

2016 Annual PFAC Report: Whittier Rehabilitation Hospital Westborough

Q130. Which best describes your PFAC?

- We are the only PFAC at a single hospital
- We are a PFAC for a system with several hospitals
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals
- Other (please describe):

Q2. Staff PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Teresa Knox"/>
Email:	<input type="text" value="tknox@whittierhealth.com"/>
Phone:	<input type="text" value="508-871-2155"/>

Q2a. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

- Yes
- No
- N/A

Q3. Patient/Family PFAC Co-Chair Contact:

Name and Title:	<input type="text" value="Linda Thomasino"/>
Email:	<input type="text" value="Linda.thomasino@gmail.com"/>
Phone:	<input type="text" value="978-833-4621"/>

Q4. Staff PFAC Liaison/Coordinator Contact (if applicable):

This question was not displayed to the respondent.

Q23.

Section 1: PFAC Organization

Q6. This year, the PFAC recruited new members through the following approaches (check all that apply):

- Word of mouth / through existing members Case managers / care coordinators

- Promotional efforts within institution to patients or families
- Promotional efforts within institution to providers or staff
- Facebook and Twitter
- Recruitment brochures
- Hospital publications
- Hospital banners and posters
- Patient satisfaction surveys
- Community-based organizations
- Houses of worship
- Community events
- Other
- N/A - we did not recruit new members in FY 2016

Q6a. Please describe other recruitment approach:

This question was not displayed to the respondent

Q7. Total number of staff members on the PFAC:

Three

Q8. Total number of patient or family member advisors on the PFAC:

Six

Q9. The name of the hospital department supporting the PFAC is:

Administration

Q10. The hospital position of the PFAC Staff Liaison/ Coordinator is:

Customer Service Coordinator

Q11. The hospital provides the following for PFAC members to encourage their participation in meetings (click all that apply):

- Parking, mileage, or meals
- Translator or interpreter services
- Assistive services for those with disabilities
- Provision / reimbursement for child care or elder care
- Stipends
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Annual gifts of appreciation
- Conference call phone numbers or "virtual meeting" options
- Meetings outside 9am-5pm office hours
- Other
- N/A - the hospital does not reimburse PFAC members

Q11a. Please describe other provision by the hospital for PFAC members:

This question was not displayed to the respondent

Q24. Section 2: Community Representation

Q108. The PFAC regulations require every PFAC to represent the community served by the hospital, which is described below.

Q12. Our catchment area is geographically defined as (if you are unsure select "don't know"):

Q12D.

Don't know catchment area

Q121.

Tell us about racial and ethnic groups in your area (please provide percentages; if you are unsure of the percentages select "don't know").

Q13aR. Our defined catchment area is made up of the following racial groups (please provide percentages; if you are unsure of percentages please select "don't know"):

American Indian or Alaska Native	<input type="text" value="0%"/>
Asian	<input type="text" value="6.6%"/>
Black or African American	<input type="text" value="1.0%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0.0%"/>
White	<input type="text" value="83.7%"/>
Other	<input type="text"/>

Q91.

Don't know racial groups

Q13aE. What percentage of people in the defined catchment area are of Hispanic, Latino, or Spanish origin?

6.2%

Q92.

Don't know origins

Q13bR. In FY 2016, the hospital provided care to patients from the following racial groups (please provide percentages):

American Indian or Alaska Native	<input type="text" value="0.00%"/>
Asian	<input type="text" value="6%"/>
Black or African American	<input type="text" value="9%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="85%"/>
Other	<input type="text"/>

Q93.

Don't know racial groups

Q13bE. What percentage of patients that the hospital provided care to in FY 2016 are of Hispanic, Latino, or Spanish origin?

5%

Q95.

Don't know origins

Q13cR. In FY 2016, the PFAC **patient and family advisors** came from the following racial groups (please provide percentages):

American Indian or Alaska Native	<input type="text" value="0%"/>
Asian	<input type="text" value="0%"/>
Black or African American	<input type="text" value="0%"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="0%"/>
White	<input type="text" value="100%"/>
Other	<input type="text"/>

Q97.

Don't know racial groups

13cE. What percentage of **PFAC patient and family advisors** in FY 2016 were of Hispanic, Latino, or Spanish origin?

0%

Q99.

Don't know origins

Q122. Tell us about languages spoken in your area (please provide percentages; if you are unsure of the percentages select “don’t know”).

Q117. What percentage of patients that the hospital provided care to in FY 2016 have limited English proficiency (LEP)?

5%

Q118.

Don't know percentage that have limited English proficiency (LEP)

Q126. What percentage of patients that the hospital provided care to in FY 2016 spoke the following as their primary language?

Spanish	<input type="text" value="2%"/>
Portuguese	<input type="text" value="1%"/>
Chinese	<input type="text"/>
Haitian Creole	<input type="text"/>
Vietnamese	<input type="text" value="1%"/>
Russian	<input type="text" value="1%"/>
French	<input type="text"/>
Mon-Khmer/Cambodian	<input type="text"/>
Italian	<input type="text"/>
Arabic	<input type="text"/>
Albanian	<input type="text"/>
Cape Verdean	<input type="text"/>

Q127.

