____ and number serving on each____
- None

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

- Serious Reportable Events
- Healthcare-Associated Infections
- Department of Public Health (DPH) information on complaints and investigations
- Staff influenza immunization rate
- Patient experience/satisfaction scores
- Patient complaints
- Patient Care Link
- Joint Commission surveys,
- Hospital Compare
- Family satisfaction surveys
- Quality of life data
- Rapid response data

None

Other

We are hoping to be able to share all of the above information with the Council.

65. If other, describe (in 1500 characters or fewer): _____

66. The process by which this public hospital performance information was shared (describe in 1500 characters or fewer):

67. Our PFAC activities related to the following state or national quality of care initiatives (check all that apply):

Healthcare-associated infections

Rapid response teams

Hand-washing initiatives

Checklists

Disclosure of harm and apology

Fall prevention

Informed decision making/informed consent

Improving information for patients and families

Health care proxies/substituted decision making

End of life planning (e.g., hospice, palliative, advanced directives)

Care transitions (e.g., discharge planning, passports, care coordination & follow up between care settings)

Observation status for Medicare patients

Mental health care

None

Other

68. If other, describe (in 1500 characters or fewer): _____

Section 6: PFAC Annual Report

69. The hospital shares the PFAC annual reports with PFAC members:

Yes

No

We hope to sharing the annual report with the members

70. Massachusetts law requires that the PFAC report be available to the public. Our hospital:

Posts the report online

Provides a phone number or e-mail to use for accessing the report

Other

71. If other, describe (in 1500 characters or fewer): _____