Don't know primary languages

Q119. What percentage of PFAC patient and family advisors in FY 2016 have limited English proficiency (LEP)?

0%

Q120.

Don't know percentage that have limited English proficiency (LEP)

Q123. In FY 2016, 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%

Q124.

Don't know primary languages

Q14.

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

Our PFAC committee recruits patients and family with no regards to race or ethnicity. Our committee represents our catchment area which is predominately white. We will continue to recruit all individuals of all race or ethnicity.

Q110. **Section 3: PFAC Operations**

Q15. Our process for developing and distributing agendas for the PFAC meetings (click the best choice):

- 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
- PFAC members and staff develop agenda together and distribute it **at the meeting**
- Other
- N/A – the PFAC does not use agendas

Q 112. If staff and PFAC members develop the agenda together, please describe the process:

This question was not displayed to the respondent.

Q 113. If other process, please describe:

This question was not displayed to the respondent.

Q16.

The PFAC goals and objectives for 2016 were: (select the best choice):

- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals and objectives for FY 2016
- Developed by staff alone

Q17. The PFAC had the following goals and objectives for 2016:

Our committee's goal for the year 2015 was to review information folder given by case management at discharge. Committee members gave recommendations on how to improve the discharge process based on the own person experiences here at Whittier Rehab Hospital.

Q18. Please list any subcommittees that your PFAC has established:

None

Q19. How does the PFAC interact with the hospital Board of Directors (click all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> PFAC submits annual report to Board | <input type="checkbox"/> PFAC member(s) are on board-level committee(s) |
| <input checked="" type="checkbox"/> PFAC submits meeting minutes to Board | <input type="checkbox"/> N/A – the PFAC does not interact with the Hospital Board of Directors |
| <input type="checkbox"/> PFAC member(s) attend(s) Board meetings | <input type="checkbox"/> Other |
| <input type="checkbox"/> Board member(s) attend(s) PFAC meetings | <input type="checkbox"/> Action items or concerns are part of an ongoing "Feedback Loop" to the Board |

Q 114. Please describe other interactions with the hospital Board of Directors.

This question was not displayed to the respondent.

Q20. Describe the PFAC's use of email, listservs, or social media for communication:

We use email as our primary form of communication in between meetings.

Q109.

Section 4: Orientation and Continuing Education

Q21. Number of new PFAC members this year:

1

Q22. Orientation content included (click all that apply):

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

Q115. Please describe other orientation content:

This question was not displayed to the respondent.

Q23. The PFAC received training on the following topics (click all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Concepts of patient- and family-centered care (PFCC) | <input type="checkbox"/> Health care quality and safety measurement |
| <input type="checkbox"/> Patient engagement in research | <input type="checkbox"/> A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental patient discharge, etc) |
| <input type="checkbox"/> Types of research conducted in the hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospital performance information | <input type="checkbox"/> Health literacy |
| <input checked="" type="checkbox"/> Not Applicable | |

Q116. Please describe other topics:

This question was not displayed to the respondent.

Q111. Section 5: FY 2016 PFAC Impact and Accomplishments

Q83. The following information only concerns PFAC activities in the fiscal year 2016.

Q24. The five greatest accomplishments of the PFAC were:

Q24a. Accomplishment 1:

PFAC members made recommendations for revisions of discharge paperwork given at discharge in order to educate patient and family members on what to expect when they arrive at home.

Q24a1. The idea for Accomplishment 1 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24b. Accomplishment 2:

PFAC members made recommendations for our new corporate wide brochure. Input was presented to our corporate committee and suggestions were taken into account. We are in the final state of revisions.

Q24b1. The idea for Accomplishment 2 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24c. Accomplishment 3:

PFAC member suggested that the customer service coordinator for the hospital conduct a survey regarding patient's feeling informed about their care here. Patients were asked to rate their experience from 1 to 10. (10 being the best). Overall average was 8 out of 10.

Q24c1. The idea for Accomplishment 3 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24d. Accomplishment 4:

None

Q24d. The idea for Accomplishment 4 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q24e. Accomplishment 5:

None

Q24e. The idea for Accomplishment 5 came from:

- Patient/family advisors of the PFAC
- Department, committee, or unit that requested PFAC input

Q25. **The five greatest challenges the PFAC had in FY 2016:**

- N/A – we did not encounter any challenges in FY 2016

Q25a. Challenge 1:

This question was not displayed to the respondent.

Q25b. Challenge 2:

This question was not displayed to the respondent.

Q25c. Challenge 3:

This question was not displayed to the respondent.

Q25d. Challenge 4:

This question was not displayed to the respondent.

Q25e. Challenge 5:

This question was not displayed to the respondent.

Q26. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees (click all that apply):

- Behavioral Health/substance use
- Bereavement
- Care Transitions
- Code of Conduct
- Community Benefits
- Critical Care
- Other
- N/A – the PFAC members do not serve on these
- Board of Directors
- Discharge Delays
- Lesbian, gay, bisexual, and transgender (LGBT) – sensitive care
- Drug Shortage
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Patient Care Assessment
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Culturally competent care

Q117. Please describe other committees, projects, task forces, work groups, or Board committees:

This question was not displayed to the respondent

Q27.

How do members on these hospital-wide committees or projects report back to the PFAC about their work?

This question was not displayed to the respondent

Q28. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (click all that apply):

- Quality improvement initiatives
- Patient education on safety and quality matters
- Patient and provider relationships
- Institutional Review Boards
- N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2016

Q29. PFAC members participated in the following activities mentioned in the Massachusetts law (click all that apply):

- Task forces
- Award committees
- Advisory boards/groups or panels
- Search committees and in the hiring of new staff
- N/A – the PFAC members did not participate in any of these activities
- Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Selection of reward and recognition programs
- Standing hospital committees that address quality

Q30. The hospital shared the following public hospital performance information with the PFAC (click all that apply):

Q30a. Complaints and serious events

- | | |
|--|--|
| <input type="checkbox"/> Complaints and investigations reported to Department of Public Health (DPH) | <input type="checkbox"/> Healthcare-Associated Infections (National Healthcare Safety Network) |
| <input type="checkbox"/> Serious Reportable Events reported to Department of Public Health (DPH) | <input type="checkbox"/> Patient complaints to hospital |

Q30b. Quality of care

- | | |
|---|---|
| <input type="checkbox"/> Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care) | <input type="checkbox"/> Maternity care (such as C-sections, high risk deliveries) |
| <input type="checkbox"/> Medicare Hospital Compare (such as complications, readmissions, medical imaging) | <input type="checkbox"/> High-risk surgeries (such as aortic valve replacement, pancreatic resection) |

Q30c. Resource use and patient satisfaction

- | | |
|---|---|
| <input type="checkbox"/> Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems) | <input type="checkbox"/> Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients) |
| <input type="checkbox"/> Resource use (such as length of stay, readmissions) | |

Q30d. Other

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> N/A – the hospital did not share performance information with the PFAC | <input type="checkbox"/> Other |
|--|--------------------------------|

Q119. Please describe other hospital performance information:

This question was not displayed to the respondent.

Q31. Please explain why the hospital shared only the data you checked in the previous questions:

This question was not displayed to the respondent.

Q32. Please describe how the PFAC was engaged in discussions around these data above and any resulting quality improvement initiatives:

This question was not displayed to the respondent.

Q33. The PFAC participated in activities related to the following state or national quality of care initiatives (click all that apply):

Q33a. National Patient Safety Hospital Goals

- | | |
|---|---|
| <input type="checkbox"/> Identifying patients correctly | <input type="checkbox"/> Preventing infection |
| <input type="checkbox"/> Using medicines safely | <input type="checkbox"/> Identifying patient safety risks |
| <input type="checkbox"/> Using alarms safely | <input type="checkbox"/> Preventing mistakes in surgery |

Q33b. Prevention and errors

- | | |
|---|--|
| <input type="checkbox"/> Hand-washing initiatives | <input type="checkbox"/> Team training |
| <input type="checkbox"/> Checklists | <input type="checkbox"/> Electronic Health Records –related errors |
| <input type="checkbox"/> Fall prevention | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings) | <input type="checkbox"/> Human Factors Engineering |

Q33c. Decision-making and advanced planning

- | | |
|---|--|
| <input type="checkbox"/> Informed decision making/informed consent | <input type="checkbox"/> Health care proxies |
| <input checked="" type="checkbox"/> Improving information for patients and families | <input type="checkbox"/> End of life planning (e.g., hospice, palliative, advanced directives) |

Q33d.

Additional quality initiatives

- | | |
|---|--|
| <input type="checkbox"/> Rapid response teams | <input type="checkbox"/> Integration of behavioral health care |
| <input type="checkbox"/> Disclosure of harm and apology | |

Q33e. Other

- | | |
|---|--------------------------------|
| <input type="checkbox"/> N/A – the hospital did not share performance information with the PFAC | <input type="checkbox"/> Other |
|---|--------------------------------|

Q 120. Please describe other initiatives:

This question was not displayed to the respondent.

Q34. Were any members of your PFAC engaged in advising on research studies?

- Yes
 No

Q35. In what ways are members of your PFAC engaged in advising on research studies? Are they:

This question was not displayed to the respondent.

Q36.

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

This question was not displayed to the respondent.

Q121. Please describe other ways that members of your PFAC are approached about advising on research studies:

This question was not displayed to the respondent.

Q37.

About how many studies have your PFAC members advised on?

This question was not displayed to the respondent.

Q104.

Section 6: PFAC Annual Report

Q107.

We strongly suggest that all PFAC members approve reports prior to submission.

Q37.5. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

Lynne Keeley, Director of Performance Improvement

Q38. 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

Q122. Please describe other process:

This question was not displayed to the respondent.

Q106.

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:

Q39. We post the report online.

- Yes, link:
- No

Q40. 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

Q41. Our hospital has a link on its website to a PFAC page.

- Yes, link:
- No, we don't have such a section on our website

Q113. Please provide an email address if you would like to receive a confirmation with a copy of this report after the report is submitted:

tknox@whittierhealth.com